

# Traveler Service Application

## Your Traveler Application Journey: A Step-by-Step Guide

The Traveler provides shared-ride transportation to persons who live within the service area in Garfield County and have a disability which prevents them from driving or utilizing public transportation. An application and assessment process must be completed in order to determine eligibility.

If you are not sure if you live within the service area, call Paratransit Dispatch at (970) 384-4855.

Here is what to expect:

### Submit Your Application:

- Complete and submit the application form – incomplete applications may be returned which could delay the process.
- Application Review: We will carefully review your application after submission.

### Scheduling Your Assessment:

The application and assessment process for RFTA Traveler can usually be completed within 2 weeks. To ensure a smooth experience:

- We recommend calling us within a week of submitting your application to schedule your assessment
- If we don't hear from you within a week, we will try to contact you by phone to schedule the assessment.
- If we can't reach you by phone, we'll send a reminder letter to the address on your application.

### Assessment Completion & Eligibility Determination:

- Sometimes we might need a little more information from you to complete your application. To avoid any delays, we will contact you if that is the case.
- Once we have all the information and your assessment is complete, we will let you know whether you are eligible for Traveler service.
- We will send you a written letter within 21 days of completing the application and assessment process to let you know about your eligibility.

### Eligibility Duration:

- Long-Term Eligibility: Eligibility can last up to 3 years, depending on your needs.
- Temporary Conditions: Eligibility will last from 30 days up to 1 year.

### Notifications:

- Applications on file for more than 90 days without completing an assessment process will be considered withdrawn.
- While Traveler offers accessible transportation, there may be situations where using it alongside other services might be necessary for your specific destination needs.
- Similar to regular bus service, there may be multiple stops en-route to your destination.

All RFTA vehicles are equipped with lifts or ramps to accommodate various passenger loading needs.

Mail, email, or deliver to:

Roaring Fork Transportation Authority  
ADA Paratransit Coordinator  
1517 Blake Avenue, Suite 201  
Glenwood Springs, CO 81601

Email: [paratransit@rfta.com](mailto:paratransit@rfta.com)

## TRAVELER APPLICATION

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City of Residence: \_\_\_\_\_

Note: If your address is within **3/4 of a mile** of the following bus routes you will need to fill out the Application for ADA Complementary Paratransit.:

**Ride Glenwood**- Glenwood Springs,

**Carbondale Circulator**- Carbondale

**City of Aspen routes**- Aspen

State of Residence and Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Pronouns used \_\_\_\_\_

Mailing address, if different than home address \_\_\_\_\_

Primary Language \_\_\_\_\_

Will you need translation assistance? \_\_\_\_\_

Will you need written information in a different format? Indicate preference: \_\_\_\_\_

Local emergency name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone numbers for contact \_\_\_\_\_

Is someone assisting you with this application?

Name and Contact information \_\_\_\_\_

I understand that Traveler service is not point-to-point transportation, but shared ride public transportation. Service on Traveler is only available Monday through Friday 8:00 am to 5:00 pm.

(check one):

- YES
- NO

Do you have a driver's license? \_\_\_\_\_

Please describe the status of your driver's license (check all that apply):

- You surrendered your license due to your disability
- Your driver's license is current but no longer able to drive
- Your driver's license is no longer valid for some other reason
- No driver's license
- Driver's license is current and continuing to drive myself
- Driver's license is suspended

How do you currently travel? (please check all that apply):

- Drive myself
- Friends or Family
- Taxi
- I use bus service regularly
- Other Transportation service \_\_\_\_\_

Which bus services are you able to use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I use bus services or drive to the following places: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I need help using the bus services for the following tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I can never use bus services or drive myself because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time you used bus services or drove yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide planned destination including addresses, and cities, so we can determine whether requests will fall within the Traveler service area. \_\_\_\_\_

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## HEALTH STATUS

Choose one to describe your disability or health conditions (check one):

- Permanent
- Transitional- Temporary disability or conditions that prevent accessing transportation for a minimum of 30 day to a maximum of one year.
- Conditional- only when certain conditions exist that prevent access to transportation.

