Roaring Fork Transportation Authority

ADA Complementary Paratransit Service

Guide to Ride

February 2018

Table of Contents

Introduction 4
Our Mission 4
Values Statements 4
Guide to Ride 5
Americans with Disabilities Act of 1990 5
ADA Complementary Paratransit Service 5
Origin-to-Destination Service 5
Hours & Days of Operation 6
Holiday Service 6
Service Areas 6
Eligibility 7
Eligibility Types 7
Eligibility Categories 7
Applying for Service 8
Eligibility Determination 9
Eligibility Appeals Process 9
Additional Eligibility 9
Scheduling Service 10
Subscription Service 10
Arrivals and Departures 10
Reminder Calls 11
Cancellations 11
Habitually Late 11
Habitual Cancellations 11
No-Shows 11
Excused No-Show 12
Non-Excused No-Show 12
No-Show/Late Cancellation Penalties 12
Suspensions 13
Appeal of Suspension 13
Updated Information 14
Personal Care Attendants 14
Service Animals 14
Driver Assistance 14
Mobility Devices 15
Rescue Plan 15
Visitors 16
Reasonable Accommodation 16
Lost & Found 16
Important Numbers and Contact Information 16
Operations 17
Commendations, Complaints or Questions 17
Discrimination Complaints 18

Rider Rules & Responsibilities 19
Driver Responsibilities 20
Neighboring Transit & Paratransit Providers 21
Glenwood Springs ADA Complementary Paratransit Service 22
Glenwood Springs ADA Complementary Paratransit Service Area Map 22
Aspen ADA Complementary Paratransit Service 23
Aspen ADA Complementary Paratransit Service Area Map 23
Carbondale ADA Complementary Paratransit Service 24
Carbondale ADA Complementary Paratransit Service Area Map 24
Exhibit I 25
ADA Complementary Paratransit Application 25
Exhibit II 30
Solicitud ADA Complementaria de Paratransit y Viajero 30
Exhibit III 35
Discrimination Complaint Process 35
Exhibit IV 38
Procedimiento de Queja de Discriminación 38
Exhibit V 41
ADA Complaint Form 41
Exhibit VI 44
ADA Formulario de Queja 44
Exhibit VII 47
Eligibility Appeal Form 47
Exhibit VIII 48
Formulario de Apelación de Elegibilidad 48

Introduction

The Americans with Disabilities Act (ADA) of 1990 defines an individual with a disability as, a person who has a physical or mental impairment that substantially limits one or more life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

ADA Complementary Paratransit service is provided to individuals who, because of an accessed disability, are unable to independently ride a bus, get on/off a bus, or get to/from a bus stop.

Our Mission

RFTA pursues excellence and innovation in providing preferred transportation choices that connect and support vibrant communities.

Values Statements

- Accountable - RFTA will be financially sustainable and accountable to the public, its users, and its employees.
- Affordable - RFTA will offer affordable and competitive transportation options.
- Convenient - RFTA's programs and services will be convenient and easy to use.
- Dependable - RFTA will meet the public's expectations for quality and reliability of services and facilities.
- Efficient - RFTA will be agile and efficient in management, operations and use of resources.
- Safe - Safety is RFTA's highest priority.
- Sustainable - RFTA will be environmentally responsible.

Guide to Ride

This Guide to Ride has been prepared to familiarize riders, with an assessed disability, with the Roaring Fork Transportation Authority (RFTA) ADA Complementary Paratransit service, and to answer questions about ADA Complementary Paratransit service. Any questions which are not addressed in the following pages should be directed to RFTA's ADA Complementary Paratransit service Coordinator at (970) 384-4855 or smerritt@rfta.com.

Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against individuals with disabilities in employment, transportation, public accommodation, communications, and governmental activities. To be protected by the ADA, an individual must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

ADA Complementary Paratransit Service

ADA Complementary Paratransit service is provided to individuals who, because of an accessed disability, are unable to independently ride a bus, get on/off a bus, or get to/from a bus stop. Service is provided to an accessed, eligible rider who has requested and reserved ADA Complementary Paratransit service in advance of the day and time they need to use the service.

RFTA determines eligibility based on functional considerations and determines which individuals can most benefit from ADA Complementary Paratransit service, and which individuals can be best served by the regular accessible RFTA bus services. Difficulty in using the fixed-route service is not necessarily an indicator of whether or not an individual is eligible to use ADA Complementary Paratransit service. Inconvenience in using the fixed-route service is not a basis for eligibility. All ADA Complementary Paratransit vehicles are accessible to individuals with disabilities and are equipped with wheelchair lifts and securement devices.

Origin-to-Destination Service

RFTA provides passenger's origin-to-destination, "curb-to-curb" service, which is comprised of:

- Origin-to-destination: ADA Complementary Paratransit service from a passenger's origin to the passenger's destination.
- RFTA ADA Complementary Paratransit service utilizes "curb-to-curb" service, which will pick-up the rider as close as possible to the rider's home or pick-up point, and drop-off riders at the curb, or as close as possible to their destination.

- Drivers will assist passengers with boarding and disembarking from the vehicle. This includes loading wheelchairs and other mobility devices from the sidewalk or other safe waiting area.
- ADA Complementary Paratransit service provides assistance beyond the curb only on an as-needed basis. Assistance will only be provided as long as the driver "maintains visual contact" with the vehicle. Drivers are not authorized to enter a passenger's private residence or travel past the exterior door of a public building.

Hours & Days of Operation

- Glenwood Springs ADA Complementary Paratransit service
  - Seven (7) days a week
  - 6:53 a.m. to 7:53 p.m.
- Aspen ADA Complementary Paratransit service
  - Seven (7) days a week
  - 6:20 a.m. to 2:00 a.m.
- Carbondale ADA Complementary Paratransit service:
  - Seven (7) days a week
  - 5:02 a.m. to 8:41 p.m.

Holiday Service

ADA Complementary Paratransit Service on the following holidays is comparable to fixed-route holiday service:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Service Areas

- Glenwood Springs ADA Complementary Paratransit service area is within ¾ miles from the Ride Glenwood Springs fixed-route system.
- Aspen ADA Complementary Paratransit service area is within ¾ mile from any of the six (6) RFTA fixed-routes in the City of Aspen (only four (4) fixed-routes are provided during the spring and fall off-seasons). ADA Complementary Paratransit service is also provided between Aspen and the Aspen Airport and to/from the Maroon Bells during the summer.
- Carbondale ADA Complementary Paratransit service area is within ¾ mile from the Carbondale Circulator fixed-route.

Eligibility

To determine ADA Complementary Paratransit eligibility the applicant must complete and submit to RFTA, the ADA Complementary Paratransit Application form. If ADA Complementary Paratransit status is granted, the ADA Complementary Paratransit status will be effective for the length of time indicated on the determination of eligibility letter.

- Any assessed individual who is unable to access or navigate the Ride Glenwood Springs, Carbondale Circulator, or any of the six (6) Aspen fixed-route services, due to a temporary or permanent disability.

Eligibility Types

- **Unconditional eligibility** is granted to those riders who are unable to ride the fixed-route services, independently, under any conditions. Individuals with unconditional eligibility who are able to use the fixed-route services, with the assistance of a Personal Care Attendant (PC) are encouraged to do so whenever possible.
- **Conditional eligibility** is granted to riders who are eligible for RFTA's ADA Complementary Paratransit service, only when certain conditions exist (i.e. wet or icy conditions, cold temperatures, nighttime, geographical or architectural barriers and distance). Conditionally eligible riders are required to use fixed-route services whenever conditions permit. The eligibility determination letter will indicate the conditions under which the individual can schedule ADA rides.
- **Temporary eligibility** is granted to riders with a short-term illness or injury that prevents them from using the fixed-route services. Temporary eligibility commonly lasts from 1 to 12 months. Riders with temporary eligibility will be assigned an eligibility expiration date. If service is required beyond that date, riders will need to reapply.

Eligibility Categories

ADA Complementary Paratransit service is for people with disabilities, who are certified as eligible for ADA Complementary Paratransit service. Eligibility is available to individuals in one (1) or more of the following categories:

- **Category 1** – Any individual with a disability who is unable to, as a result of their disability, use the fixed-route bus service some or all of the time.
- **Category 2** – Individuals with disabilities, who can use ADA-accessible buses, but want to travel on routes that are still not fully served by accessible buses or their stop is not accessible due to the physical nature of the stop.
- **Category 3** – Individuals with disabilities who cannot, as a result of their disability, travel to or from their bus stop due to obstacles that may impede their ability to access the fixed-route bus service. Some obstacles include distance, terrain, sidewalk-accessibility, weather, etc. Inconvenience is not considered an obstacle.

Applying for Service

To apply for ADA Complementary Paratransit service call (970) 384-4855. During the phone application process the following information and questions will need to be answered.

- Name;
- Date of Birth;
- Mailing Address;
- Telephone number(s);
- What barrier(s) do you have that prevent you from accessing public or private transportation that is available in your area?
- In what way does this barrier(s) prevent you from utilizing the existing services that are available in your area?
- In your opinion is this barrier(s) permanent? If no, when will the barrier(s) be removed;
- Do you utilize any assistive devices for ambulation? If so, what?
- Do you have a Personal Care Provider's professional report to substantiate this request? (Not an automatic qualifier)
- Following the telephone application a RFTA representative will send the individual an application package, within five (5) days.
- A representative from RFTA will contact the individual after the completed application package is received. If application is not received within 21 days a follow-up application will be mailed.
- An in-person functional ability assessment will then be scheduled and conducted.
- After the in-person functional ability assessment is complete, a RFTA representative will provide a written determination of eligibility letter.

