



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 and/ or utilizing public transportation. This application and the assessment process, consisting of a phone interview and/ or in person interview, must be completed to determine eligibility.

If you are not sure if you live within the area served by the Traveler, call **Paratransit Dispatch** Monday through Friday 8 am to 4 pm, excluding holidays, at **970.384.4855**

THE APPLICATION PROCESS

Submit Your Application:

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

Schedule Your Assessment:

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

For a hassle-free process:

- Call us within a week of submitting your application to schedule your assessment.
- If we do not hear from you within a week, we will attempt to contact you by calling the phone numbers you provided.
- If we cannot reach you by phone, we will send a reminder letter to the address you provided.

Assessment Completion & Eligibility Determination:

- To avoid any delays, it is important that we have a phone number where we can get in touch with you to complete the application process. If we are unable to reach you, your application will not be able to be processed.
- Once you have provided all the information needed through the application and assessment process for the Traveler service, determination about your eligibility can then be made.
- We will determine your eligibility within 21 days after you complete the application process. You will receive a letter by mail or email informing you of our decision.

Eligibility Duration:

- **Long-Term Eligibility:** Eligibility can last up to 3 years, depending on your needs
- **Temporary:** Eligibility could be available for no less than 30 days up to 1 year.
- **Conditional Eligibility:** Varies based on the conditional need's requirements, for no less than 30 days.

Notifications:

- Applications left on file for more than 90 days without completion of the application process will be considered withdrawn.
- There may be situations where using the Traveler with other services might be necessary for your specific destination needs.
- Like regular bus service, there may be multiple stops en-route to your destination(s).

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

RETURNING YOUR APPLICATION

US Mail Delivery

Roaring Fork Transportation Authority
Attn: ADA Paratransit Coordinator
2307 Wulfsohn Road, Building 3
Glenwood Springs, CO 81601

Submitting Your Application by Email

You can submit your application by email. Please send all completed application pages as a single attachment to: paratransit@rfta.com

Submitting Your Application Online

You can also submit your application by filling out the online form at:
[**https://www.rfta.com/paratransit/garfield-county-traveler/**](https://www.rfta.com/paratransit/garfield-county-traveler/)



TRAVELER APPLICATION

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

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

Important: So that we can always connect with you regarding your paratransit services, kindly save our contact numbers: 970-384-4855. Please also ensure your voicemail is active and can receive messages.

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. Will you need translation? ☐ Yes ☐ No

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

- Indicate preference: _____

13. Local Emergency Contact Name: _____

- Relationship to Local Emergency Contact: _____
- Local Emergency Contact Phone Number(s): _____
- Secondary emergency contact and information: _____

14. Is someone helping you with this application? ☐ Yes ☐ No

- If yes, please enter the helper's name and contact information (phone number and email address):

15. Is your home address within 3/4 of a mile of one of the following bus routes?

(Check route that is $\frac{3}{4}$ of a mile from your address):

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

16. 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

17. 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): _____

18. Which bus services are you currently using or have no difficulty using? (Check all that apply):

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

19. I currently 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

20. I need help getting to the public bus services due to my following disabilities:

21. I can never use bus services or drive myself due to my following disabilities:

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

[illegible]

HEALTH STATUS

- ☐ Permanent
- ☐ Temporary: disability or health conditions that will prevent you from 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

- If yes, enter the date: _____

(Mark only one): ☐ Yes ☐ No

tasks related to living independently? (Mark only one): ☐ Yes ☐ No

29. 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): _____
-

30. Will you bring a personal care attendant (PCA) to assist you when you travel?

(A personal care attendant (PCA) is designated to provide or assist with personal needs that cannot be provided by the driver.)

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

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

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

32. If you answered "No" or "Sometimes" to any of questions 24 through 31, please explain:

TRAVEL RELATED SKILLS

Are you able to perform the following tasks?

33. I can read a bus schedule:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

34. I can access the RFTA website (RFTA.com) or use a phone app for trip planning:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

35. I can call the RFTA bus information line (970.925.8484) to get assistance and information for trip planning:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

36. I can determine what the fare is for my ride:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

37. I can place my fare in the farebox:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

38. I can follow verbal directions to get where I am going:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

39. I recognize landmarks to help me find my way.

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

40. I can follow directions in an emergency:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

41. Can I determine a new plan when I make a mistake?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

42. I can find the seating or securement area on the bus:

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

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

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

44. If you answered "No" or "Sometimes" in questions 33 through 43, please explain:

WHEN TRAVELING IN THE COMMUNITY

45. Are you able to cross a busy intersection?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

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

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

47. 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

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

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

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

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

50. Are you able to travel in cold weather?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

51. Are you able to travel in hot weather?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

52. Are you able to travel when it is raining?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

53. Are you able to travel when it is snowing?

(Mark only one): ☐ Yes ☐ Sometimes ☐ No

54. If you answered "No" or "Sometimes" to any of questions 45 through 53, please explain:

[illegible]

[illegible]

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. _____
- The application is submitted online or by mail at the above address. _____
- Call **970-384-4855** to schedule an assessment appointment. _____
- 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. _____
- Application has been checked 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: _____

Applications without signature and date, will be returned to applicant.

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