Application for Paratransit & Non-Emergency Medical Transportation Services

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
Jackson County Mass Transit District
602 East College Street
Carbondale, Illinois, 62901

ADA Paratransit Application:

Step 1: General information to be completed by applicant.

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

Preferred Method of Communication: ☐ Regular Print ☐ Large Print ☐ Email

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

☐Cane	☐Power Wheelchair	☐Communication	☐White Cane
☐Power Scooter	☐Service Animal	☐Walker	☐Leg Braces
☐Crutches	☐Manual Wheelchair	☐Portable Oxygen Tank	
☐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 3: Applicant Signature Page

All applicants must sign the completed application. If this application has been completed by someone other than the person requesting certification, the person who completed the application must provide the following information:

Name of Applicant

Street Address City State Zip

Signature Date

Name of Person Assisting Applicant

Relationship of Applicant

By signing this application, you are certifying under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct.

Applicant/Legal Guardian Signature Date

Please Note: a licensed Medical or Mental Health Provider, one who is most familiar with you and your disability/limiting condition, is required to complete a Professional Verification form for eligibility determination.

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?

_____

_____

_____

_____

_____

3. Please provide any additional information that you deem relevant as to why the effects of the applicant's disability/limiting condition will prevent their use of the regular, fixed route bus system?

_____

_____

_____

_____

Professional Certification

I am an approved provider, licensed in the State of Illinois in the field indicated below, and certify that the above-mentioned individual has the disability and limitations indicated above.

Professional Care Provider's Signature	Date
Professional Care Provider's Name (Please Print)	Phone
Mailing Address	Clinic/Agency Name
Individual National Provider Identifier (NPI)	

****This form considered incomplete without a valid individual number.***

District Use Only

Eligibility:

☐ADA Conditional
☐ADA Unconditional
☐Non-ADA Disabled Eligible
☐Non-ADA Elderly Eligible
☐Denied

Review Date	Expiration Date	Approved By: