



Americans with Disabilities Act (ADA) Complimentary Paratransit Application

Attached are the forms necessary to determine eligibility for JATA's ADA Complimentary Paratransit Service within Jackson County. ADA Complimentary Paratransit Service is an advance reservation, curb-to-curb service that is provided for persons who are **unable** to use JATA's fixed route bus service because of a disability.

WHO IS ELIGIBLE?

A person with a disability who **cannot** get on, off or ride an accessible, fixed route bus because of their impairment is unconditionally eligible. For example, persons with developmental impairments often qualify under this category.

A person whose disability prevents them from getting to a fixed route bus stop may be conditionally eligible. For example, if construction, lack of sidewalk or snow prevents access, the rider is eligible for Complimentary Paratransit service until conditions improve.

ADA PARATRANSIT SERVICE

The JATA Complimentary Paratransit service area includes any address that measures $\frac{3}{4}$ of a mile or less from a JATA regular fixed route.

HOW TO APPLY

It's easy to apply. This **Application for ADA Complimentary Paratransit Certification** must be filled out and signed by you or an authorized individual. On the **Release of Information** page, you indicate who will fill out your professional verification. You sign the release so JATA may contact the professional if we need clarification of any information in the application. The **Request for Verification** page may only be filled out and signed by a state licensed medical professional, rehabilitation specialist, or social worker who has documentation of your disability. Under the Health Information Privacy Act, your medical information remains confidential.

Return the Application for ADA Complimentary Paratransit Certification to:

Jackson Area Transportation Authority
Attention ADA Coordinator
2350 East High Street
Jackson, MI 49203

Questions? Call 517-787-8363 and ask for the ADA Coordinator



Application for ADA Complimentary Paratransit Certification

The information obtained in this application will be used by the Jackson Area Transportation Authority (JATA) to determine eligibility for ADA Complimentary Paratransit Service. This information may be shared with other transit providers to help schedule trips within their service area and verify eligibility.

It is important that you answer every question on this application. Evaluation of your request cannot begin until the form is completed and received at the JATA office, together with the signed professional verification form. Once the forms have been received, a determination is made within 21 days. You will receive notification of this determination in writing.

ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETURNED.

NAME _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH ___/___/___

MALE FEMALE

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1. What is the nature of your disability? _____

2. Is this disability temporary? **Yes** **No**

If yes, expected duration until ___/___/___

3. Do you travel with a personal care attendant?

Always **Sometimes** **Never**

4. Please explain how this disability prevents you from getting to a fixed route bus stop, waiting at a fixed route bus stop or riding a regularly scheduled fixed route bus.

5. Are there any other effects of your disability that we should know about?

6. Please check the **one** mobility aid that you will most often use when riding the ADA bus.

Manual wheelchair **Powered scooter** **Cane** **Service animal**

Large wheelchair **Electric wheelchair** **Walker** **None**

7. How far are you able to walk or wheel?

Walking ___ block(s) or ___ feet Using my chair/scooter ___ block(s) or ___ feet

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

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Signature _____ Date _____



RELEASE OF INFORMATION

In order to allow JATA to evaluate your request, it may be necessary to contact a physician or other professional to discuss the information you have provided. Please complete the following:

The following medical professional/social worker/rehabilitation specialist may document, and is familiar with, my disability. I authorize him/her to provide information to JATA in order to complete the ADA Complimentary Paratransit Certification process.

Name of professional _____

Title/Position _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

I hereby certify that the information given above and in this application is correct.

Applicant's Signature _____ Date _____

REQUEST FOR PROFESSIONAL VERIFICATION

(This page cannot be completed by the applicant.)

Federal law required that JATA provide parallel transit services to persons who **cannot** use available fixed route bus service. This information provided will allow JATA to make an appropriate evaluation of this request and its application to specific trip requests. Please fill in all sections that pertain to the applicant's disability as they relate to using public transportation. Thank you for your cooperation in this matter. *(Unreadable or incomplete applications will be returned.)*

Name and date of birth of applicant _____ d.o.b. ___/___/___

1. What is your relationship to the applicant?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> PT/OT | <input type="checkbox"/> Mobility Specialist |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Rehabilitation Specialist |
| <input type="checkbox"/> Nurse/Practitioner | <input type="checkbox"/> Other | |

2. What is/are the applicant's disability/s? _____

3. Is this disability temporary? Yes No

If yes, expected duration until ___/___/___.

4. Please check the mobility aids that the applicant uses.

- | | | | |
|--|--|---------------------------------|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Cane | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Large wheelchair | <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> None |

5. How far is the applicant able to walk or wheel?

Walking ___ block(s) or ___ feet

Using a chair/scooter ___ block(s) or ___ feet

6. Please indicate the applicant's level of independence **(Check only one)**.

- Is able to get to a bus stop as long as there is a sidewalk?
- Can independently get to the street for curb-to-curb service.
- Can get to the street only with the help of a personal care attendant.
- Totally dependent. Driver or care attendant must escort passenger door-to-door.

7. Is the applicant legally blind? _____ Yes No

8. Does the applicant have a cognitive disability Yes No

9. Does the applicant have any environmental sensitivity? Yes No

If yes, please explain _____

10. Is the applicant able to:

Give address and telephone numbers upon request? Yes No Sometimes

Recognize a destination or landmark? Yes No Sometimes

Deal with unexpected change in routine? Yes No Sometimes

Ask for, understand and follow directions? Yes No Sometimes

11. Please explain any 'sometimes' responses from question #10 above or describe any other effects of the disability not already provided elsewhere on this form.

Your name _____

Title/Position _____

Michigan Professional License/Registration Permanent ID# _____

Office address _____

Office Phone _____ FAX _____

Signature of Professional _____ Date _____

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For JATA use only

Date Application received ___/___/___ How application was received?

Mail___ FAX___ Phone Interview___ Personal Interview___

Received by _____

Reviewed by _____

Approved___

Denied___

Date Client Notification Sent___/___/___