Send completed application to:

For **Aspen** residents:
Roaring Fork Transportation Authority
ADA Complementary Paratransit Service Coordinator
0051 Service Center Drive
Aspen, CO 81611

For **Glenwood Springs, Carbondale** residents:
Roaring Fork Transportation Authority
ADA Complementary Paratransit Service Coordinator
1517 Blake Avenue
Glenwood Springs, CO 81601

To download and complete an application online go to, www.rfta.com/paratransit/applicationform, send completed application by fax to (970) 384-4955 or by email to smerritt@rfta.com.

Eligibility Determination

RFTA will provide a written determination of eligibility letter within 21 days of receipt of completed application. If the individual is determined to be eligible, the letter will state that the individual is "ADA Complementary Paratransit Service Eligible." This documentation will include:

- The name of the eligible individual.
- The name of the transit provider.
- The telephone number of RFTA's ADA Complementary Paratransit service coordinator.
- The expiration date for eligibility.
- Any conditions or limitations on the individual's eligibility.
- Whether the applicant travels with a personal care attendant.

If an individual is determined to be ineligible, the determination of eligibility letter will state the reasons for the finding. If an individual is not approved for ADA Complementary Paratransit service, the individual has the right to appeal the decision within sixty (60) days of the initial eligibility decision by RFTA.

Eligibility Appeals Process

An individual who disagrees with an ineligible determination decision may request an appeal. The appeal request must be made in writing and must be sent to RFTA's ADA Complementary Paratransit Service Coordinator within 60 days of receipt of the eligibility determination letter. Requests are to be sent to:

Roaring Fork Transportation Authority
ADA Complementary Paratransit Service Coordinator
1517 Blake Avenue
Glenwood Springs, CO 81601

Individuals have the right to an in-person hearing with the RFTA ADA Complementary Paratransit Service Group; however, the individual may waive his/her right to an in-person hearing, allowing the ADA Complementary Paratransit Service Group to review his/her case without being present.

The ADA Complementary Paratransit Service Group will review the original decision and will make a final decision as to eligibility, by majority rule. The decision of the ADA Complementary Paratransit Service Group will be communicated in writing, within 30 days, and will state the reason(s) for the decision. If a decision is not made within 30 days of the date of appeal, full eligibility will be given until a final decision is made. Upon mailing of the written decision of the ADA Complementary Paratransit Service Group, will be final.

Additional Eligibility

Once an individual is certified as eligible to utilize ADA Complementary Paratransit services, that individual is also eligible to receive ADA Complementary Paratransit services in other cities and states. ADA Complementary Paratransit eligible individuals are responsible for contacting the transit agency in the

city in which he/she is planning to travel. RFTA suggest that the individual contacts that transit agency several weeks prior to the trip. That transit agency will give you information about arrangements, fares, operating times, and schedules. RFTA is happy to provide documentation of current eligibility to another transit agency as support for services.

Scheduling Service

To request ADA Complementary Paratransit service call (970) 384-4855, seven (7) days a week, 8:00 a.m. to 5:00 p.m., requests are to be made one day prior to service. Requests for service can be scheduled up to seven (7) days in advance. In the event that a dispatcher is unavailable to schedule your reservation, please leave the following information:

- First and Last Name;
- Telephone Number;
- Date and Time of Requested Pick-Up or Appointment Time;
- Pick-Up Point Address;
- Personal Care Attendant or Service Animal, if applicable;
- Mobility Aid(s), if applicable;
- Description of Assistance Needed, if applicable;
- Address or Name of Drop-Off Location;
- Requested Return Time.

Pick-up times are scheduled in a manner that you will be dropped off at the scheduled stop as close to "on time" as possible (passenger may arrive at scheduled stop earlier than requested). Only scheduled pick-ups and drop-offs will be honored.

Subscription Service

RFTA permits the use of subscription service as a method of efficient reservations and scheduling of trips with a repeated pattern (same origin and destination, same pick-up and drop-off time, and same day(s)). To qualify for subscription services an individual must ride for one (1) month before subscription services can be utilized. After the rider and RFTA set-up the subscription service, there is no need for the individual to make further arrangements, unless a rider's travel needs change.

Riders must call the dispatcher to cancel a specific trip that is part of a subscription service. Riders should take care to only cancel once specific trip and not cancel their subscription service entirely. Failure to cancel trips appropriately and/or excessive cancellations may result in dismissal form the subscription service program.

Arrivals and Departures

The driver will wait five (5) minutes after the confirmed pick-up time as a courtesy to the rider. If the rider has not arrived and boarded the vehicle after the five (5) minutes, he/she will be assessed a No-Show.

All ADA Complementary Paratransit services are scheduled prior to the start of the driver's day. If a cancellation occurs while the driver is in-route and another trip cannot be scheduled in its place, the driver may arrive at your pick-up location earlier than scheduled. However, riders are not required to leave earlier than their scheduled pick-up time. If rider is prepared to leave earlier than their scheduled pick-up time, if the rider chooses, they may board the vehicle at that time.

Traffic congestion, impeding weather or road construction may cause delays in service. If the vehicle is more than ten (10) minutes late, call (970) 384-4855 and a dispatcher will radio the driver and provide the rider with an anticipated arrival time. Please be patient, as these incidents are limited and uncontrollable.

Reminder Calls

A reminder call will be made the day before scheduled service.

- To accept the service, simply hang up.
- To cancel the service, press 9.

Cancellations

To cancel a scheduled trip call (970) 384-4855 at least two (2) hours in advance of scheduled ride. A cancellation made less than two (2) hours prior to the scheduled pick-up will be recorded as a No-Show. The earlier a trip reservation is cancelled, the greater the chance another rider will be able to utilize your time. When cancelling a trip, riders are responsible for providing the following information:

- Name of rider;
- Date and time of scheduled pick-up;
- Destination name/address;
- Whether another trip scheduled for that day is being cancelled as well.

Habitually Late

An individual is late when they are not ready to leave when the vehicle arrives. Passengers must be ready fifteen (15) minutes before the scheduled pick-up time and remain ready for fifteen (15) minutes after scheduled pick-up time. Three (3) habitually late rides are equal to one (1) No-Show.

Habitual Cancellations

Ten (10) cancelled rides are equal to one (1) No-Show, unless cancellation is due to illness or hospitalization.

No-Shows

No-Shows are defined as:

1. Service is scheduled;
2. A call to cancel the ride is not received within two (2) hours of scheduled pick-up time;

3. Vehicle arrived at the scheduled pick-up location within the fifteen (15) minute pick-up window;
4. Driver has knocked on the door and waited for five (5) minutes after arriving, without contact from the passenger;
5. Driver contacts dispatch and requests to leave;
6. Passenger will be advised that a No-show has incurred and it will be documented in their record.

If the first leg of a trip is a No-Show, all later trips scheduled for that day will **not automatically be cancelled**. It is the rider's responsibility to cancel each scheduled trip no longer needed. RFTA makes every effort not to leave a rider stranded. If you feel that you have been mistakenly assessed a No-Show, contact the ADA Complementary Paratransit Service Coordinator at (970) 384-4855.

Excused No-Show

- Family emergency (death or illness, or other emergency).
- Mobility aid failure.
- Late connecting transportation.
- Act of God (flood, earthquake, fire, etc.).
- Dispatch error; dispatch did not cancel service as requested by the individual or dispatcher scheduled the service for the wrong day, time, or location.
- Medical facility changed the date and/or time of medical appointment.

Non-Excused No-Show

- Did not want to travel.
- Sick and did not cancel service.
- Decided not to use the service.
- Forgot service was scheduled.
- Got another ride.
- Did not want to ride with specific driver and/or passenger.

No-Show/Late Cancellation Penalties

When it has been determined that a rider is in violation of the No-Show and cancellation policy, the following progressive actions will be taken:

1. 1st Violation: Three (3) No-Shows in a 30 day rolling calendar period or two (2) consecutive No-Shows within a 60 day rolling calendar period. Individual will be contacted and informed of the date and time of each No-Show.
2. 2nd Violation" Four (4) No-Shows in a 30 day rolling calendar period or three (3) consecutive No-Shows within a 60 day rolling calendar period. Individual will receive a written letter, notifying them of a pending 30 day suspension of service. The letter will contain the date and time of each No-Show. The individual is entitled to request an appeal of suspension.

3. 3rd Violation: A second set of four (4) No-Shows in another rolling 30 day calendar period, a written letter will be sent notifying the individual of a pending three (3) month suspension of service. The letter will contain the date and time of each No-Show. The individual is entitled to request an appeal of suspension.

Riders who feel that a No-Show or late cancellation was beyond their control or as a result of RFTA error, or for questions regarding No-Show warning letters should call the ADA Complementary Paratransit Service Coordinator at (970) 384-4855.

Suspensions

Riders who develop a pattern or practice of missed trips and/or late cancellations may risk suspension of ADA Complementary Paratransit service. Customers who abuse their riding privileges may face suspension of ADA Complementary Paratransit service. Before service is suspended, customers will be notified in writing. Conduct that may lead to suspension of service includes disruptive or unsafe conduct, and excessive late cancellations and/or No-Shows.

