



NOTICE:

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.

Recertification Application for ADA Complementary Para-Transit Service

Revised: September 2013

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:	Recertification
I.D. #:	_____
Eligibility:	<input type="checkbox"/> U <input type="checkbox"/> C <input type="checkbox"/> T
Expire Date:	_____
Reviewed By:	_____
ADA corridor:	_____

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 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)*
 None Manual Wheelchair Service Animal
 Cane Power Wheelchair Other:
 Walker Power Scooter _____
 Crutches 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 ó 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: _____

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

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:

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

- Yes
- No

How Long can you wait for a fixed route bus at a bus stop? _____ minutes.

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

- Yes
- No

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

15. 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: _____

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

- Yes
- No

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

- Yes
- No

18. 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

19. Do you have limited vision?

- Yes
- No

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

20. Has there been any changes to your **functional ability** to access JETS fixed route buses since your initial application for ADA Complementary Para-transit Service? **All JETS Fixed Route Vehicles are Wheelchair Accessible.**

No

Yes

If yes, please describe the changes, and how they affect your functional ability to access JETS fixed route service.

(attach a separate sheet as needed)

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 a 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.

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: _____