

The next five pages are only useful to you if your going to need transportation for your loved one; transportation services thru JTA para-transit services.

When you complete the transportation application, call JTA Eligibility office at 265-6001 to schedule an appointment for a mandatory in-person interview and functional assessment.

Do not return this section to Add To Life ADC, for JTA only!!!



5711 Richard Street, Suite 101  
Jacksonville, FL 32202  
904-265-6001

Thank you for inquiring about eligibility for ADA Paratransit Services. Enclosed is a copy of an ADA Paratransit Application form. Please read the following information before completing the application.

The JTA offers two categories of transportation: the mass transit system (city bus, Skyway and Ride Request services) and the JTA Connexion (paratransit service). The JTA's mass transit service provides accessibility features that make it possible for people with different types of disabilities to ride on its buses, Skyway vehicles and vans. These include: lifts and ramps (there is no need to use the steps if they cause you problems); tie-downs and passenger restraints (Driver-secured) for people using wheelchairs; stop announcements by the drivers and/or the Talking Bus automatic announcement and information systems for visually and hearing-impaired riders; and route schedules and information in alternative formats.

The JTA Connexion is paratransit service that offers door-to-door service to eligible individuals who, due to disability, cannot access the mass transit system some or all of the time. This application is for certification to use the JTA Connexion service. This application consists of three sections: General Information; Americans with Disabilities Act (ADA) and State Transportation Disadvantaged (TD). Please be sure to fill out the application completely. An incomplete application may delay the processing and/or result in an inaccurate assessment of your abilities.

**When you complete the application and have gathered any supporting documentation as requested you must call the Eligibility Office at 265-6001 to schedule an appointment for your in-person interview and functional assessment.** During this assessment, you will meet with a staff member for an interview where they will ask additional questions concerning your ability to use the JTA, buses, Skyway and vans. Following your interview you will meet with a professional Functional Assessor for your functional assessment. This assessment will evaluate your travel abilities and limitations. You must bring all mobility devices that you use to travel outside your home and dress accordingly for the weather as some portions of the assessment will be conducted outside. **Also, please bring a picture ID.** We will take your photograph to be used for an ID, if you are deemed eligible. Once the interview and assessment is complete, you will receive your determination by letter within 21 days.

**SECTION A - The Americans with Disabilities Act - Continued**

A4. Is this condition /disability/limitation:  Permanent  Temporary

If temporary, how long do you expect it to last? \_\_\_\_\_

A5. With your mobility aids, if applicable, how far can you travel?

- I cannot travel outside my residence  I can travel up to six blocks  
 I can only get to the curb in front of my residence  I can travel more than six blocks  
 I can travel up to two or three blocks

A6. What is the longest time you can wait outside...

- With a place to sit?  5 minutes or less  15 minutes  30 minutes  More than 30 minutes  
Without a place to sit?  5 minutes or less  15 minutes  30 minutes  More than 30 minutes

A7. Can you negotiate up and down curbs when you travel between city blocks and/or cross streets?

- Yes  No

A8. If you cannot use steps to board a bus, can you board a bus using any of the following? (Please note that persons who cannot climb the bus steps have the right to enter the bus by standing on the lift.)

- A wheelchair lift?  Yes  No  
A ramp (incline)?  Yes  No

If neither, please explain: \_\_\_\_\_

A9. Are you able to give your address and phone number upon request?  Yes  No

A10. Are you able to ask for, understand, and follow directions?  Yes  No If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

A11. Are you able to travel safely and effectively through crowded and/or complex facilities?  Yes  No

A12. How do you currently travel to your frequent destinations?

- JTA City Bus or Skyway  Someone drives me  Walk  
 JTA Connexion  I drive myself  Other \_\_\_\_\_  
 Taxi  School Bus

A13. Do you travel with the help of another person?  Always  Sometimes  Never

A14. Are you able to get to and from the public transit stop nearest your home?  Yes  No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A15. If you have a service animal, indicate the task(s) your service animal performs for you:

- Guides me  Alerts me  Pulls me  
 Picks up items  
 Carries items for me (explain) \_\_\_\_\_  
 Other: \_\_\_\_\_

Type of animal: \_\_\_\_\_

A16. Would you be able to travel by bus or Skyway if Connexion took you from:

- Your home to a bus stop  The bus stop to your home  
 The bus stop to your destination  Your destination back to the bus stop

