



# The Jule

Greetings,

The application for The Jule Paratransit (MiniBus) service is enclosed. The Americans with Disabilities Act (ADA) ensures that public transit systems provide paratransit/minibus services for people who have a **functional ability that prevents them from using the regular fixed route bus service.** There is a cost for paratransit/minibus service.

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 form 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.cityofdubuque.org/transit](http://www.cityofdubuque.org/transit).

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.

Sincerely,

Jule Staff

## Paratransit / MiniBus Application

Select only one ELIGIBILITY TYPE you are applying for:

- PERMANENT** I HAVE A PERMANENT FUNCTIONAL ABILITY that prevents me from utilizing the regular fixed route bus service.
- TEMPORARY** I HAVE A TEMPORARY LOSS OF FUNCTIONAL ABILITY that prevents me from utilizing the regular fixed route bus service.

1. Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_

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?

\_\_\_\_\_ Manual Wheelchair

\_\_\_\_\_ Electric Wheelchair

\_\_\_\_\_ Crutches

\_\_\_\_\_ Power Scooter

\_\_\_\_\_ Cane

\_\_\_\_\_ Walker

\_\_\_\_\_ Personal Care Attendant

\_\_\_\_\_ Service Animal

\_\_\_\_\_ Other

If other; please list: \_\_\_\_\_

**ALL** of the remaining questions on this application must be completed if you are applying for either Permanent or Temporary ADA Paratransit eligibility.

15. Please describe your current disability: (Be specific and list all applicable disabilities)

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16. How does this disability prevent you from using the fixed route city bus system? Please keep in mind that all fixed route city buses are wheelchair accessible.

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17. Are you able to walk or travel outdoors using a mobility aid without assistance in most weather conditions?

☐ Yes      ☐ No      ☐ Sometimes

18. Does your disability prevent you from traveling to or understanding the location of a regular bus stop?

☐ Yes      ☐ No      ☐ Sometimes

If sometimes or yes, please explain:

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19. Are you able to decide when to get off the bus? (Please keep in mind buses are equipped with visual and audio bus stop and street announcements)

☐ Yes      ☐ No      ☐ Sometimes

20. Are you able to locate a bus stop and the correct bus to board without assistance?

☐ Yes      ☐ No      ☐ Sometimes

## **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 Name: \_\_\_\_\_

Applicant or POA Signature: \_\_\_\_\_

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

**Please print your doctor or medical professional contact information below:**

Doctor or Medical Professional's Name: \_\_\_\_\_

Medical Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:

The Jule Transit – Paratransit Application  
949 Kerper Blvd  
Dubuque, IA 52001

(563) 690-6464 Phone  
(563) 589-4340 Fax