



Application for ADA Complementary Paratransit

Revised: June 2016

Eligibility categories for ADA Complementary Para-transit Service.

- Conditional Status - Conditional eligibility will apply to individuals who are able to use JETS fixed route bus service for some trips, but may require the Para-transit Service for other trips or in special circumstances. Eligibility for the Para-transit service will be determined on a trip-by-trip basis and will be based on the individual's functional ability to independently use JETS buses for some trips or part of a particular trip. ***National Public Transportation data shows that the majority of clients applying for ADA complementary Para-transit service are to be deemed conditionally eligible.***
- Unconditional Status - Unconditional eligibility will apply to individuals who have been judged functionally unable to independently use JETS fixed route bus service in any circumstance.
- Temporary Status – Temporary eligibility will apply to individuals who have a temporary inability to travel on JETS fixed route buses. Temporary clients will be certified on a 4 to 6 month basis and will have to re-apply at the time that their approved status expires.

Return To:

JETS: Para-Transit Coordinator
PO Box 1845
Jonesboro, AR 72403
Fax: (870) 933 - 5649
Phone: (870) 935 - 5387

TRANSIT SERVICE USE ONLY

Date Received: _____

Applicant: New

I.D. #: _____

Eligibility: U C T

Expire Date: _____

Reviewed By: _____

ADA corridor: _____

Section 1

To be completed by applicant

PLEASE PRINT

You can also call the JETS office at 870-935-5387 if you need assistance completing this form.

1. Do you need written information given to you in a different format?
 - No
 - Yes (Please Specify)
 - Large Print
 - Braille
 - Other: _____
2. Language Preference / Ability.
 - English
 - Spanish
 - Other: _____
3. Name: Mr. Mrs. Ms. : _____
4. Home Address: _____ Apartment Number: _____
Complex/Building Name (*if applicable*): _____
City: _____ State: _____ Zip-Code: _____
Mailing Address (*if different then home address*): _____
5. Date of Birth (*MM/DD/YYYY*): ____/____/____ Male Female
6. Primary Phone: _____ Secondary Phone (*if applicable*): _____
7. Email Address: _____
8. Are you currently enlisted or have you previously served in the U.S. Military? Yes No
If Yes please specify status: Active Duty Veteran
9. Emergency Contact Name: _____
Primary Phone: _____ Secondary Phone (*if applicable*): _____
Relationship: _____
10. Have you ever been **certified** to use ADA complementary Para-Transit service? Yes No
If no, have you ever **applied** for ADA complementary Para-Transit service? Yes No
11. Have you ever ridden JETS fixed route bus service? Yes No

Mobility Information

1. Which of these assistive devices do you use to aid with mobility? (*Check all that apply*)

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Power Scooter | |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Portable Oxygen | |

2. If you use a wheelchair/scooter what are the physical dimensions of the chair; including foot or head extensions (*in inches*)? _____ Wide _____ High _____ Length

3. How much does the wheelchair/scooter weigh when occupied? _____ lbs

4. If you use a wheelchair/scooter does your residence have a wheelchair ramp?

- Yes No; If no, how do you transport your wheelchair to street level.

Explain: _____

5. On your own or with mobility aid, how far can you travel on level ground?

- 0 – ¼ Mile ¼ - ½ Mile ½ - ¾ Mile ¾ - 1 Mile More than 1 Mile

6. If you were to use JETS fixed route bus service would you need someone to assist you?

- Always Sometimes Never

If always or sometimes please check all of the following that apply:

- To help me get to and from the vehicle
 To help me on or off the vehicle

7. Do you need someone to accompany you while traveling on the JETS vehicle; for example, a personal care attendant? ***Be advised, the applicant must provide their own personal care attendant, if needed.***

- Yes
 No
 Sometimes; Explain:

8. Please list some of your most frequent destination addresses. (*exact street addresses*)

Disability / Health Condition Information.

9. Please indicate all conditions that would affect your ability to ride JETS fixed route buses.

- I am unable to ride JETS fixed route buses without the aid of someone else
- The bus stops I would have to use are not accessible due to lack of curb cuts, sidewalks, etc.
- My disability / condition prevents me from traveling to and from the bus stop
- My disability / condition does NOT prevent me from riding JETS fixed route buses.

