



Enhanced Mobility of Seniors & Individuals with Disabilities (5310) Program:

Program Information:

The Enhanced Mobility of Seniors & Individuals with Disabilities (5310 Program) is a **grant-funded program administered through the Texas Department of Transportation (TxDOT).**

Through a partnership with the **Concho Valley Economic Development District** and **Concho Valley Transit District (CVTD)**, this program provides **fare-free transportation** for seniors (65+) and individuals with disabilities to **quality-of-life appointments**.

This program is supported through **limited grant funding, and fare-free services (for clients within San Angelo City Limits) are only available until funds are exhausted.** Regular CVTD fare policies will apply once grant funding has ended.

Program Eligibility and Conditions:

Client Eligibility: Client must be 65 years of age or older or have a documented disability.

Application Process: 5310 Program application must be filled out completely and accurately, and signed by the client or guardian, before services can begin.

For clients within San Angelo City Limits, while an ADA application is not required, we highly encourage you to complete that application as well if applicable. This will ensure that destination-to-destination services can continue without interruption.

To apply for 5310 services, you can access the application in three ways:

1. **In Person:** Pick up and drop off applications at the Multi-Modal Facility, Monday – Friday, 8:00 AM to 5:00 PM.
2. **By Mail:** Request an application by calling 325-947-8729. Completed applications should be mailed back and marked "confidential" on the envelope to protect your privacy.
3. **Online:** You can download the application from the CVT website at www.cvt.org under the programs tab. Completed applications must be submitted in person or by mail.

Please mail your completed application to;

Concho Valley Transit District
ATTN: Compliance
510 N. Chadbourne Street
San Angelo, Texas 76903

Trip Eligibility: 5310 fare assistance is available for all quality-of-life trips, such as medical (non-Medicaid), nutrition, employment, and community services.

- Clients with Medicaid coverage are not eligible to use 5310 assistance for medical appointments; those trips must be scheduled through their health plan provider.

Mobility Management – Travel Training:

CVTD offers Mobility Management Travel Training to help seniors and individuals with disabilities become confident, independent transit riders. This free service is designed to ensure clients are comfortable using CVTD's transportation options safely and effectively.

Training Includes:

- Step-by-step assistance with completing required applications
- How to properly schedule and plan rides
- Boarding and exiting vehicles safely, including the use of mobility devices
- Understanding passenger responsibilities and the Code of Conduct
- Tips for traveling independently to medical, nutrition, employment, and community service destinations

To learn more or enroll in Travel Training, contact CVTD's Mobility Management team at 325-947-8729.

How to Utilize and Arrange Transportation:

Scheduling a Trip: To arrange transportation, call **Concho Valley Transit District (CVTD) at 325-947-8729**. All trips must be scheduled by 3 PM the day before travel; same-day requests are not permitted.

Information Required: When scheduling, clients must provide their name, pick-up and drop-off addresses, trip purpose, and requested time. Return trips should be scheduled at the same time as the original booking.

Pick-Up Procedures: Riders should be ready at their designated pick-up location **15 minutes before** the scheduled time. Drivers will wait up to 5 minutes upon arrival before proceeding to the next stop.

Accessibility: All CVTD vehicles are **ADA accessible** and equipped to accommodate mobility devices.



CONCHO VALLEY TRANSIT DISTRICT



5310 ELEDERLY (65+) & DISABLED CLIENT INTAKE/SERVICE REQUEST APPLICATION

Date: _____

Personal Information

Last Name: _____ MI: _____ First Name: _____

Gender: Male ☐ Female ☐ Birth Date: _____ Primary Language: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

☐ Check if Mailing Address is the same as Home Address

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (____) _____ Home ☐ Cell ☐ Other ☐

Veteran Verification: Are you a Dependent, Surviving Spouse, or Veteran? YES ☐ NO ☐

Living Environment

Do you live in an Assisted Living Facility or Retirement Home? YES ☐ NO ☐ If yes, which one? _____

Do you have a Personal Care Attendant? YES ☐ NO ☐

Mobility Aids Used

Check all that apply:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Long Wheelchair |
| <input type="checkbox"/> High Wheelchair | <input type="checkbox"/> Wide Wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Stroller-Type Chair |
| <input type="checkbox"/> Walker (Foldable) | <input type="checkbox"/> Cane/White | <input type="checkbox"/> Braces | <input type="checkbox"/> Walker (Non-Foldable) |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Prosthetics | <input type="checkbox"/> None of These | |

If you use a Manual Wheelchair, Electric Wheelchair, or Power Scooter, is it more than 30" wide, more than 48" long, or does it, when in use, weigh more than 600 pounds? YES ☐ NO ☐

Check all that apply:

- ☐ Portable Oxygen ☐ Communication Device ☐ Other, please describe : _____
- ☐ None of these

Medical/Disabling Condition

Check/List all conditions and disabilities that apply:

- | | | | |
|-------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Paraplegic | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Quadriplegic |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Legally Blind | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Other |

If other, please explain:

Please explain the severity/level/degree of disabling condition:

Is this condition/disability temporary? YES ☐ NO ☐

If yes, expected duration: _____

Are there any other medical information or effects of your disability that CVTD should know about in the event of an emergency? (e.g Hepatitis, Tuberculosis, Asthma)?

Are you enrolled in? ADA - YES ☐ NO ☐ MEDICAID - YES ☐ NO ☐

Clients or guardians must inform CVTD of any changes in medical conditions or mobility devices so our team can provide safe and appropriate transportation.

Emergency Contact Information

Contact Name: _____ Phone: (____) _____

Relationship: _____

Client Authorization and Acknowledgement

Client Rights & Responsibilities and Release of Information have been clearly explained to the client: YES ☐

Referred By (if applicable): _____

Client/Guardian Signature: _____

Administrative Use Only

Staff Member Completing Eligibility Assessment: _____

Approved: Y / N

Date Received: _____

Assessment Date: _____

Elderly: Y / N

Disabled: Y / N