

**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.

- Manual wheelchair
- Powered scooter
- Leg braces
- Cane
- Service animal (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_
- I do not use any of the above aids or equipment
- Powered wheelchair
- Long white cane
- Walker
- Crutches

**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.

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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) 933-4626  
E-mail: [ridejets@gmail.com](mailto:ridejets@gmail.com)  
Web: [www.ridejets.com](http://www.ridejets.com)**

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

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**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:**

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519 West Washington Avenue  
P.O. Box 1845  
Jonesboro, Arkansas 72403-1845**

**Phone: (870) 935-5387 Fax: (870) 933-4626**

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