



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 www.JuleTransit.org.

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.



CIRCLE THE ELIGIBILITY TYPE YOU ARE APPLYING FOR (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 Address: _____
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. Phone number: _____
14. Do you use any of the following mobility aids? (Check all that apply).
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Service animal | <input type="checkbox"/> 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: _____

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 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)

Name: _____

Date of Birth: _____