



TRAVELER SERVICE APPLICATION 2025

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**

Submit Your Application:

Complete and submit the application form: Incomplete applications may be returned which could delay the process.

Scheduling Your Assessment:

The application and assessment process for the Traveler can usually be completed within 2 weeks.

To ensure a smooth experience:

- Call 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- Applications on file for more than 90 days without completing an assessment process will be considered withdrawn.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
Attn: ADA Paratransit Coordinator
2307 Wulfsohn Road, Building 3
Glenwood Springs, CO 81601

Email: paratransit@rfta.com

Important Note:

To best serve our community, decisions may be made to adjust our service areas and offerings based on the needs of Garfield County and its residents. Please check our website **<http://www.rfta.com>** or call us at **970.384.4855** for the most current information.



TRAVELER APPLICATION

1. Full Name: _____ 2. Today's Date: _____

3. Primary Phone Number: _____ 4. Email Address: _____

5. Date of Birth: _____

6. Home Address:

- Street: _____
- City: _____
- State: _____
- ZIP: _____

7. Mailing Address:

- P.O. Box: _____
- City: _____
- State: _____
- ZIP: _____

8. Gender: (Check one)

- Female
- Male
- Non-binary
- Prefer not to answer

9. Pronouns used: _____

10. Primary Language: _____

11. Do you need written information in a different format or language? Yes No

- Indicate preference: _____

12. Local Emergency Contact Name: _____

- Relationship to Local Emergency Contact: _____
- Local Emergency Contact Primary Phone Number: _____
- Local Emergency Contact Secondary Phone Number: _____

13. Is someone helping you with this application? Yes No

- If yes, please enter persons name and contact information: _____

14. Is your home address within 3/4 of a mile of one of the following bus routes? (Check if applicable):

- Ride Glenwood** - in Glenwood Springs
- Carbondale Circulator** - in Carbondale
- City of Aspen Routes** - in Aspen

15. 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.

(Mark only one): Yes No

16. Do you have a driver's license? (Mark only one): Yes No

17. 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
- Other (describe): _____

18. How do you currently travel? (Check all that apply):

- Drive myself
- Friends or Family
- I use bus service regularly
- Taxi/ Uber/ Lyft
- Traveler Services
- RFTA Paratransit
- Other (describe): _____

19. Which bus services are you able to use? (Check all that apply):

- City of Aspen
- Carbondale Circulator
- Ride Glenwood
- Local
- VelociRFTA BRT
- Hogback – Rifle
- SM (Snowmass- Aspen)
- None
- Other (describe): _____

20. I use bus services or drive to the following places. (Check all that apply):

- None
- Airport
- Banks or financial institutions
- Community centers
- Cultural attractions (museum, theater)
- Daycare or childcare centers
- Downtown/city center
- Events or festivals
- Government offices (post office, city hall)
- Gym/fitness center
- Historical sites
- Library
- Local markets or farmers' markets
- Medical facilities (hospital, clinic)
- Movie theater
- Other bus stops
- Parks
- Pet care services (veterinarian, pet store)
- Residential areas
- Restaurants
- Retirement homes or senior centers
- School/University
- Shopping centers/malls
- Tourist attractions
- Volunteer organizations
- Work

21. I need help using bus services for the following tasks:

22. I can never use bus services or drive myself because:

23. When was the last time you used bus services and/or drove yourself?

24. Please provide planned destinations and addresses, including cities, so we can determine whether requests will fall within the Traveler service area:

HEALTH STATUS

25. Choose one to describe your disability or health related conditions. (Mark only one):

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

26. When was the onset of your disability or health related condition?

27. Is there a date you are expected to recover from your disability or health related condition?

• If yes, enter the date: _____

28. Do the effects of your disability or health conditions vary from day to day?

(Mark only one): Yes No

29. Do your disability or health related conditions inhibit your ability to perform self-care tasks or tasks related to living independently? (Mark only one): Yes No

30. Please list, by name, your disabilities or health related conditions that CURRENTLY PREVENT you from driving or using regular public transportation without the help of another person.

If you are asking for Temporary Service, 30 days minimum to 1 year due to surgery or other medical procedure, please describe how the surgery or medical procedure will prevent you from driving and/or using regular public transportation.

31. Which of the following mobility aids do you use? (Mark all that apply):

- None
 - Support Cane
 - Tap/Swipe Cane
 - Crutches
 - Portable oxygen
 - Service animal
 - Prosthesis
 - Braces
 - Walker
 - Manual
 - Power
 - Power scooter
 - Extra-large wheelchair
 - Communication board or alternate communication device
 - Wheeled walker with seat
 - Other (explain): _____
-

32. 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.

(Mark only one): Yes Sometimes No

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

(Mark only one): Yes Sometimes No

34. If you answered "No" or "Sometimes" to any of questions 28 through 33, please explain:

WHEN TRAVELING IN THE COMMUNITY

35. Are you able to cross a busy intersection?

(Mark only one): Yes Sometimes No

36. Are you able to travel up or down hills, slopes, or slight inclines?

(Mark only one): Yes Sometimes No

37. Are you able to travel in areas without curb cuts?

A curb cut is a solid ramp built into a sidewalk that slopes to meet the street level. Usually found at intersections where you would cross the street.

(Mark only one): Yes Sometimes No

38. Are you able to travel in dim light conditions?

(Mark only one): Yes Sometimes No

39. Are you able to travel in bright light conditions?

(Mark only one): Yes Sometimes No

40. Are you able to travel in cold weather?

(Mark only one): Yes Sometimes No

41. Are you able to travel in hot weather?

(Mark only one): Yes Sometimes No

PLEASE REVIEW THE FOLLOWING INFORMATION

Initial each statement once it has been read.

Completing Your Application Journey:

Initial all below:

- All questions are filled out to the best of my ability. _____
- I certify that the information provided in this application is true and correct. _____
- I have submitted an application online or by mail at the indicated address. _____
- I will call **970.989.1161** to schedule an assessment appointment two (2) business days after submitting my application. _____
- I understand that an in-person interview and assessment of my mobility needs are necessary as 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 on my application could result in loss of Traveler services. _____
- I understand that an incomplete application process, for example, if I don't schedule and show up for an assessment, may be withdrawn after 90 days of inactivity. _____

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

Proof required of Legal Representative

Signature: _____

Date Signed: _____

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