Prior to a rider's suspension of service for conduct, excessive No-Shows and/or late cancellations, RFTA will notify the individual in writing, explaining the reason for the suspension and the length of suspension. The written letter will include information regarding conduct, and No-Show and/or late cancellation dates and times.

Appeal of Suspension

An individual who receives a suspension notice may file an appeal questioning the decision. To appeal a notice of suspension, a written letter must be submitted; suspension will be upheld if a written appeal letter is not received. Send written appeal letter to:

Roaring Fork Transportation Authority
ADA Complementary Paratransit Service Coordinator
1517 Blake Avenue
Glenwood Springs, CO 81601

The suspension will be placed on hold until the appeal is complete. A meeting will then be scheduled to meet with appropriate staff, within 15 days, to discuss options for preventing suspension. The individual filing the suspension appeal will be notified of the appeal decision in writing. The notification will state the reason(s) for the decision if suspension is upheld. During the appeal process, the individual's ridership privileges will not be denied.

If an individual has been suspended for behavior that is illegal or potentially compromises the safety of our driver, other riders, or equipment, the suspension will remain in effect until assurances that safety can be maintained are established.

Updated Information

ADA Complementary Paratransit service patrons must keep their address, telephone number(s), emergency contact information, and mobility aid information current with RFTA.

Personal Care Attendants

As defined in the ADA regulations, a personal care attendant (PCA) is "someone designated or employed specifically to help the eligible individual meet his or her personal needs." A PCA typically assists with one or more daily life activity such as providing personal care, performing manual tasks, or providing assistance with mobility or communication.

RFTA permits one PCA to ride with an ADA Complementary Paratransit eligible individual if the individual has been certified by RFTA to ride with a PCA. Individuals traveling with a PCA must reserve space for them when calling to schedule their own ride and all riders traveling together must have the same pick-up and drop-off locations. A PCA will not be charged a fare.

Service Animals

RFTA permits the use of service animals to accompany individuals with disabilities on vehicles and within facilities. A service animal is "any guide dog, signal dog, or other animal trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with vision impairment, alerting individuals with hearing impairment, providing protection or rescue work, pulling a wheelchair, or fetching dropped items." RFTA personnel cannot require riders to provide documentation for their service animals, but may ask whether the animal is a service animal and what task(s) they perform.

Driver Assistance

Riders should request assistance when making a reservation. However, riders also may also request assistance at the time of pick-up and/or drop-off. Drivers will assist customers with boarding and exiting the vehicle, and to/from the ground-level exterior door of the building. Drivers will provide assistance up/down two steps to/from a building if it is safe to do so. Drivers are required to make sure that all wheelchairs and scooters are properly secured per RFTA requirements. Drivers are not allowed to lift or carry customers.

Drivers cannot escort customers past the ground floor of any building and are not allowed to enter residences. They are required to maintain a visual sight line of their vehicle at all times. Customers are expected to carry their own bags and packages. Customers are responsible for ensuring that the path of travel between their exterior door and the vehicle pick-up/drop-off areas are clear of snow and other obstacles.

Drivers are not allowed to accept tips from passengers, although passengers may contact the ADA Paratransit Customer Service (970) 384-4855 to compliment and/or comment on a driver. Customers who

require additional assistance beyond what is provided by a driver are encouraged to arrange for a PCA or companion to travel with them.

Visually impaired passengers may request to be identified as visually impaired if they would like the driver to announce their name upon arriving. Drivers will go to the ground level exterior door of the building upon request, when it is safe to do so. Drivers will identify themselves to visually impaired passengers and announce the name(s) of the passenger(s) already on board, and those being picked up during the trip.

Mobility Devices

ADA Complementary Paratransit service will accommodate wheelchairs and other mobility devices along with occupants, as long as the lift/ramp and vehicle can physically accommodate them, doing so would not cause a valid safety concern, and it does not block an aisle or interfere with the safe evacuation of passengers in an emergency.

Drivers are required to restrain wheelchairs using a four (4) point safety securement. In addition, a lap belt and a shoulder belt will be used for passengers seated in wheelchairs and mobility devices. While passengers may not refuse these securements, a trip cannot be denied if the driver is physically incapable of securing the mobility device.

Portable respirators and oxygen equipment are permitted on ADA Complementary Paratransit vehicles. The driver will assist passengers to secure this equipment on the vehicle.

For the safety of all riders, passengers may not transport any type of hazardous equipment or materials. Passengers should limit the number of packages that they and their PCA carry onto the ADA Complementary Paratransit vehicle. No more than three (3) grocery bags or similar sized packages are allowed, per individual passenger. Packages must be under the control of the passenger and transported on the passenger's lap or secured under the seat. Small portable grocery carts with two (2) wheels are acceptable but, for safety, should be secured and not be placed in the aisle. Drivers may assist with securing these items, if requested. All passengers must be properly restrained with a safety belt while riding ADA Complementary Paratransit vehicles.

Rescue Plan

RFTA's ADA Complementary Paratransit buses can normally be replaced within 15 – 20 minutes of a vehicle malfunction. RFTA's policy is to place passengers on the next available bus, heading in the same direction. RFTA deploys extra equipment, buses, and drivers, at key locations, during peak commute hours to replace buses, if necessary.

RFTA's ADA Complementary Paratransit services are located a short distance from a RFTA bus maintenance facility. A replacement vehicle will be dispatched immediately to replace a malfunctioning vehicle. Vehicle

replacement usually occurs within 15 minutes or less. Road Supervisors are dispatched to malfunctioning vehicles to make the transition to the replacement bus or van as smooth and quick as possible.

Visitors

ADA Complementary Paratransit service will be provided for visitors with disabilities, who do not reside in the jurisdictions served by RFTA. Out-of-town visitors should request eligibility for ADA Complementary Paratransit service before the first desired day of travel.

Once registered with RFTA, visitors will be able to utilize the service for any combination of 21 days during a 365-day period, beginning with the visitor's first use of service. Visitors requesting to use ADA Complementary Paratransit service more than 21 days during a 365-day period must apply for and receive eligibility certification through RFTA. For additional information and to set up a brief phone assessment, please contact the RFTA ADA Complementary Paratransit Service Coordinator at smerritt@rfta.com or call (970) 384-4855.

Reasonable Accommodation

ADA Complementary Paratransit will make every effort to ensure that all individuals with disabilities can utilize its services. If you believe that a certain policy or procedure is limiting your use of ADA Complementary Paratransit services, you may request a reasonable accommodation. Please contact the ADA Complementary Paratransit Service Coordinator at (970) 384-4855 to request a reasonable accommodation.

Lost & Found

Riders are responsible, and RFTA accepts no responsibility, for personal items left on vehicles. Riders may call RFTA (970) 384-4855 to inquire about personal items left on the vehicle. If the individual is unable to get to the office to retrieve the item, RFTA will attempt to return the item on the next scheduled trip. RFTA will hold items for 30 days prior to disposal. Wallets, credit/debit cards and IDs will be turned over to the Police Department after 30 days.

Important Numbers and Contact Information

Reservations:	(970) 384-4855
Cancellations:	(970) 384-4855
Eligibility:	(970) 384-4855
General Questions:	(970) 384-4855
Fax:	(970) 384-4955
TTY-TTD:	(800) 659-3656
Discrimination Complaints:	(970) 384-4974
Mailing Address:	**Roaring Fork Transportation Authority** ADA Complementary Paratransit Service 1517 Blake Avenue Glenwood Springs, CO 81601

Operations

RFTA operates the Glenwood Springs ADA Complementary Paratransit, the Aspen ADA Complementary Paratransit, and the Carbondale ADA Complementary Paratransit services. These services are operated by RFTA employees and vehicles, and eligibility, appointments and requests for transportation are managed by RFTA dispatchers.

Under RFTA's ADA Complementary Paratransit service, RFTA is directly responsible for:

- Certifying eligible paratransit riders;
- Scheduling rides;
- Providing customer service;
- Reporting service and financial information to funding sources;
- Collecting donations from riders.

Commendations, Complaints or Questions

If any staff member associated with providing RFTA services has been particularly helpful or gone out of his/her way to provide assistance, you may contact RFTA so a note of commendation may be issued to the employee.

Riders may file a complaint any time the service is unsatisfactory, unsafe or for any other reasons. Complaints should be filed with the RFTA ADA Complementary Paratransit Service Coordinator at smerritt@rfta.com or call (970) 384-4855. To assist with the complaint investigation process please file the complaint as soon as possible.

When filing a complaint please provide the following information:

- First and Last name.
- Date and time of trip.
- Address or name of destination.
- Complete description of the incident.

RFTA will make reasonable efforts to assist individuals with disabilities, non-English speakers, and others unable to file a written complaint. To file a complaint, commendation, or have a question or comment, please contact RFTA's ADA Complementary Paratransit Service Coordinator (970) 384-4855 or email smerritt@rfta.com. A TTY-TTD system is available for the hearing impaired by calling (800) 659-3656, or for Spanish call (970) 384-4950. For issues regarding a discrimination complaint call (970) 384-4974 or email titlevi@rfta.com.

RFTA is committed to operating high-quality service in compliance with ADA Complementary Paratransit service requirements.

Discrimination Complaints

Any person who believes they have been discriminated against regarding his/her disability, has a right to file a formal complaint with RFTA. To file a complaint, complete the ADA Discrimination Complaint Form and submit to Nicole Schoon, Regulatory Compliance Officer, within one hundred eighty (180) days following the date of the alleged occurrence. Individuals may also file complaints directly with the U.S. Department of Transportation (USDOT) and/or the Federal Transit Administration (FTA) within the 180 day timeframe.

