



975 Charles Road
Carbondale, Illinois 62901
Phone | 618.549.0304
Fax | 618.457.0171

Dear Applicant:

We appreciate your interest in the Jackson County Mass Transit District's paratransit service. The District's paratransit service is an origin to destination demand response service provided to disabled and elderly citizens. It is a shared ride, public transportation service for individuals who, because of the effects of their disabilities or limiting conditions, are not able to ride a regular fixed route bus. This service is intended to complement the District's fixed route service. The enclosed application will determine your eligibility to use the service.

The District's paratransit service is an Americans with Disabilities Act (ADA) service. ADA service eligibility is stricter but prevents someone from being denied trips within the boundaries of the paratransit service. This process assists with ensuring this service is available to those individuals who need this service.

The application must be filled out completely and legibly. The enclosed Professional Verification must be completed by a doctor, licensed health care provider, or licensed rehab/social worker familiar with your disability. If it is incomplete, applications will be returned to applicants and not processed.

After your application is received, you may be contacted to provide additional information to aid in the determination of your eligibility.

You will receive an eligibility determination letter within 21 days. If an eligibility determination is not made within 21 days after the receipt of the application, the applicant will be considered as eligible for service until an eligibility determination is made.

If you require any assistance in completing this application, you may call the ADA Coordinator at the District Office at 618.549.0304.

We thank you for your interest in the District's paratransit service.

Please read, sign, date and mail the completed application to:

ADA Eligibility Application
Care of ADA Coordinator
JAX Mass Transit
975 Charles Road
Carbondale, Illinois, 62901

Hit the Road with JAX.

ADA Paratransit Application:

Step 1: General information to be completed by applicant.

First Name	Last Name	Gender	Email Address
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Home Address	Apt #	City	ZIP
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Mailing Address	City	ZIP
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Primary Phone	Cell Phone	Work Phone	Primary Language
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Emergency Contact Name	Address	Phone
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Person Assisting with Completion of Application

Relationship to Applicant	Phone
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Preferred Method of Communication: Regular Print Large Print Email

Do you use any of the following mobility aids? Please check all that apply.

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Communication | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Portable Oxygen Tank | |
| <input type="checkbox"/> Other (Specify) | _____ | | |

Step 2: Disability Information

1. Which disability or health related conditions prevent you from using the Jackson County Mass Transit District fixed route bus service?

2. Briefly explain how your condition prevents you from using the Jackson County Mass Transit District fixed route bus service.

3. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

- Yes, good on some days, bad on others No, does not change. Don't know.

4. Are the conditions described:

- Permanent Temporary Don't know

If temporary, how long do you expect the condition(s) to continue?

5. Please check the box that best describes your current living situation:

24 Hour Care or Skilled Nursing Facility

Assisted Living Facility

I receive assistance from someone that comes to my home to help with daily living activities.

I live with family members who help me

I live independently without the assistance of another person

6. Are you able to get to and from the District fixed route bus stop nearest your home?

Yes

No

Sometimes

If no or sometimes, please explain why:

7. Which of the following statements best describes you?

(Check only one response):

I have never used the Jackson County Mass Transit District fixed route bus system.

I have used the Jackson County Mass Transit District fixed route bus system but not since the onset of my disability.

I have used the Jackson County Mass Transit District fixed route bus system within the past 12 months.

8. Do you travel with the help of another person?

Always

Sometimes

Never

If "always" or "sometimes", what type of help do they provide?

9. Please add any other information that you would like us to know about your abilities.

10. Do you need written information provided to you in an accessible format? Yes No
If yes, please describe:

Step 4: Professional Verification

Applicant Name: _____

Thank you for completing this Professional Verification form for Jackson County Mass Transit paratransit services. We will use the information to help determine paratransit eligibility in accordance with the Americans with Disabilities Act (ADA). Paratransit is a shared ride, public transportation service for individuals who, because of the effects of their disabilities/limiting conditions, are not able to ride a regular ramp-equipped and accessible fixed route bus. Age, language, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for paratransit service. Please call Jackson County Mass Transit District and speak with the ADA Coordinator or the Chief Executive Officer at 618.549.0304 if you have any questions.

1. Please review the information provided by the applicant on this application form. Based on your knowledge of the applicant’s condition, is the information accurate?

Yes No Somewhat

If you checked No or Somewhat, please explain:

2. Are there any changes or additions you would make to the list of stated Diagnosis or Disability shown on page 1, Section 2 of this application?
