



Jonesboro Economical Transit System (JETS)

519 W. Washington Avenue

P.O. Box 1845

Jonesboro, AR 72403-1845

Phone: (870) 935.5387

Fax: (870) 933.4626

Email: jets@jonesboro.org

Web: www.ridejets.com

PARA-TRANSIT APPLICATION

JETS provides Para-transit Service to individuals who are traveling in an area served by JETS, but who cannot use the regular fixed-route bus service. ADA eligible applicants receive priority over other non-ADA Para-transit applicants. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when Para-transit Service is required.

The information obtained in this certification process will only be used by JETS. Information will only be shared with other transit providers, upon request of the applicant, to facilitate travel to 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 the entire application. All applicants, whether new or being re-certified, must complete a new application. **All questions must be answered. Incomplete applications will be discarded.** If you have any questions, please contact JETS.

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

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

DO NOT WRITE IN THIS SPACE

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

NOTE: It is the responsibility of the applicant to notify JETS of a change of address. The applicant is required to re-apply for Para-transit services at that time.

PLEASE PRINT

Last Name: _____ First Name: _____

Street Address: _____ Apartment # _____

Building Complex or Name: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Work: _____ Work Address: _____

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____ 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: _____

Please answer the following questions:

1. Can you follow written or verbal instructions? _____

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

3. Why are you unable to use the fixed route for transportation? (List reasons) _____

4. Is your location within one-quarter (1/4) mile of the fixed route transportation system?

5. Is your destination within one-quarter (1/4) mile of the fixed route transportation system?

6. What is your primary use for Para-transit: (Check all that apply)
 Medical: _____ Work: _____ Education: _____
 Recreational: _____ Other: _____
7. 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): _____
8. Are there any other conditions that limit your ability to use JETS fixed-route buses?
 Yes: _____ No: _____
 If yes, please describe: _____
9. Is the information provided in this application true and correct?
 Yes: _____ No: _____

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 Para-transit Service. I understand the information 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 understand falsifying information in this application will result in automatic disqualification from the Para-transit program for a period of 6 months.

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: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Signed: _____ Date: _____