Complaints should include, at a minimum, the following information:

- Complainant's name, address and telephone number(s), where complainant can be reached during business hours;
- A general description of the person(s) injured by the alleged discriminatory act(s);
- A description of the alleged discriminatory act(s), in sufficient detail to enable the Regulatory Compliance Officer to understand what occurred, when it occurred, and the basis of the alleged discrimination;
- The letter must be signed and dated by the person filing the complaint or by someone authorized to do so on his/her behalf.

For an ADA Discrimination Complaint Form visit www.rfta.com/paratransit/discriminationcomplaintform (en Español). For more information regarding ADA Complementary Paratransit or Civil Rights complaints, contact Nicole Schoon, Regulatory Compliance Officer at (970) 384-4974 or nschoon@rfta.com.

Submit completed ADA Discrimination Complaint Form:
Roaring Fork Transportation Authority
Nicole Schoon, Regulatory Compliance Officer
2307 Wulfsohn Rd.
Glenwood Springs, CO 81601
Email: titlevi@rfta.com
Fax: (970) 384-4937

For more information on ADA discrimination complaints, or to receive the complaint form in another format contact Nicole Schoon, Regulatory Compliance Officer at (970) 384-4974 or nschoon@rfta.com.

Rider Rules & Responsibilities

All passengers are expected to exercise proper conduct on vehicles. RFTA reserves the right to revoke riding privileges of riders who threaten the health or safety of drivers or other passengers. The following is a list of general rules passengers are required to adhere to while utilizing this service:

1. Rider should be ready for pick-up throughout the pick-up window of the scheduled trip.
2. Treat drivers and other riders with courtesy and respect.
3. Keep personal assistance devices in good working condition and be able to operate without driver intervention.
4. Make sure personal sidewalks and walkways are properly maintained and clear of snow and ice.
5. Wear vehicle seatbelts/restraints during transport.
6. Consumption of food and beverages is prohibited. Food and beverages may be brought onto the vehicle.
7. The use of audio or video devices require the use of headphones.
8. Standing in “front” of the white line is prohibited.
9. Littering is prohibited.
10. Obscene, profane, vulgar, foul, or abusing language is prohibited.
11. Shirt and shoes are required.
12. Disorderly or inappropriate behavior is prohibited.
13. Keep head, arms, and body parts inside the vehicle at all times.
14. Do not throw objects in or from the vehicle.
15. Alcohol and the use of illegal drugs are prohibited.
16. Obey reasonable requests from the driver or other authorized representative.
17. Flammable or explosive material is prohibited on the vehicle, per Federal regulations.
18. Individuals with a communicable disease and have an order of restriction by the Department of Health may not board the vehicle.
19. Conversations with the driver which distract him/her from safely operating the vehicle are prohibited.
20. Keep aisles clear of obstacles (packages, luggage, etc.)
21. Vandalism or willful destruction of vehicle is prohibited.
22. Fighting or threatening to fight is prohibited.
23. Do not be a nuisance on the vehicle.
24. Offensive body and other offensive odors are prohibited.
25. Loud noises are prohibited.
26. Obscene attire is prohibited.
27. Smoking is prohibited.

Driver Responsibilities

1. Be courteous at all times.
2. Let the rider know they have arrived.
3. Adhere to the same standards of common courtesy and personal hygiene as those required of riders.
4. Carry only those riders assigned to them, along with personal care attendants and/or companions who have reservations.
5. Go only to the destinations as notified by the dispatcher.
6. For safety reasons, maintain "line-of-sight" of vehicle at all times when other passengers are on board.
7. Maintain the assigned service schedule, for the convenience of all riders.
8. Provide reasonable assistance to riders entering or exiting the vehicle.
9. Assist riders using manually-powered wheelchairs, up and down, no more than one (1) step or curb (if safe to do so, and while maintaining a line-of-sight of the vehicle.
10. Assist ambulatory passengers to and from their origin and destination, if requested, and if safe to do so while maintaining a line-of-sight of the vehicle.
11. Refrain from using electronic devices other than the vehicle's two-way radio.
12. Operate the vehicle and lift in a safe manner and safely secure wheelchairs on the vehicle.

Drivers are Not Permitted to:

1. Lift or carry passengers.
2. Enter the rider's residence.
3. Perform any personal care assistance for any rider, such as assisting with dressing.
4. Assist riders on non-ADA compliant or steeply inclined mobility ramps or steps.
5. Assist an ambulatory rider beyond the bottom-most exterior step of the pick-up or drop-off location.
6. Assist a rider using a manually-powered wheelchair up or down more than one step or curb.
7. Wait for a passenger to make an unscheduled stop to conduct business, such as at an ATM/cash machine, pharmacy, or video rental vending machine.
8. Accept tips/gratuities (including cash or gift cards).
9. Perform errands for riders, such as picking up prescriptions or groceries.
10. Take information from rider about cancellations or changes in reservations.
11. Secure child safety systems in the vehicle or children into such systems.
12. Assist a rider with a power-driven wheelchair, in its operation, the rider is expected to maneuver it safely on and off the vehicle.

Neighboring Transit & Paratransit Providers

Pitkin County Senior Van
0275 Castle Creek Road
Aspen, CO 81611
(970) 920-5432
http://www.pitkinseniors.com/transportation

Snowmass Village Shuttle
0275 Castle Creek Road
Aspen, CO 81611
(970) 923-2543
www.snowmasstransit.com

Eagle County Healthy Aging – El Jebel
0020 Eagle County Drive, Suite E
El Jebel, CO 81623
(970) 328-9586
http://www.eaglecounty.us/PublicHealth/Healthy_Aging/

Mountain Ride Transportation Resource Center
(844) 868-7433
www.mtnride.org

Mountain Valley Developmental Services
700 Mount Sopris Drive
Glenwood Springs, CO 81601
(970) 945-6710
www.mtnvalley.org

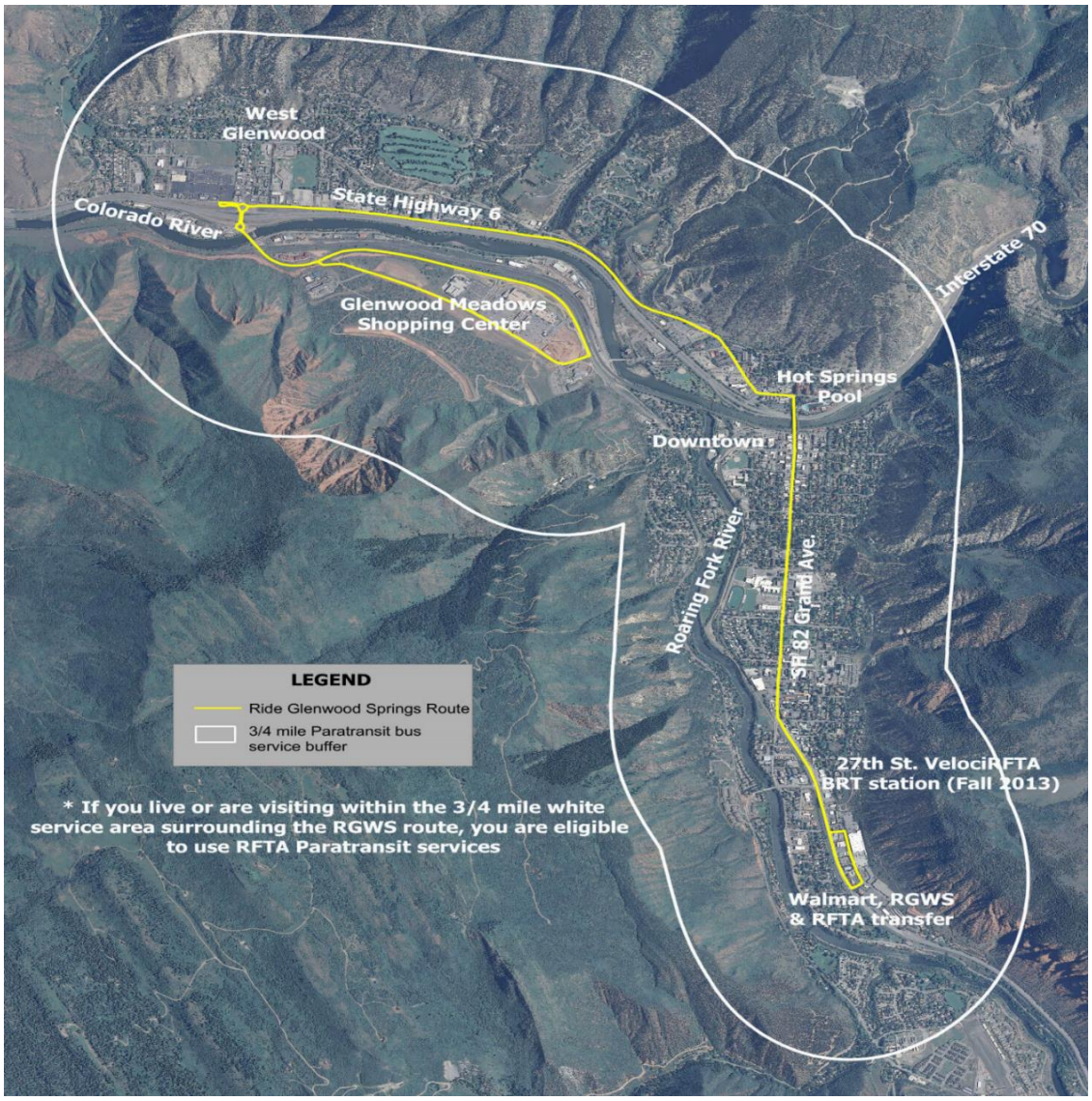
BUSTANG
14000 West 44th Avenue
Golden, CO 80403
(800) 900-3011
www.ridebustang.com

Glenwood Springs ADA Complementary Paratransit Service

The City of Glenwood Springs, and RFTA provide ADA Complementary Paratransit service for individuals that are unable to access the Ride Glenwood Springs bus service within the City of Glenwood Springs, due to an accessed temporary or permanent disability. To apply for service call (970) 384-4855.

