JACKSONVILLE TRANSPORTATION AUTHORITY
PARATRANSIT ELIGIBILITY APPLICATION
100 N. Myrtle Ave Building 2
Jacksonville, FL 32204

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 transportation services that include Connexion, Fixed-Route buses, First Coast Flyer, Express Select, Skyway, Connexion Plus, ReadiRide, St. Johns River Ferry, Gameday Express and Park-n-Ride Facilities. 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 trains 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 also offers to riders who may have a disability, receive Social Security Income or a Disabled Veteran the opportunity to ride the fixed route bus at a reduced rate. You can inquire about this program at 265-6001. In addition, if you are over the age of 65 you qualify to ride the fixed route bus for free.

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 904-265-6001 to schedule an appointment for your in-person interview and functional assessment.
Please turn in your application to the clerk on the day of your interview!

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 are complete, you will receive your determination by letter within 21 days.

Accessible versions of these forms are available upon request; Braille, large print, or assistance with completing the application by one of the JTA Eligibility staff member

JACKSONVILLE TRANSPORTATION AUTHORITY

JACKSONVILLE TRANSPORTATION AUTHORITY
PARATRANSIT ELIGIBILITY APPLICATION

DO NOT MAIL THIS APPLICATION

All questions must be completed to process 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 Email Address: _____

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 ☐Walker ☐White Cane ☐Service Animal
☐Wheelchair ☐Cane ☐Respirator ☐Personal Care Assistant (PCA)
☐Scooter ☐Crutches ☐Stretcher ☐Other _____
☐No Mobility Aid

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 (ADA)

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 A – THE AMERICANS WITH DISABILITIES ACT (ADA) 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 ☐ Not Applicable

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 ☐I do not currently use a service animal
☐Picks up items ☐Pulls me ☐Other _____
☐Carries items for me (explain) _____
Type of animal: _____

A16. Please list other information you want us to know about your abilities:
_____
_____
_____

SECTION B – STATE TRANSPORTATION DISADVANTAGE (TD) PROGRAM

B1. Do you have a Driver's License? ☐Yes ☐No
If yes: License Number: _____ State: _____ Expires: _____

B2. Do you or any member of your household own a vehicle? ☐Yes ☐No
List make, model and year for each: _____

B3. Can you or a member of your household transport you to your appointments? ☐Yes ☐No
If not, why: _____

B4. Please indicate the number of people (including yourself) residing in your household:

NAME	RELATIONSHIP	DOB	DRIVER LICENSE AND EXPIRATION DATE

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. Are you currently eligible for Medicaid NET (non-emergency transportation)? ☐Yes ☐No

B8. 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

B9. Are there any other transportation needs of which we should be aware including culture competency?
_____

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:

☐ Physician
☐ Physician's Assistant
☐ RN or LPN
☐ Psychologist
☐ Optometrist
☐ Rehabilitation Specialist
☐ Occupational Therapist
☐ Physical Therapist
☐ Mobility Specialist
☐ ESE Teacher
☐ Social Worker
☐ Other _____

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 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: _____

AFTER THE APPLICATION IS COMPLETED, ADA CLIENTS MUST CALL 904-265-6001 TO SCHEDULE AN INTERVIEW. CLIENTS THAT LIVE IN THE TD AREA MAY SEND IN COMPLETED APPLICATION TO BE PROCESSED.

LARGE PRINT, BRAILLE, AND ALTERNATIVE FORMATS AVAILABLE UPON REQUEST.