When was the onset of your disability? (Date) \_\_\_\_\_

Is there a date you are expected to recover from your disability? (If yes, enter the date): \_\_\_\_\_

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How does your disability currently **PREVENT** you from driving yourself or using regular public transportation without the help of another person? \_\_\_\_\_

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Do the effects of your disability change from day to day? (check one):

- Yes
- No

Does your disability inhibit your ability to perform self-care tasks or tasks related to living independently? (check one):

- Yes
- No

What mobility aids do you use? (please circle all that are relevant):

None	Walker
Support Cane	Manual Wheelchair
Tap/ Swipe Cane	Power Wheelchair
Crutches	Power Scooter
Portable Oxygen	Extra-large Wheelchair
Service Animal	Communication board or alternate communication device
Prosthesis	Wheeled Walker with Seat
Braces	Other _____

Will you bring a personal care attendant (PCA) to assist you when you travel? (A PCA is designated to provide or assist with personal needs that cannot be provided by the driver). (check one):

- Yes
- No
- Sometimes

**\*\*Please bring your primary mobility devices to your certification appointment. You will need to reschedule if you do not bring them with you. \*\***

## **TRAVEL RELATED SKILLS**

**Are you able to perform the following tasks?**

I am able to read a bus schedule.

- Yes
- No
- Sometimes

I am able to access the RFTA website ([www.rfta.com](http://www.rfta.com)) or use a phone app for trip planning.

- Yes
- No
- Sometimes

I am able to call the RFTA bus information line (970-925-8484) to get assistance and information for trip planning.

- Yes
- No
- Sometimes

I can determine what the fare is for my ride.

- Yes
- No
- Sometimes

I can place my fare in the farebox.

- Yes
- No
- Sometimes

I recognize landmarks to help me find my way.

- Yes
- No
- Sometimes

I can follow directions in an emergency.

- Yes
- No
- Sometimes

Determine a new plan when I make a mistake?

- Yes
- No
- Sometimes

I can find seating or securement area on the bus?

- Yes
- No
- Sometimes

I know where I am going and can find my way while riding the bus.

- Yes
- No
- Sometimes

Please explain No and Sometimes answers. \_\_\_\_\_

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Please use this space if you feel you need to add any details to the answers to any of the above question. \_\_\_\_\_

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**When traveling in the community, are you able to:**

Cross a busy intersection?

- Yes
- No
- Sometimes

Travel up or down hills, slopes, or slight inclines?

- Yes
- No
- Sometimes

Travel in areas without curb cuts?

- Yes
- No
- Sometimes

Travel in dim light conditions?

- Yes
- No
- Sometimes

Travel in bright light conditions?

- Yes
- No
- Sometimes

Travel in cold weather?

- Yes
- No
- Sometimes

Travel in hot weather?

- Yes
- No
- Sometimes

Travel when it is raining?

- Yes
- No
- Sometimes

Travel when it is snowing?

- Yes
- No
- Sometimes

Have you ever participated in travel training?

- Yes
- No

Please explain no and sometimes answers: \_\_\_\_\_

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**PLEASE REVIEW THE FOLLOWING INFORMATION** (check each box once read)

Completing your Application Journey:

- All questions are filled out to the best of your ability
- I certify that the information provided in this application is true and correct.
- Application is submitted online, email or mail at above information.
- Call 970-384-4855 to set up in person assessment
- I understand that an in-person interview and assessment of my mobility needs may be required as a part of this application process.
- Incomplete forms or forms without signature of applicant or legal guardian will not be processed until completed. Please check the forms for completeness prior to submission.
- I understand that falsification of information could result in loss of Traveler services.
- Incomplete applications may be withdrawn after 90 days.

Signature of Applicant or Legal Representative

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Date Signed \_\_\_\_\_

Verbal consent is not a substitute for the applicant's signature,