A17. Please list other information you want us to know about your abilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Jacksonville  
Transportation  
Authority

# Jacksonville Transportation Authority Paratransit Eligibility Application DO NOT MAIL THIS APPLICATION



## GENERAL INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is the provided address your mailing address?  Yes  No

If not, please provide mailing address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Check the following residence type in which you live:

- Home
- Apartment/Townhouse
- Retirement Facility
- Assisted Living Facility
- Skilled Nursing Facility

Name of facility, if applicable: \_\_\_\_\_

When you travel outside your home, please indicate which (if any) of the following mobility aids you use:

- Power Wheelchair
- Manual Wheelchair
- Power Scooter
- Walker
- Cane
- Crutches
- White Cane
- Respirator
- Stretcher
- Service Animal
- Personal Care Attendant
- Other \_\_\_\_\_

If you use a manual wheelchair, can you transfer to a passenger seat for travel?  Yes  No  N/A

Are you a disabled veteran?  Yes  No (If yes, please attach a copy of VA letter of disability)

Do you receive SSI or SSDI?  Yes  No (If yes, please attach copy of documentation.)

## SECTION A - The Americans with Disabilities Act

A1. Can you use the JTA City Bus or Skyway?  Yes  No

A2. Please describe the condition, disability or limitation that prevents you from riding the JTA City Bus or Skyway \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A3. Please describe how this condition or disability prevents you from riding the JTA Bus or Skyway \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B – State Transportation Disadvantaged (TD) Program**

B1. Do you or any member of your household own a vehicle?  Yes  No  
 List make, model and year for each: \_\_\_\_\_

B2. Do you have a Driver's License?  Yes  No  
 If yes: License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

B3. Can you or member in your household transport you to your appointments?  Yes  No  
 If not, why: \_\_\_\_\_

B4. Please list all other Household Members:

Name	Relationship	Age	Drivers License? (Y/N)

B5. Are you currently receiving dialysis or oncology (cancer) treatments?  Yes  No  
 If yes, how many times per week? \_\_\_\_\_. Please provide the name of the facility where you receive these treatments: \_\_\_\_\_

B6. Do you live in a facility that provides transportation?  Yes  No  
 If yes, can this facility provide you with transportation to your medical appointments?  Yes  No  
 If no, why not: \_\_\_\_\_

B7. Please attach a copy of one of the following:  
 Birth Certificate       JTA Senior ID Card (Sunshine Pass)       Florida State ID Card  
 Florida Driver's License       Other Government photo ID with date of birth.

B8. What is your total household income? \$\_\_\_\_\_ (Please be sure to include all sources of income for all members of your household.)

B9. Please list all facilities that you visit on a regular basis:

Name and address of facility	Type of Visit	# of Monthly Visits	Describe How You Previously Got There

If all information is complete, please go to the next page, complete physicians information, sign and date application. **DO NOT MAIL THIS APPLICATION**

## PHYSICIAN CONTACT

To allow the JTA Connexion staff to make a fair assessment of your application, we may need to contact a medical professional who is familiar with your condition(s). Please complete the information below:

- Name of Medical Professional: \_\_\_\_\_
- Medical Facility: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Medical Professional:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physician             | <input type="checkbox"/> Optometrist               | <input type="checkbox"/> Licensed Mobility Specialist |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> ESE Teacher                  |
| <input type="checkbox"/> RN or LPN             | <input type="checkbox"/> Occupational Therapist    | <input type="checkbox"/> Social Worker                |
| <input type="checkbox"/> Psychologist          | <input type="checkbox"/> Physical Therapist        |   |

## APPLICANT SIGNATURE

I acknowledge the purpose of this application is to determine my ability to use transit and paratransit services. I understand that the staff of the Jacksonville Transportation Authority (JTA) and JTA Connexion may need to discuss my application to obtain additional information. I have been truthful in answering all of these questions and my information may be verified. I authorize the health care professional, including psychiatrists or psychologists, designated in this application to release and provide JTA and JTA Connexion, or its representatives, any additional information that may be required to complete or clarify this application. I agree that, when possible, I will travel to the nearest location that can serve my needs and understand that this will allow JTA to most efficiently serve the needs of the community.

I certify that, to the best of my knowledge, the information given is correct.

Please note that any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant signed their name above, but you helped this person to answer these questions, please sign and print your name below:

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_