Glenwood Springs ADA Complementary Paratransit service is available within ¾ miles from the Ride Glenwood Springs fixed-route service, during the same days and hours, seven (7) days a week from 6:53 a.m. to 7:53 p.m. Requests for services are to be made one (1) day in advance by calling the dispatcher at (970) 384-4855, 7 days a week, 8:00 a.m. to 5:00 p.m.

Glenwood Springs ADA Complementary Paratransit Service Area Map



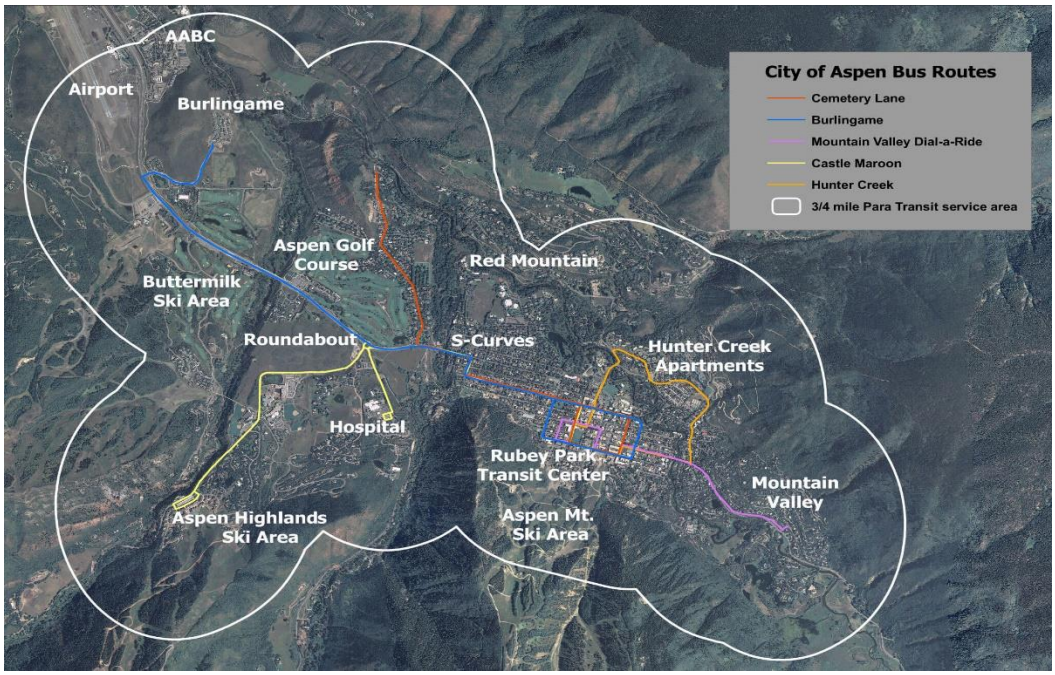
Aspen ADA Complementary Paratransit Service

The City of Aspen and RFTA provide ADA Complementary Paratransit service for individuals that are unable to access any of the six (6) fixed-route bus services within the City of Aspen due to an accessed temporary or permanent disability. ADA Complementary Paratransit service is offered to individuals of any age with an assessed disability. To apply for service call (970) 384-4855.

Aspen ADA Complementary Paratransit service is available within the City of Aspen during the same hours as the City's fixed-route public bus service, seven (7) days a week from 6:00 a.m. to 2:00 a.m. Seasonal changes will effect service hours, visit the RFTA website www.rfta.com for seasonal hours changes updates. Seasonal changes are: Spring "off-season" begins mid-April and continues through mid-June; Fall "off-season" begins the day after Labor Day and continues through the day before Thanksgiving Day; Winter season continues through mid-April.

Aspen's ADA Complementary Paratransit service area is within ¾ mile from any of the six (6) fixed-route services in the City of Aspen (only four (4) fixed-routes are provided during the spring and fall off-seasons). ADA Complementary Paratransit service is provided at no change to passengers within the City of Aspen and to/from the Aspen Airport. ADA Complementary Paratransit service is also available between the City of Aspen and the Maroon Bells during the summer, however the fare is double the customary fare for adults ($8.00 regular fare); seniors, age 65 and over ($6.00 regular fare); youth, age 6-16, ($6.00 regular fare); and children, age 5 and under (free). Requests for transportation services are to be made one (1) day in advance by calling the dispatcher at (970) 384-4855, 7 days a week, 8:00 a.m. to 5:00 p.m.

Aspen ADA Complementary Paratransit Service Area Map



Carbondale ADA Complementary Paratransit Service

The Town of Carbondale and RFTA provide ADA Complementary Paratransit service for individuals that are unable to access the Carbondale Circulator within the Town of Carbondale due to an accessed temporary or permanent disability. To apply for service call (970) 384-4855.

Carbondale ADA Complementary Paratransit service is available within the Town of Carbondale during the same hours as the Carbondale Circulator, seven (7) days a week from 5:02 a.m. to 8:41 p.m. Carbondale ADA Complementary Paratransit service area is within ¾ mile from the Carbondale Circulator fixed-route service. Requests for transportation services are to be made one (1) day in advance by calling the dispatcher at (970) 384-4855, 7 days a week, 8:00 a.m. to 5:00 p.m.

Carbondale ADA Complementary Paratransit Service Area Map

Exhibit I

ADA Complementary Paratransit Application

This application is designed to gather information concerning the applicant's ability to use the ADA Complementary Paratransit transportation modes available in the service area of Glenwood Springs, Aspen and Carbondale.

Please complete this application as thoroughly as possible and to the best of your ability. Every question must be answered in full. Once the completed application is received, you will be contacted to arrange an in-person functional ability assessment.

Please return the application to:
Roaring Fork Transportation Authority
Attn: Susan Merritt – ADA Complementary Paratransit Service Coordinator
51 Service Center Drive
Aspen, CO 81611
Phone: (970) 384-4855
Fax: (970) 384-4955
Email: smerritt@rfta.com

Please call (970) 384-4855, should you have any questions or require assistance completing this application.

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Phone Number(s): _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

Email address: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

In case of emergency contact:

Last Name: _____ First Name: _____

Phone Number(s): _____

Preferred written material sent:

☐ Regular Print ☐ Large Print ☐ Another Language (specify): _____ ☐ Other Format (i.e., email): _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Current mode of transportation:

☐ RFTA ☐ Taxi ☐ CME ☐ Trans Care Ambulance ☐ Private Vehicle ☐ Other: _____

What barriers prevent you from accessing transportation modes that are available in your area? _____

_____

How does this barrier prevent you from utilizing these transportation modes? _____

_____

UNDERSTANDING YOUR TRANSPORTATION NEEDS AND TRAVEL CHALLENGES:

How far is the nearest bust stop to your residence (approximately): _____

Can you get to and from this bus stop? ☐ Yes ☐ No

Does your physical condition change making it impossible to use bus services on a given day?

☐ Yes ☐ No

In your opinion, is this inability: ☐ Temporary ☐ Conditional ☐ On-Going

When you travel, do you have/require assistance from a personal care attendant? ☐ Yes ☐ No

Can you walk or wheel, without assistance? ☐ Yes ☐ No

Do you or have you had seizures? ☐ Yes ☐ No

Can you get to and from the "curb" to your residence to access ADA service? ☐ Yes ☐ No

Do you utilize any assistive devices for ambulation? (Check all that apply)

☐ Walker	☐ Portable Oxygen	☐ Cane	☐ Leg Brace(s)
☐ Hearing Aids	☐ Crutches	☐ Powered Scooter	☐ Service Animal
☐ Glasses	☐ Wheelchair	☐ Tap or Sweep Cane	☐ Prosthesis

☐ Other (please specify): _____

If you utilize a wheelchair for mobility, is the combined weight of you and the wheelchair under 600 pounds? ☐ Yes ☐ No

On a given day can you (with/without) a mobility device (wheelchair, walker, etc.) (Check all that apply):

☐ Get to the curb in front of your house ☐ Travel up to 1 block ☐ Travel up to 4 blocks

☐ Cannot travel outside your home (explain): _____

Do you have a valid Colorado driver's license? ☐ Yes ☐ No

Have you **voluntarily surrendered** your Colorado driver's license? ☐ Yes ☐ No

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THOSE WHICH BEST DESCRIBE YOUR ABILITY TO USE FIXED-ROUTE BUSES. (CHECK ALL THAT APPLY)

☐ I can ride public transportation when I am feeling well. There are other times, however, when my disability or health conditions worsen and at those times I cannot ride public transportation.