10. Disabling conditions:

11. Please explain why your condition/conditions prevent you from riding JETS fixed route bus service.
(If needed please attach a separate sheet of paper)

12. Is your health condition or disability temporary?

- No I don't know Yes; if so, how long: _____

Please answer all of the following that relate to your condition.

13. Do changes in weather prevent you from getting out on your own? (*Extreme hot or cold, rain, snow, etc.*)

No

Yes

If yes, Please describe:

14. Can you Communicate with a bus driver on your own or with an aid?

Yes

No

15. How Long can you wait for a JETS bus at a bus stop? _____ minutes.

16. Can you walk up or down three 10-inch steps independently or with the help of someone?

Yes

No

17. Are you able to identify the correct bus? Yes No

18. Are you able to read, hear, and understand/process information, schedules and/or directions which are needed to make necessary decisions during a trip?

Yes

No; Explain: _____

19. Are you able to give address and telephone numbers upon request

Yes

No

20. Are you able to detect curbs and other drop-offs?

Yes

No

21. Are you legally blind? *Legally blind is defined as the visual acuity in your best eye with best corrective lenses being no better than 20/200, or the visual field of the best eye is constricted to less than 20 degrees.*

Yes

No

22. Do you have limited vision?

Yes

No

If yes, how does this affect your ability to ride JETS fixed route buses.

Applicant Signature

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I requested will be disclosed to those who perform those services. I understand that JETS may contact the Agent who has completed the Professional Verification attached to this application, in order to confirm this information.

Applicant Signature: _____ Date: _____

Note: Once JETS has received a completed application it may take up to 21 days to process the application. You will be notified by mail of the decision within the 21 days.

Person completing this form if other than the applicant

- I certify that the information in this application is true and correct based upon information given to me by the client.
- I certify that the information in this application is true and correct based upon my own knowledge of the applicant's health condition and/or disabilities.

Exceptions or Additions:

Name (*please print*) : _____ Relationship: _____

Date: _____ Phone Number: _____

Signature: _____

Section 2

This section MUST be completed by a recognized professional.

A recognized professional may include, but is not limited to: A rehabilitation specialist, an occupational or physical therapist, an independent living counselor, a vocational rehabilitation counselor, a social worker, a physician or registered nurse, a psychologist, a mental health counselor, or any other person of professional capacity that has relevant knowledge of the applicant's ability to use fixed route bus service.

Please remember that the Para-transit program is a subsidized shared ride service that provides transportation to persons who have a **Functional Disability Limitation** that **PREVENTS** use of the existing public transit service. If you have any questions regarding eligibility, please call the JETS office at (870) 935-5387. All final decisions regarding eligibility are made by the JETS Para-transit Service administrative staff.

Please Print.

Non-Legible applications will not be accepted, attach separate sheets as needed.

1. Applicant Name: _____
2. Capacity at which you know the applicant: _____
3. Is the applicant able to travel on a fixed route bus or do they need ADA Para-Transit service?

All of JETS fixed route buses are wheelchair accessible.

- Yes; client can ride JETS fixed route buses.
- No; client needs Para-Transit

If no, what is the functional impairment that would prevent the applicant from traveling on the fixed route bus?

4. Is applicant able to get to and/or from the bus stop on their own, or with any type of mobility aid?

- Yes
- No

If no, what is the functional impairment that prevents them from getting to/from a fixed route bus stop?

5. Is the condition/disability temporary? No Yes

If yes; for how long: _____ months.

- I have reviewed all the information contained in this application and hereby certify that all information is true and correct to the best of my knowledge and ability.

Please provide additional information to help JETS determine the applicant's eligibility.

Be advised: Section two MUST be completed by a recognized professional; see the beginning of section two for more details.

- Print Name and Title: _____
- Signature: _____
- Date: _____
- Clinic/Agency: _____
- Address: _____
- City: _____
- State: _____
- Zip: _____
- Phone number: _____
- Fax number: _____