



# The Jule

Greetings,

The application for The Jule Paratransit (MiniBus) Service for riders over 65 years of age is enclosed. There is a cost for the Paratransit (MiniBus) Service of \$3.00 per ride.

You must complete an application to confirm your eligibility for this service and provide a photocopy of your government issued ID/driver's license.

There are two steps to the application process:

1. Complete, sign, and return the enclosed application and a photocopy of your government issued ID. Anyone with a complete application on file who is over 65 and lives in the service area is automatically approved.
2. You will receive an acceptance letter from The Jule as well as information regarding the MiniBus services.

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 Senior Application

Age 65 & older

**A copy of your government issued photo ID is required**

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?

<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 other; please list: \_\_\_\_\_

If applying for SENIOR eligibility, you may sign below and submit this completed application with a copy your government-issued photo ID.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_