



# JACKSONVILLE TRANSIT SYSTEM CERTIFICATION APPLICATION FOR ADA PARATRANSIT ELIGIBILITY



The City of Jacksonville will only use the information obtained in this certification process for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. The application can be submitted in person at City Hall at 815 New Bridge St.; mailed in to PO Box 128, Jacksonville, NC 28541 or faxed to 910-938-5031.

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

3. TELEPHONE #: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. What is the disability, which prevents you from using our fixed route service? \_\_\_\_\_

\_\_\_\_\_

Is this condition temporary? \_\_\_\_\_ If Yes, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. How does this disability prevent you from using fixed route service? Please explain completely. Use an additional sheet if needed. \_\_\_\_\_

\_\_\_\_\_

7. Are there any other effects of your disability of which we need to be aware? \_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE JACKSONVILLE TRANSIT SYSTEM.**

**Total Weight of person and mobility aid under 800 lbs: Yes \_\_\_\_\_ No \_\_\_\_\_**

8. Do you use any of the following aids to mobility? ***(Check all that apply)***

Manual or Powered wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Powered scooter \_\_\_\_\_ Cane \_\_\_\_\_  
Crutches \_\_\_\_\_ Personal care attendant \_\_\_\_\_ Guide Dog \_\_\_\_\_

9. Do you require a Personal Care Attendant when you travel using transit?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

10. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

Can you travel 1/4 mile without the assistance of another person?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

Can you travel 3/4 mile without the assistance of another person?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

Can you climb three 12-inch steps without assistance except a railing?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

11. I hereby certify that the above information given is correct.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**TO THE APPLICANT:**



In order for the Jacksonville Transit System to evaluate your request, you will need to have your physician or other professional to confirm or elaborate on the information you have provided.

I authorize the ADA Coordinator to contact my accredited Health Professional if there is any conflicting information or if further verification is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE FOLLOWING **PHYSICIAN** \_\_\_\_\_, **CREDITED HEALTH CARE PROFESSIONAL** \_\_\_\_\_ OR **REHABILITATION PROFESSIONAL** \_\_\_\_\_ (**CHECK ONE**) IS FAMILIAR WITH MY DISABILITY AND IS AUTHORIZED TO PROVIDE INFORMATION NECESSARY FOR JACKSONVILLE TRANSIT TO COMPLETE ITS EVALUATION OF MY APPLICATION.

**The person identified below will need to complete the next section.**

Physician/Professional's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Applicant's Name (Print or type) \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The next section of the application is in reference to the applicant's assessment. This is a critical part of the application and must be completed by a physician or a credited health care professional named in the above. Please have the person listed above complete the next section of the application.**

**Make sure that the application has been fully completed. Incomplete applications will not be approved.**



# JACKSONVILLE TRANSIT SYSTEM PROFESSIONAL CERTIFICATION OF INFORMATION



Applicant's Name: \_\_\_\_\_

Capacity in which you know the applicant:  
\_\_\_\_\_

Medical Diagnosis of condition causing disability:  
\_\_\_\_\_

Is the condition temporary? No \_\_\_\_\_ Yes \_\_\_\_\_ Expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_

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A. If the person has a disability affecting mobility, is the person:

1. Able to walk 200 feet without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

2. Able to walk 1/4 mile without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

3. Able to walk 3/4 mile without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

4. Able to climb three 12-inch steps without assistance except hand-railing?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

5. Able to wait outside without support for 10 minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

6. Does this person use any mobility aids? If so, What? **(Check all that apply)**

Manual or electric wheelchair\_\_\_\_ Walker\_\_\_\_ Powered scooter\_\_\_\_  
Cane\_\_\_\_ Crutches\_\_\_\_ Personal care attendant\_\_\_\_ Guide Dog\_\_\_\_

Definition of a "wheelchair" according to DOT 49 CFR PART 37 means a mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered. A "common wheelchair" is such a device which does not exceed 30 inches in width and 48 inches in length measured two inches above the ground, and does not weigh more than 600 pounds when occupied.

Service for ADA Complementary Para-Transit under the ADA regulations is only required to transport a "common wheelchair"; however, the service will try to accommodate as many mobility aids as possible.

The vehicle lift used may be unable to accommodate passengers with a combined weight (the person seated in the wheelchair and mobility aid) of more than 600 lbs.

**Total Weight of person and mobility aid under 600 lbs: Yes \_\_\_\_ No \_\_\_\_**

B. If the person has a visual impairment:

1. Visual Acuity with Best Correction:

Right Eye\_\_\_\_ Left Eye\_\_\_\_ Both Eyes\_\_\_\_

2. Visual Fields:

Right Eye\_\_\_\_ Left Eye\_\_\_\_ Both Eyes\_\_\_\_

C. If the person has a cognitive disability; is the person able to:

1. Give addresses and telephone number upon request? Yes\_\_\_\_ No\_\_\_\_

2. Recognize a destination or landmark? Yes\_\_\_\_ No\_\_\_\_

3. Deal with unexpected situations or unexpected change in routine? Yes\_\_\_\_ No\_\_\_\_

4. Ask for, understand and follow directions? Yes\_\_\_\_ No\_\_\_\_

5. Safely and effectively travel through crowded areas? Yes\_\_\_\_ No\_\_\_\_

**Is there any other effect of the disability of which Jacksonville Transit System should be aware?  
Please describe below:**

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Your Name (please print): \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_