



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.

Application for ADA Complementary Paratransit Service

Revised: January 2020

Return To:

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

TRANSIT SERVICE USE ONLY	
Date Received -	_____
Applicant - New	<input type="checkbox"/> Recertification <input type="checkbox"/>
I.D. # -	_____
Eligibility -	<input type="checkbox"/> U <input type="checkbox"/> C <input type="checkbox"/> T
Expiration Date -	_____
Reviewed By -	_____

Section 1:
To be completed by applicant

PLEASE PRINT

ADA Complimentary Para-Transit service refers to JETS door-to-door van service

Fixed Route Bus service refers to the JETS busses with pre-determined bus stops throughout the city

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? 2. Language Preference / Ability.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> English |
| <input type="checkbox"/> Yes (Please Specify) | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Braille | |
| <input type="checkbox"/> 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)*

- 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 – 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 his or her own personal care attendant, if needed.***

- Yes
- No
- Sometimes; Explain:

8. Please list some of your most frequent destination 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 **JETS 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.

Right to Disclose Information

*Please list anyone that JETS may disclose any information to, in order to make scheduled trips or any changes in information. People **NOT** on this list **WILL NOT** be allowed to make trips for you, alter, or receive any information on or for you, **NO EXCEPTIONS.***

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 is 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: _____