

**JONESBORO ECONOMICAL TRANSIT SYSTEM
ADA PARA-TRANSIT APPLICATION**

In compliance with the Americans with Disabilities Act (ADA) of 1990, Jonesboro Economical Transit System (JETS) provides ADA Courtesy Para-transit Service to individuals with a disability who are traveling in an area served by JETS, but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when ADA Courtesy Para-transit Service is required.

The information obtained in this certification process will only be used by the Jonesboro Economical Transportation System (JETS). Information will only be shared with other transit providers, upon request of the applicant, to facilitate travel in those areas. The information will not be provided to any other person or agency.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-5**. A licensed professional must complete and sign **PART 6 - PROFESSIONAL VERIFICATION**, pages 6-7.

All applicants, whether new or being re-certified, must complete a new application. The ADA Courtesy Para-transit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. JETS will provide transportation to and from the initial evaluation at no cost to the applicant, if necessary. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application, please call JETS at (870) 935-5387.

NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS

**WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO JETS IN PERSON AND
PRESENT YOUR PHOTO I.D.**

JETS PARA-TRANSIT
519 W. Washington
Jonesboro, Arkansas 72404

DO NOT WRITE IN THIS SPACE

New Application: _____	Re-certification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Party Review: _____ Date: _____
PCA Needed: _____	ADA I.D. Number: _____

PART 1 – GENERAL INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____

Street Address: _____ Apt # _____

Building Complex or Name: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Telephone Number: _____ Date of Birth: _____

Gender: _____

If someone is assisting you in completing this application, please identify him/her:

Name: _____ Phone Number: _____

Please give us the name and telephone number of someone we can contact in an emergency:

Name: _____ Phone Number: _____

Relationship: _____

PART 2 – ABILITY TO USE JETS FIXED-ROUTE BUSES

Please indicate below the reason(s) you are applying for ADA Para-transit Eligibility:

(Check all that apply)

_____ I can use JETS fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.

_____ Because of my disability, I can never use JETS fixed-route buses.

_____ Other reasons (please explain): _____

PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY

1. What types of disabilities prevent you from using JETS fixed-route buses?

(Check all that apply)

_____ Physical disability

_____ Visual impairment

_____ Developmental disability

_____ Mental disability

_____ Cognitive disability

_____ Other

If Other, please explain in detail: _____

2. Is the disability described above temporary or permanent?

_____ Temporary, I expect it to last for another ___ months.

_____ Permanent

_____ I don’t know

3. Please indicate below if you use any of the following mobility aids or equipment.

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service animal (describe) _____ | |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> I do not use any of the above aids or equipment | |

NOTE: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches, wider than 32 inches, or if the total weight (including the wheelchair) is more than 600 pounds.

4. How does this disability prevent you from using fixed route service? Please explain completely. Explanation is required. Use an additional sheet if needed.

5. Can you follow written or verbal instructions? _____

6. Are you able to use a telephone to access transportation information? _____

7. What are the effects of your disability? Explanation is required.

PART 4 - QUESTIONS ABOUT USING JETS FIXED – ROUTE BUSES

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip request can be made by the Jonesboro Economical Transportation System.

8. Do you use any of the following aids to mobility? (Check all that apply)

Wheelchair: _____ Electric Wheelchair: _____ Powered Scooter: _____

Cane: _____ Crutches: _____ Personal Care Attendant: _____

Dog Guide: _____ Other (explain): _____

9. Do you require a Personal Care Attendant (PCA) when you travel using the transit? (A PCA is an individual provided by the applicant to assist the passenger).

Yes: _____ No: _____

The Jonesboro Economical Transit System will allow a maximum of two minutes for boarding and drivers provide reasonable assistance in boarding needs.

10. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

- I cannot walk outside my house or apartment
- I can get to the curb in front of my house or apartment
- I can walk or use my wheelchair up to 3 blocks
- I can walk or use my wheelchair up to 6 blocks
- I can walk or use my wheelchair up to 9 blocks

11. Explain how the weather would affect this distance.

12. Can you climb or descend a 12-inch step with or without assistance?

Yes: _____ No: _____ If yes, how many? _____

13. How long can you stand with or without the use of a mobility device? _____

14. Can you wait up to 30 minutes for a JETS fixed-route bus at a bus stop?

- Yes
- Yes, if the bus stop has a bus bench or shelter
- No (please explain) _____

15. Are there any other conditions that limit your ability to use JETS fixed-route buses?

Yes: _____ No: _____
If yes, please describe: _____

PART 5 – APPLICANT’S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use JETS fixed-route bus service and must therefore use the ADA Para-transit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct. I authorize the licensed professional who provided professional verification to release information relating to my disability to JETS in order to assess eligibility determinations.

Applicant’s Signature: _____ Date: _____

If the application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: (Home): _____ (Work): _____

Signed: _____ Dated: ___/___/_____

The Jonesboro Economical Transit System (JETS) may need to contact your physician or other professional for additional information. Please complete the following information and authorization form.

The following physician ____, health care professional ____, rehabilitation professional _____ (check one) is familiar with my disability and is authorized to provide information to the Jonesboro Economical Transportation System (JETS) to complete this certification.

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: (Home): _____ (Work): _____

Signed: _____ Dated: ___/___/_____

**Jonesboro Economical Transit System (JETS)
519 West Washington Avenue
P.O. Box 1845
Jonesboro, Arkansas 72403-1845**

**Phone: (870) 935-5387 Fax: (870) 933-5649
E-mail: ridejets@gmail.com
Web: www.ridejets.com**

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY THE APPLICANT.

THE LAST SECTION (PAGES 6-7) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

- | | |
|-------------------------------|-------------------------------------|
| Physician (M.D. or D.O.) | Orientation and Mobility Instructor |
| Independent Living Specialist | Optometrist |
| Physical Therapist | Registered Nurse |
| Rehabilitation Specialist | Psychologist |
| Occupational Therapist | |
| Licensed Social Worker | |

PART 6 – PROFESSIONAL VERIFICATION

Applicant's Name: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires Jonesboro Economical Transit System (JETS) to provide **ADA Para-transit Service** to anyone who cannot use JETS fixed-route bus service because of a disability. ADA Para-transit Service is provided in an area contiguous to JETS fixed-route bus service. The applicant who has asked you to review and sign this application is applying to JETS to be considered eligible for the ADA Para-transit Service, which is intended only for those trips that the applicant cannot make on JETS fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use JETS fixed-route bus service and when he/she requires ADA Para-transit Service.

Please review the information provided by the applicant in **PARTS 2-4** of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

Yes: _____ No: _____

Diagnosis & onset: _____

ICD – 9 codes: _____

DSM – IV codes: _____

OS – visual acuity & field: _____

OD – visual acuity & field: _____

B. The applicant's disability is:

Permanent: _____ Temporary: _____ if temporary, until when? _____

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent the applicant from using JETS fixed-route buses:

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

Yes: _____ No: _____

To the best of your knowledge, is the information provided in PARTS 2-4 of this application true and correct?

Yes: _____ No: _____ Do not know: _____

Signature: _____ Date: _____

Print or Type Name: _____

Title: _____

State of Arkansas License Number: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

For more information please contact:

**Jonesboro Economical Transit System (JETS)
519 West Washington Avenue
P.O. Box 1845
Jonesboro, Arkansas 72403-1845**

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E-mail: ridejets@gmail.com
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