



Jonesboro Economical Transportation System

P O Box 1845 – 2630 Lacy Dr.

Jonesboro, AR 72403-1845

Phone: (870) 935-5387

Fax: (870)933-5649

Website: www.ridejet.org

It is the mission of the Jonesboro Economical Transportation System (JETS) to provide safe, convenient, reliable, friendly public transportation to the citizens of Jonesboro, Arkansas.

These policies and procedures are provided to insure that our practices are held to the highest standard. Your cooperation by following these regulations is greatly appreciated. Failure to abide by these regulations could result in suspension or discontinued service. Should JETS need to address a problem or concern in regard to these regulations; the Transit Director or Paratransit Coordinator will make a reasonable effort to resolve issues either by phone or letter prior to enforcing suspension of ridership privileges.

Policies for Paratransit Eligibility

JETS services are operated in accordance with the federal requirements governing Paratransit service as complementary to the City's fixed route transit system. This policy is subservient to the Code of Federal Regulations, Title 49: Part 37- Transportation Services for Individuals with Disabilities (ADA). The system is comparable to the level and type of service provided by fixed route buses. JETS Paratransit service is an origin-to-destination service, and is classified as curb to curb.

To be eligible for JETS Paratransit Service, you must complete an application for ADA certification.

ADA certification is for clients who are disabled and unable to use the fixed route. Under ADA guidelines a disability alone does not automatically qualify a person for Paratransit Service. A person who needs transportation within the city limits of Jonesboro, **must be functionally unable** to use the fixed route bus service to qualify for Complementary ADA Paratransit Service.

This service is demand response in nature but it is public transportation and, therefore, not equivalent to private taxicab type service, specialized private transportation service, or a medical transport and should not be used as such.

Complementary ADA Paratransit service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which make it impossible (not just difficult) to travel to or from the bus stop.
2. Persons who need a wheelchair lift or ramp and a wheelchair lift equipped vehicle/bus is unable to deploy its lift/ramp in a particular location due to physical constraints of that particular bus stop(all JETS buses are wheelchair equipped).
3. Persons, who are unable to board, ride, exit or otherwise navigate the fixed route bus system, even if they are able to get to a bus stop.

All applicants for JETS Paratransit Service will be notified of the eligibility status in writing within 21 business days from the date the completed application is received. If JETS is unable to reach a decision within 21 days the client will be deemed eligible until a decision is made. Each applicant deemed eligible for this service will be assigned to one of the three eligibility categories:

Conditional: Conditional eligibility will apply to individuals who are able to use JETS fixed route bus service for some trips, but may require the Paratransit Service for other trips or in special circumstances. Eligibility for the Paratransit service will be determined on a trip-by-trip basis and will be based on the individuals' functional ability to independently use JETS buses for some trips or part of a particular trip.

Unconditional: Unconditional eligibility will apply to individuals who have been found functionally unable to independently use JETS fixed route bus service in any circumstance.

Temporary: Temporary eligibility will apply to individuals with temporary disabilities and will last for the term of the disability, but in no case longer than 12 months. After the certified period, individuals who were granted temporary eligibility must reapply and be reevaluated if they desire to continue using the Paratransit Service.

If you do not meet the ADA eligibility criteria you will be informed of this decision in writing within 21 business days. The letter will explain the reasons for denial as related to the eligibility, or the level of eligibility granted. You have the right to appeal the denial of eligibility, or the level of eligibility granted. You must initiate an appeal by contacting JETS Paratransit Coordinator in writing within 60 days of the date of the denial letter.

It will be the responsibility of the applicant to recertify at the end of your certification period; **which is typically two years from the initial approval date.** All applicants can call to request that a recertification form/application be mailed to your address.



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: _____

Section 2.

A recognized professional MUST complete this section.

Failure to complete section two will result in an immediate denial of application.

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 the **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. The JETS Para-transit Service administrative staff make all final decisions regarding eligibility.

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 the applicant able to get to and/or from the bus stop on his or her 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: a recognized professional MUST complete Section two; 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: _____