☐ I have a disability or health conditions that prevent me from riding public transportation if the weather is very hot or very cold.

☐ I cannot climb stairs to get on or off a vehicle.

☐ I can get to and from the vehicle, only if there are curb-cuts and level sidewalks.

☐ I am not able to u se current transportation vehicles for other reasons. Explain: _____

_____

☐ My disability of health conditions makes it impossible to travel when there is snow or ice on the ground.

Are you able to ask the driver for assistance? ☐ Yes ☐ No

Can you grasp railings to get on and off the vehicle? ☐ Yes ☐ No

Can you pull cords or push the bell strip to let the driver know you wish to get off the vehicle?

☐ Yes ☐ No

Can you make a fare transaction/donation on a vehicle? ☐ Yes ☐ No

Do you have memory issues? ☐ Yes ☐ No

If yes, how do you compensate:

_____

What is the farthest you can walk outdoors? _____

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES:

Can you…

Ask for and understand written or spoken instructions? ☐ Yes ☐ No

Cross the Street? ☐ Yes ☐ No

Stand for 10 minutes if there is no place to sit? ☐ Yes ☐ No

Step on and off a sidewalk from the curb? ☐ Yes ☐ No

Walk up and down 3 steps if there is a handrail? ☐ Yes ☐ No

Transfer from one vehicle to another? ☐ Yes ☐ No

PLEASE PROVIDE INFORMATION ABOUT WHERE YOU GO AND HOW YOU CURRENTLY GET THERE.

List your 1-2 most frequent destinations and how you currently get there…

Where do you go? _____

Address: _____

How often do you go there? _____

How do you currently get there? _____

Where do you go? _____

Address: _____

How often do you go there? _____

How do you currently get there? _____

Do you have a health care professional's report/verification to substantiate this request? (Not a requirement) ☐ Yes ☐ No

CERTIFICATION AND SIGNATURE

I understand that the purpose of this application is to determine if I am eligible to use the ADA Complementary Paratransit service. I certify that the information provided in this application is true and correct.

The Americans with Disabilities Act of 1990 is a Civil Rights Act that requires public transit agencies to provide services to people whose disabilities prevent them from accessing the public transportation system in their area. The information you provide will enable us to make an appropriate determination for you. All information will be kept confidential. Thank you for your assistance.

By signing this application, the applicant agrees to the following conditions:

1. An in-person functional ability assessment will be required, in addition to this completed application.

2. It will be my responsibility to obtain transportation, to and from, the in-person functional ability assessment, as well as, provide a valid picture identification at the time of assessment.

3. I may present verification, from a Personal Care Provider, verifying my assessed need for ADA Complementary Paratransit services.

4. If at any time I am no longer affected by the disability as described in this application, my eligibility for ADA Complementary Paratransit services will terminate.

_____	_____	_____
Printed Name	Signature	Date

If someone other than the applicant assisted in completing this application, please provide the following information:

Name: _____
Relationship to Applicant: _____
Address of Assistant: _____
Agency (if applicable): _____
Contact information (e-mail, phone, etc.): _____

Exhibit II

Solicitud ADA Complementaria de Paratransit y Viajero

Esta aplicación está diseñada para reunir información sobre la capacidad del solicitante para utilizar los modos de transporte ADA Complementaria de Paratransit disponibles en las áreas de servicio de Glenwood Springs, Carbondale, y Aspen.

Complete esta solicitud lo más exhaustivamente posible y lo mejor que pueda. Cada pregunta debe ser respondida en su totalidad. Una vez que se reciba la solicitud complete, se comunicara con usted para organizar una evaluación de la capacidad funcional en persona.

Por favor devuelva la aplicación a:
Roaring Fork Transportation Authority
Susan Merritt – Coordinator ADA Complementaria de Paratransit
51 Service Center Drive
Aspen, CO 81611
Teléfono: (970) 384-4855
Fax: (970) 384-4955
Correo electrónico: smerritt@rfta.com

Llame al (970) 384-4855, si tiene alguna pregunta o necesita ayuda para completar esta solicitud.

Apellido: _____ Primer Nombre: _____

Fecha de Nacimiento: _____ Sexo: ☐ Hombre ☐ Mujer

Número de Teléfono(s): _____

Dirección Residencial: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Dirección Postal (si es diferente): _____

Cuidad: _____ Estado: _____ Código Postal: _____

Correo electrónico: _____

Método de Contacto Preferido: ☐ Teléfono ☐ Correo electrónico ☐ Correo

En caso de contacto de emergencia:

Apellido: _____ Primer Nombre: _____

Número de Teléfono(s): _____

Material escrito preferido enviado: ☐ Impresión Regular ☐ Letra Grande

☐ Otro idioma (especificar): _____ ☐ Otro Formato (es decir, correo electrónico): _____

LAS SIGUIENTES PREGUNTAS DEBEN DE SER CONTESTADAS:

Actual modo de transporte que utiliza:

☐ RFTA ☐ Taxi ☐ CME ☐ Trans Care Ambulance ☐ Vehículo privado ☐ Otro: _____

¿Qué barreras le impiden accede a los modos de transporte disponibles en su área? _____

_____

¿Cómo esta barrera le impide utilizar esos modos de transporte? _____

_____

ENTENDIENDO SUS NECESIDADES DE TRANSPORTE Y DESAFÍOS DE VIAJE:

¿A qué distancia esta la parada de autobús más cercana a su residencia? (aproximadamente): _____

¿Se quede ir y volver de esta parada de autobús? ☐ Sí ☐ No

¿Cambia su condición física, por lo que es imposible utilizar los servicios de autobús en un día determinado? ☐ Sí ☐ No

En su opinión, es esta incapacidad: ☐ Temporal ☐ Condicional ☐ En Marcha

Cuándo viaja, ¿Necesita asistencia de un asistente de cuidado personal? ☐ Sí ☐ No

¿Puedes caminar o rueda sin ayuda? ☐ Sí ☐ No

¿Tiene o ha tenido convulsiones? ☐ Sí ☐ No

¿Se puede llegar desde y hacia la acera a su residencia para acceder al servicio ADA? ☐ Sí ☐ No

¿Utilizas algún dispositivo de ayuda para la ambulación? (Marque todo lo que corresponda)

☐ Caminante ☐ oxigeno portátil ☐ Caña ☐ Inmovilizador de Pierna(s)

☐ Audífono(s) ☐ Muletas ☐ Scooter Eléctrico ☐ Animal de Servicio

☐ Gafas ☐ Silla de Ruedas ☐ Prótesis ☐ Toque o Barrer la Caña

☐ Otros (especificar): _____

Si utiliza una silla de ruedas para movilidad, ¿Su peso combinado y la silla de ruedas son menos de 600 libras?

☐ Sí ☐ No

En un día determinado puede (con/sin) un dispositivo de movilidad (silla de ruedas, andador, etc.) (Marque todo lo que corresponda):

☐ Llegar a la acera en frente de su casa ☐ Viajar hasta 1 cuadra ☐ Viajar hasta 4 bloques

☐ No puede viajar fuera de su casa (explique): _____

¿Tienes una licencia de conducir de Colorado válida? ☐ Sí ☐ No

¿Has entregado voluntariamente tu licencia de conducir de Colorado? ☐ Sí ☐ No

POR FAVOR, LEA LAS SIGUIENTES DECLARACIONES Y COMPRUEBE LAS QUE MEJOR DESCRIBEN SU HABILIDAD PARA USAR LOS AUTOBUSES DE RUTA FIJA. (MARQUE TODO LO QUE CORRESPONDA)

☐ Puedo viajar en transporte público cuando me siento bien. Sin embardo, hay otros momentos en los que mi discapacidad o estado de salud empeoran y en esos momentos no puedo viajar en transporte público.

☐ Tengo una discapacidad o condiciones de salud que me impiden viajar en el transporte público se el clima es muy cálido o muy frio.

☐ No puedo subir escalaras para subirme o baja del vehículo.

☐ Puedo ir y venir del vehículo, solo si hay aceras y aceras niveladas.

☐ No puedo usar vehículos de transporte actuales por otros motivos. Explique: _____

_____

☐ Mi discapacidad de las condiciones de salud hace que sea imposible viajar cuando ha nieve o hielo en el suelo.

¿Puedes pedir al conductor para la asistencia? ☐ Sí ☐ No

¿Puedes agarrar barandillas para subir y bajar del vehículo? ☐ Sí ☐ No

¿Puedes tirar de los cables o presionar la campana para avisarle al conductor que desea bajarse del vehículo? ☐ Sí ☐ No

¿Puedes hacer una transacción/donación de tarifa en un vehículo? ☐ Sí ☐ No

¿Tienes problemas de memoria? ☐ Sí ☐ No

Si es así, ¿Cómo compensas?: _____

¿Qué es lo más lejos que puede caminar al aire libre? _____

POR FAVOR, PROPORCIONE INFORMACIÓN ADICIONAL SOBRE SUS HABILIDADES FUNCIONALES:

Puedes…

¿Pregunte y entienda las instrucciones escritas o habladas? ☐ Sí ☐ No

¿Cruza la calle? ☐ Sí ☐ No

¿De pie por 10 minutos si no hay lugar para sentarse? ☐ Sí ☐ No

¿Sube y baja una acera desde la acera? ☐ Sí ☐ No

¿Subir y bajar 3 pasos si hay una barandilla? ☐ Sí ☐ No

¿Transferencia de un vehículo a otro? ☐ Sí ☐ No

POR FAVOR PROPORCIONE INFORMACIÓN SOBRE DONDE VAYA Y COMO VIVE ACTUALMENTE.

