

The application for The Jule Transit Paratransit/MiniBus Service is enclosed. The Americans with Disabilities Act ensures that public transit systems provide paratransit/Minibus services for people with disabilities who cannot use the regular fixed-route bus service. There is a cost for paratransit/Minibus service which depends on the type of service you are approved for.

You must complete an application to determine whether you meet the eligibility criteria for this service.

There are three steps to the application process:

- 1. Complete and return the enclosed application and authorization for release of information. Once your application is received, you will be eligible for temporary service while your application is reviewed and processed. If your application has previously been denied, you will not receive temporary service.
- 2. The medical provider you noted in your authorization will be contacted to provide a verification of the status of your disability. Please let your doctor know that he/she will be receiving a request for information from The Jule.
- 3. You will receive a letter from The Jule noting your status as approved or denied. This letter will provide additional explanation of the eligibility criteria and your status. The letter will also provide information regarding the appeal process.

For additional information including eligibility criteria, fares, fixed-route schedules, frequently asked questions, and the paratransit appeals process, visit <a href="www.JuleTransit.org">www.JuleTransit.org</a>.

If you have any questions or would like to schedule a ride during your application review period, please contact The Jule at (563) 690-6464.



Name:\_

## Paratransit / MiniBus Application



CIR	CLE THE ELIC	SIBILITY TYPE YO	DU ARE APPLYING F	OR (PLEASE CIRCLE ONLY ONE)				
PERMANENT		I HAVE A PERMANENT DISABILITY that prevents me from utilizing the regular fixed route bus service.						
TEMPORARY		I HAVE A TEMPORARY DISABILITY that prevents me from utilizing the regular fixed route bus service. If temporary, please state the duration in months:						
SENIOR		I DO NOT HAVE A DISABILITY, BUT I AM A SENIOR CITIZEN (Age 65 and older) (Please provide a copy of your government-issued photo ID)						
1.	Name:2. Date of Birth:							
3.	Street Addre	·ss:		_				
4.	City:		5. State:	6. Zip:				
7.	Telephone Number (Home):(Cell):							
8.	Email Address (if applicable):							
9.	Name of Emergency Contact Person:							
10.	Emergency Person's Telephone Number:							
11. If this application has been completed by someone other than the person requesting service, the person filling out the application must complete the following:								
12.	Name:		13. Ph	one number:				
14.	Do you use any of the following mobility aids? (Check all that apply).							
	_Manual Whee _Power Scoote _Personal Care	r	Electric Wheeld Cane Service animal	hair Crutches Walker Other				
If you are applying for Senior ONLY eligibility, you may sign below and								
submit this page with a copy your government-issued photo ID.								
Applicant Signature: Date:								

	se Note: You must complete <b>ALI</b> lying for ADA Paratransit eligib		• .			
bus (	Please tell us why you are ap are not able to use the regular only sometimes and when you a e buses are wheelchair accessib	fixed route re able to u	bus. Include	if you are ab	le to use the regular	
16.	Please describe your current	disability: (B	e specific ar	nd list all app	licable disabilities)	
17. wea	Are you able to walk or trave	el outdoors u	using a mobil	lity aid witho	ut assistance in most	
(Pled	ase circle only one).		Yes	No	Sometimes	
_	Does your disability prevent y	you from tra Yes	veling to or N		g the location of a  Sometimes	
•	ase circle only one). metimes or yes, please explain:	163		0	Joinennes	
	Are you able to decide when visual and audio bus stop and sase circle only one).	•	·	ase keep in m	ind buses are equipped  Sometimes	
20.	Are you able to locate a bus	stop and the	e correct bus	to board wit	hout assistance?	
	ase circle only one).	•	Yes	No	Sometimes	
PLEA	ASE RETURN THIS COMPLETED F	ORM TO:	950 Elm Dubuque	The Jule Transit – Paratransit Application 950 Elm St Dubuque, IA 52001 (563) 589-4340 (fax)		
Na	me:	Date	of Birth:		Page   <b>2</b>	

## **Authorization to Obtain or Release Healthcare Information**

The following physician or medical professional is familiar with my disability and is authorized to provide information to The Jule as a requirement for the completion of this application. I hereby certify that all the information furnished is correct.

Print Applicant's name:						
Applicant's Signature:	Date:					
Provide the following information for your doctor c	or medical professional: (Please print).					
Doctor or Medical Professional's Name:						
Address:						
City: State:	Zip Code:					
Telephone number: Fax number:						
Email Address:						
PLEASE RETURN THIS COMPLETED FORM TO:	The Jule Transit – Paratransit Application 950 Elm St Dubuque, IA 52001 (563) 589-4340 (fax)					