



**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:

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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)*

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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:

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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.

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**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.**

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***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: \_\_\_\_\_