Enumera tus 1-2 destinos más frecuentes y cómo llegas allí…

¿A dónde vas? _____

Dirección: _____

¿Qué tan a menudo vas allá? _____

Actualmente, ¿Cómo llegas allí? _____

¿Dónde ir? _____

Dirección: _____

¿Qué tan a menudo vas allá? _____

Actualmente, ¿Cómo llegas allí? _____

¿Tiene un informe/verificación de un profesional de la salud para fundamentar esta solicitud? (No es un requisito) ☐ Sí ☐ No

CERTIFICACIÓN Y FIRMA

Entiendo que el propósito de esta aplicación es determinar si soy elegible para usar el servicio ADA Complementaria Paratransit gratuito. Certifico que la información provista en esta aplicación es verdadera y correcta.

La Ley de Estadounidenses con Discapacidades de 1990 es una Ley de Derechos Civiles que requiere que las agencias de transporte publico brinden servicios a las personas cuyas discapacidades les impiden acceder al sistema de transporte público en su área. La información que proporcione nos permitirá tomar una determinación adecuada para usted. Toda la información se mantendrá confidencial. Gracias por su asistencia.

Al firmar esta solicitud, el solicitante acepta las siguientes condiciones:

5. Se requerirá una evaluación de la capacidad funcional en persona, además de esta solicitud completa

6. Sera mi responsabilidad obtener transporte, hacia y desde, la evaluación de la capacidad funcional en persona, así como, proporcionar una identificación con foto valida en el momento de la evaluación.

7. Puedo presentar una verificación, de parte de un Proveedor de Cuidado Personal, verificando mi necesidad evaluada para los servicios ADA Complementaria Paratransit.

8. Si en algún momento ya no estoy afectado por la discapacidad como se describe en esta solicitud, mi elegibilidad para los servicios de ADA Complementaria Paratransit finalizara.

_____	_____	_____
Nombre Impreso	Firma	Fecha

Si alguien que no sea el solicitante ayudo a completar esta solicitud, proporcione la siguiente información:

Nombre: _____
Relación con el solicitante: _____
Dirección del Asistente: _____
Agencia (si corresponde): _____
Información de Contacto (correo electrónico, teléfono, etc.): _____

Exhibit III

Discrimination Complaint Process

Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in any RFTA program or activity. This prohibition applies to all employees, departments and divisions of RFTA, contractors, consultants, and anyone else who acts on RFTA's behalf.

Anyone who believes they have been excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any RFTA program or activity because of their race, color, national origin, sex, age, or disability may file a complaint.

Discrimination includes lack of access, harassment, retaliation and disparate impacts from a program or activity. Harassment includes a wide range of abusive and humiliating verbal or physical behaviors. Retaliation includes intimidating, threatening, coercing, or engaging in other discriminatory conduct against anyone because they filed a complaint or otherwise participated in a discrimination investigation.

Federal law requires that RFTA investigate, track, and report discrimination complaints. Complaints must be filed, in writing, within 180 days from the date of the alleged discrimination. Complaints must be filed in writing and will be investigated within thirty (30) days of submission.

RFTA will make reasonable efforts to assist persons with disabilities, non-English speakers, and others unable to file a written complaint. If you need assistance to file your complaint or need interpretation services, please contact the RFTA Regulatory Compliance Officer at (970) 384-4974 or nschoon@rfta.com .

Este procedimiento de queja y el Formulario de Queja de Discriminación están disponibles en español en www.rfta.com/paratransit/discriminationcomplaintprocedure (Proceso de queja - Español).

While not required, complainants are encouraged to use the Discrimination Complaint Form which can be found at www.rfta.com/paratransit/discriminationcomplaintform (Discrimination Complaint Form).

Complaints may be submitted via email, fax or in person to the following:

Roaring Fork Transportation Authority
Nicole Schoon, Regulatory Compliance Officer
2307 Wulfsohn Road
Glenwood Springs, CO 81601

Complaints may also be filed with the following agency:

Federal Transit Administration

Office of Civil Rights
East Building, 5th Floor-TCR,
1200 New Jersey Ave., SE
Washington, DC 20590
(888) 446-4511

Investigating a complaint includes interviewing all parties involved and key witnesses. The Regulatory Compliance Officer may request relevant information such as books, records, electronic information, and other sources of information from all involved parties. The complainant has thirty (30) days from the original complaint date to respond to RFTA's Regulatory Compliance Officer with the requested information.

If the Regulatory Compliance Officer does not receive the requested information within thirty (30) days from the original complaint date, RFTA can administratively close the complaint. The complainant will be informed of the complaint closure through a; registered, return receipt letter.

After the Regulatory Compliance Officer reviews the complaint and any additional information, one of two letters will be issued to the complainant based on its findings:

1. Complaint Closure Letter: This letter will state that RFTA is found to be in compliance with ADA regulations. The letter will include an explanation of why RFTA was found to be in compliance, and provide notification of the complainant's appeal rights.
2. Letter of Finding: This letter will state that RFTA is found to be in non-compliance with ADA regulations. The letter will include a summary of allegations, each violation referenced, the applicable regulations, and a brief description of proposed remedies and actions taken. If the complainant wishes to appeal the decision contained in the Letter of Finding, he/she will have ten (10) days after receipt of the Letter of Finding to do so.

If the complainant is not satisfied with the findings and/or actions taken by RFTA, the complainant may file his/her complaint with the FTA's Office of Civil Rights.

Federal Transit Administration
Office of Civil Rights
East Building, 5th Floor-TCR,
1200 New Jersey Ave., SE
Washington, DC 20590
(888) 446-4511
www.fta.dot.gov

These procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation between the

affected parties and RFTA may be utilized for resolution. Complainants may specify if there is a particular individual(s) that should not investigate your complaint due to conflict of interest or other reasons.

Federal law prohibits retaliation against individuals because they have filed a discrimination complaint of otherwise participated in a discrimination investigation. Any alleged retaliation should be reported in writing to the Regulatory Compliance Officer.

Exhibit IV

Procedimiento de Queja de Discriminación

Las leyes federales prohíben la discriminación en base a raza, color, origen nacional, sexo, edad o discapacidad en todos los programas y en todas las actividades del RFTA. Esta prohibición se aplica a todos los empleados, departamentos y divisiones de RFTA, contratistas, consultores y cualquier otra persona que actúe en nombre de la RFTA.

Toda persona que piense que ha sido excluida de la participación, que le negaron beneficios o que sufrió discriminación en relación con cualquier programa o actividad del RFTA debido a su raza, color, origen nacional, sexo, edad, o discapacidad puede presentar una queja.

La discriminación incluye falta de acceso, acoso, represalias e impactos desproporcionados en un programa o en una actividad. El acoso incluye una extensa variedad de conductas verbales o físicas abusivas y humillantes. Las represalias incluyen la intimidación, las amenazas, la coacción o las conductas discriminatorias contra una persona por haber presentado una queja o haber participado en una investigación de discriminación.

Las leyes federales requieren que el RFTA investigue, controle e informe las quejas por discriminación. Las quejas deben presentarse por escrito y se investigarán., dentro de los 180 días de la fecha de la supuesta discriminación. Las quejas deben ser presentadas por escrito y serán investigadas dentro de los treinta (30) días de la presentación.

RFTA tomara medidas razonables para asistir a las personas con discapacidades, que no hablan inglés y otros que no pueden presentar una queja por escrito. Para obtener ayuda para presentar una queja o necesita servicios de interpretación, comuníquese con el Oficial de Cumplimiento Regulaciones de RFTA al (970) 384-4974

Aunque esto no es obligatorio, se recomienda a las personas que presentan la queja que usen el formulario de quejas por discriminación que se encuentra en www.rfta.com/paratransit/formulariode queja.

Las quejas pueden ser enviadas por correo electrónico, fax o en persona a lo siguiente:

Roaring Fork Transportation Authority
Nicole Schoon, Oficial de Cumplimiento Regulaciones
2307 Wulfsohn Road
Glenwood Springs, CO 81601

Las quejas pueden también ser archivadas con la agencia siguiente:

Federal Transit Administration
Office of Civil Rights
East Building, 5th Floor-TCR,
1200 New Jersey Ave., SE
Washington, DC 20590
(888) 446-4511

Investigar una queja incluye entrevistar a todas las partes implicadas ya testigos clave. El Oficial de Cumplimiento de Regulaciones puede solicitar información pertinente, como libros, registros, información electrónica y otras fuentes de información de todas las partes involucradas. El reclamante tiene treinta (30) días a partir de la fecha original de la queja para responder al Oficial de Cumplimiento Regulaciones de RFTA con la información solicitada.