JACKSONVILLE TRANSPORTATION AUTHORITY

CONNEXION ELIGIBILITY CENTER

MEDICAL INFORMATION FORM

100 N. Myrtle Ave Building 2
Jacksonville, FL 32204

Applicant Name _____ DOB _____

Medical Verification – To be completed by a licensed Medical Professional

Please complete the section below. The information that you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our fixed route bus service. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

1. What is the applicant's disability?

   _____
   _____
   _____

2. How does the condition functionally prevent the applicant from using regular bus service?

   _____
   _____
   _____

3. If temporary, what is the duration?

   _____

4. Does this individual use a mobility aid? ☐Yes ☐No If yes, what type of mobility aid do they use?

   _____
   _____

5. If this individual is currently taking prescribed medication(s), does this medication enhance or diminish the individual's functional ability to travel independently? Please explain:

   _____
   _____
   _____

6. Are any of the following affected by the individual's disability? (Check all that apply)

   ☐Orientation ☐Monitoring time ☐Gait or balance
   ☐Problem solving ☐Judgment ☐Inconsistent performance
   ☐Short-term memory ☐Communication ☐Long-term memory
   ☐Inappropriate social behavior
   ☐Other (please explain) _____

7. Please feel free to let us know if you have any other comments: _____

   _____
   _____
   _____

Signature of Medical Professional _____ Date_____

Professional License # _____ State Issued _____

Print Name_____

Address_____

City _____ State_____ Zip Code _____

Phone # _____ Extension _____

Contact person _____

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 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 an applicant is unable to sign this form, he/she may have someone sign on his/her behalf.

_____

Signing for Applicant Relationship Date

JACKSONVILLE TRANSPORTATION AUTHORITY

JACKSONVILLE TRANSPORTATION AUTHORITY
PARATRANSIT ELIGIBILITY APPLICATION
Transportation Disadvantage (TD) Service

All questions must be completed to process this application.

Thank you for inquiring about eligibility for the JTA Transportation Services. Attached is a copy of a Transportation Disadvantaged Application form. Please read the following information before completing the application.

The JTA Connexion is a transportation service that offers door-to-door service to eligible individuals who 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 requirements for the applicant to complete. Please be sure to fill out the application completely. An incomplete application may delay the processing.

"When you complete the application and have gathered any supporting documentation as requested you must return all of the information to our office at the address on the application. Also, please enclose a copy of your picture ID. Once we have received your paperwork, we will process it and you will receive your notification by mail."

Accessible versions of these forms are available upon request; Braille, large print, or assistance with completing the application by one of the JTA Eligibility staff members.

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 Email Address: _____

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 ☐Walker ☐White Cane ☐Service Animal
☐Wheelchair ☐Cane ☐Respirator ☐Personal Care Assistant (PCA)
☐Scooter ☐Crutches ☐Stretcher ☐Other _____
☐No Mobility Aid

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.)

STATE TRANSPORTATION DISADVANTAGE (TD) PROGRAM

1. Do you have a Driver's License? ☐Yes ☐No
If yes: License Number: _____ State: _____ Expires: _____

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

3. Can you or a member of your household transport you to your appointments? ☐Yes ☐No
If not, why: _____

4. Please indicate the number of people (including yourself) residing in your household:

NAME	RELATIONSHIP	DOB	DRIVER LICENSE AND EXPIRATION DATE

5. 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: _____

6. 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: _____

7. Are you currently eligible for Medicaid NET (non-emergency transportation)? ☐Yes ☐No

8. Do you live on a bus route or in a ReadiRide area? ☐Yes ☐No
If yes, please indicate why you are not able to use public fixed-route transportation
(JTA bus/ ReadiRide): _____

9. 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

10. Are there any other transportation needs of which we should be aware including culture competency?
_____

11. 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.

"REQUIRED: Total Household Monthly Income $_____. (Please be sure to include ALL sources of income for ALL members of your household) Please attach a copy of any of the following to show all sources of household income for the past three months: ● Paycheck or stub ● Social Security check or stub ● Bank Statement ● Other income statement, check or stub."

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 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: _____

Please return completed application and applicable documentation to:

Connexion Eligibility Center
100 N Myrtle Ave Building 2
Jacksonville, FL 32204
(Phone: 904-265-6001)

"DID YOU REMEMBER TO INCLUDE YOUR TOTAL HOUSEHOLD INCOME FOR ALL WHO LIVE IN THE HOME?"

"ENSURE TO INCLUDE COPIES OF ALL THE DOCUMENTS REQUESTED."