Si el Oficial de Cumplimiento Regulaciones no recibe la información solicitada dentro de los treinta (30) días de la fecha original de la queja, RFTA puede cerrar administrativamente la queja. El denunciante será informado del cierre de la queja por medio de un; Registrado, carta de recibo de devolución. Después de que el Oficial de Cumplimiento Regulaciones revise la queja y cualquier información adicional, una de las dos cartas será enviada al reclamante basado en sus hallazgos:

1. Carta de Cierre de Quejas: Esta carta indicará que la RFTA se encuentra en cumplimiento con el ADA regulaciones. La carta incluirá una explicación de por qué RFTA se encontró en cumplimiento, y proporcionar una notificación de los derechos de apelación del reclamante.
2. Carta de Búsqueda: Esta carta indicará que la RFTA se encuentra en incumplimiento con el ADA regulaciones. La carta incluirá un resumen de las acusaciones, cada violación mencionada, las regulaciones aplicables, y una breve descripción de los remedios propuestos y las acciones tomadas. Si el reclamante desea apelar la decisión contenida en la carta de hallazgo, tendrá diez (10) días después de recibir la carta de hallazgo para hacerlo

Si el demandante no está satisfecho con las conclusiones y/o acciones tomadas por la RFTA, el querellante puede presentar su queja ante la Oficina de Derechos Civiles del FTA.

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Ave., SE
Washington, DC 20590
(888) 446-4511
www.fta.dot.gov

Estos procedimientos no niegan el derecho del demandante a presentar quejas formales con otras agencias estatales o federales o buscar un abogado privado para las quejas alegando discriminación. Se hará todo lo posible para obtener una resolución temprana de las quejas al nivel más bajo posible. La opción de mediación informal entre las partes afectadas y la RFTA puede ser utilizada para la resolución. Los reclamantes pueden especificar si hay un individuo en particular que no debe investigar su queja debido a un conflicto de intereses u otras razones.

Las leyes federales prohíben las represalias contra las personas por presentar una queja por discriminación o por participar en una investigación de discriminación Tota presunta represalia debe informarse por escrito al Oficial de Cumplimiento Regulaciones.

Exhibit V

ADA Complaint Form

For questions about RFTA's Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Nicole Schoon, ADA Compliance Officer, (970) 384-4974 or titleVI@rfta.com.

Full Name (Complainant):		
Phone Number: ( )	Email:	
Address:		
City:	State:	Zip Code:
Preferred Contact Method: ☐ Phone ☐ E-Mail ☐ US Mail		
Are you filing this complaint on your own behalf? ☐ Yes ☐ No		
If not, Please provide the name and relationship to the person for whom you are filing the complaint: Name: Relationship:		
Date of alleged disability discrimination:		
Time of Day:		
Name/Position (Title) of person(s) who allegedly discriminated against you:		
Location of Incident:	Date:	
Explain as clearly as possible what happened and why you believe you were discriminated against: *(Attach separate sheet(s), if necessary)*		
Witness(es): ☐ YES ☐ NO		

List Witness(es): *(Attach a separate sheet, if necessary)*
(1) Name:
Phone Number: ( )
(2) Name:
Phone Number: ( )
(3) Name:
Phone Number: ( )
(4) Name:
Phone Number: ( )

Complaint filed with Federal, State, or Local agency; or Federal or State court?

☐ YES

☐ NO

If YES, check all that apply:

☐ Local Agency

☐ State Agency

☐ Federal Agency

☐ State Court

☐ Federal Court

Contact Information for Court/Agency of Complaint filed:

Agency:		
Contact Name:		
Phone Number: ( )		
Address:		
City:	State:	Zip Code:

AFFIRMATION

By signing below, you agree that (1) you have read, understood and accepted the terms and procedures for tracking and investigating ADA complaints and (2) you affirm that the information above is true to the best of your knowledge.

_____

Signature

_____

Printed Name

_____

Date

Send this completed form along with any written materials or other information that you think is relevant to your complaint to:

ROARING FORK TRANSPORTATION AUTHORITY
Nicole Schoon, Regulatory Compliance Officer
2307 Wulfsohn Road
Glenwood Springs, CO 81601
titleVI@rfta.com

INTERNAL USE ONLY

To be completed by Regulatory Compliance Officer

Accepted for formal Investigation _____/_____/_____
Referred to another department on _____/_____/_____
Rejected _____/_____/_____
Reason for Rejection:
_____
_____

_____

Nicole Schoon, Regulatory Compliance Officer

_____

Date

Exhibit VI

ADA Formulario de Queja

Para preguntas sobre la Ley de Estadounidenses con Discapacidades (ADA) proceso de queja o formulario de queja contacto Nicole Schoon, Oficial de Cumplimiento Regulaciones, (970) 384-4974 o titleVI@rfta.com.

Nombre (de la persona de la queja):		
Teléfono: ( )	Correo Electrónico:	
Dirección:		
Cuidad:	Estado:	Código postal:
Método de Contacto Preferido: ☐ Teléfono ☐ Correo Electrónico ☐ Correo de los EE.UU.		
¿Está presentando esta queja en su propio nombre? ☐ Si ☐ No		
En caso negativo, proporcione el nombre y la relación con la persona a la que está presentando la queja. Nombre: Relación:		
Fecha de presunta discriminación por discapacidad:		
Hora del día:		
Nombre/Posición (Título) de la(s) persona(s) que supuestamente le ha discriminado a usted:		
Ubicación del Incidente:	Fecha:	
Explique lo más claramente posible que sucedió y por qué cree que fue discriminado: *(Adjunte una hoja aparte, si es necesario)*		

Testigo(s): ☐ Sí ☐ NO
Lista Testigo(s): *(Adjunte una hoja aparte, si es necesario)*
(1) Nombre:
Teléfono: ( )
(2) Nombre:
Teléfono: ( )
(3) Nombre:
Teléfono: ( )
(4) Nombre:
Teléfono: ( )

¿Han presentado esta queja con cualquier otra agencia federal, del estado o local; o con una corte federal o estatal?

☐ SÍ

☐ NO

En caso afirmativo, marque todos los que correspondan:

☐ Agencia Local

☐ Agencia Estatal

☐ Agencia Federal

☐ Corte Estatal

☐ Corte Federal

Información de contacto para Tribunal/Agencia de Queja presentada:

Agencia:		
Nombre de Contacto:		
Teléfono: ( )		
Dirección:		
Cuidad:	Estado:	Código postal:

AFIRMACIÓN

Al firmar a continuación, usted acepta que (1) ha leído, comprendido y acepto los términos y procedimientos para rastrear e investigar las quejas del ADA y (2) afirmar que la información anterior es fiel a lo mejor de su conocimiento.

_____

Signatura

_____

Nombre impreso

_____

Fecha

Enviar este formulario completo junto con cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja a:

ROARING FORK TRANSPORTATION AUTHORITY
Nicole Schoon, *ADA Oficial de Cumplimiento Regulaciones*
2307 Wulfsohn Road
Glenwood Springs, CO 81601
titleVI@rfta.com

SOLO PARA USO INTERNO

Para ser completado por el Oficial de Cumplimiento Regulaciones

Aceptado para investigación formal _____/_____/_____
Remitido a otro departamento en _____/_____/_____
Rechazado _____/_____/_____
Motivo del rechazo:
_____
_____

_____

Nicole Schoon, Oficial de Cumplimiento Regulaciones

_____

Fecha

Exhibit VII

Eligibility Appeal Form

I, _____, wish to appeal the ADA Complementary Paratransit eligibility determination decision, received _____, 20____.

Check One

☐ ADA Complementary Paratransit service eligibility was **denied** – Appealing *denied* eligibility decision.

☐ **Conditional** ADA Complementary Paratransit service was granted – Appealing for *Unconditional* ADA Complementary Paratransit service eligibility.

☐ **Temporary** ADA Complementary Paratransit service was granted – Appealing for *Permanent* ADA Complementary Paratransit service eligibility.

Therefore, I am requesting an appeal hearing with RFTA's ADA Complementary Paratransit service Coordinator.

_____ _____

Signature Date

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

To request an appeal hearing, or to submit additional documentation, as part of your appeal, please send items to:

Roaring Fork Transportation Authority
ADA Complementary Paratransit service Coordinator – Eligibility Appeal
1517 Blake Avenue
Glenwood Springs, CO 81601

Please include any additional information you would like to be considered as part of your appeal

The decision of the ADA Complementary Paratransit service Coordinator is final. Applicants have the right to us the service if the Committee has not made a decision within 30 days of the completion of the appeal process.

Exhibit VIII

Formulario de Apelación de Elegibilidad

Yo, _____, deseo apelar la decisión de determinación de elegibilidad de ADA Complementaria Paratransit, recibida _____, 20____.

Marque uno:

☐ La elegibilidad de servicio ADA Complementaria Paratransit fue **denegada** – Apelación *denegada* la decisión de elegibilidad.

☐ Se otorgó el servicio **Condicional** ADA Complementaria Paratransit – Apelando por la elegibilidad del servicio de ADA Complementaria Paratransit *Incondicional*.

☐ Se otorgó el servicio **Temporal** ADA Complementaria Paratransit – Apelar por la elegibilidad *Permanente* del servicio ADA Complementaria Paratransit.

Por lo tanto, solicito una audiencia de apelación con el ADA Complementaria Paratransit coordinator.

_____ _____

Firma Fecha

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono(s): _____

Para solicitar una audiencia de apelación, o para presentar documentación adicional, como parte de su apelación, envié los artículos a:

Roaring Fork Transportation Authority
ADA Complementaria Paratransit Coordinador – Apelación de Elegibilidad
1517 Blake Avenue
Glenwood Springs, CO 81601

Por favor, incluya cualquier información adicional que desee que se considere como parte de su apelación.

La decisión del ADA Complementaria Paratransit coordinador es definitiva. Los solicitantes tienen el derecho de recibir el servicio si el CEO no ha tomado una decisión dentro de los 30 días posteriores a la finalización del proceso de apelación.