



Josephine Community Transit

JCT Demand Response Service Application

PLEASE READ THIS SECTION BEFORE YOU BEGIN

Who should apply? Anyone that wants to qualify for JCT's Dial-A-Ride service for being over the age of 62.

Instructions — the applicant (or someone assisting them) must complete PAGES 1-6. Applicants will then be informed of JCT's determination by mail. If you have any questions about completing this application, call JCT at (541)474-5452. Hearing impaired can call 7-1-1 for assistance.

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

When completed, return the entire form to:

**Josephine Community Transit
125 River Heights way
GRANTS PASS, OR. 97527
Fax - 541-474-5414**

JCT has up to 21 days after the receipt of a completed application to make a qualification determination

For over the age of 62



Josephine Community Transit

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Male Female Other

Name of emergency contact person _____

That person's phone number _____

FOR OFFICE USE ONLY

Received Date _____

Review Date _____

Approved for Paratransit Service Yes _____

Approved for +62 Yes _____

Category # _____

Outside ¾ mile service boundary Yes No

Personal Care Attendant Yes No

Other _____

Reviewed by _____

Which of the following mobility aids (supplied by you) do you use when traveling?

A Motorized wheelchair Scooter Manual wheelchair

B. Cane Walker Crutches

C. Oxygen

D. Service Animal Type of Animal _____

What tasks has your service animal been trained to assist you with?

E. Personal Care Attendant (PCA)-someone designated by you to assist you with one or more daily life functions and as necessary with your mobility.

F. For what reason is a PCA needed?

Can you use the bus stop nearest your home? Yes No

If "no", why not? (Example: no shelter, no curb cut, no bench, etc.)

How far, in city blocks, is the nearest bus stop to your home? _____

Please check a box for each question:

	Always	Never	Sometimes
a. I can ride JCT buses by myself (without assistance from someone Other than the driver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I need a lift to board the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can walk (or travel with my mobility device) to the bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I could probably ride the regular bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any box checked "Sometimes"

Have you ever ridden a regular JCT bus?

Yes No

Have you ridden a regular JCT bus in the past 6 months? Yes No

If yes, how many times a month do you ride? _____

What bus route(s) do you usually ride? _____

What are the major factors in your decision to apply for this JCT service?

Are you able to complete the following tasks without assistance from another person?
(Check a box for each question.)

	Always	Never	Sometimes
a) Get to/from a bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Walk, or travel using a mobility device 5 blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Get on or off a regular bus without using the ramp/lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Get on or off a regular bus using the ramp/lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Climb 3 ten inch steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Wait at a bus stop for 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Maintain your balance entering, exiting and riding a regular bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Understand and follow verbal instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Recognize correct stops and landmarks to complete a trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always Never Sometimes

- j) Hear stops announced on the transit bus
- k) Read and understand informational signs
- l) Plan a trip using public transportation
- m) Communicate information about yourself

Please explain any boxes checked "Sometimes" _____

1. What is your disability?

- Visual Impairment _____
- Mobility Impairment _____
- Cognitive/Psychological _____
- Cardiovascular/Respiratory _____
- Other _____

2. If you have visual impairment, please check each box that describes your disability

- totally blind
- severely blurred/distorted vision
- mildly blurred/distorted vision
- central visual field loss
- half field loss
- other _____
- light perception
- night blindness
- severe glare sensitivity
- tunnel vision
- loss of depth perception

3. How does your disability prevent you from using a regular lift-equipped bus?

4. Is your disability (check one) permanent temporary until _____
 episodic (please describe)

5. Do you have other health problems that JCT needs to be aware of? (examples: shortness of breath, seizures, dizziness, muscle weakness, fatigue, lack of coordination, etc.)

6. In city blocks:

- a. How far can you walk? _____
- b. If you use a wheelchair or scooter, how far can you travel in blocks? _____

7. Is your ability to walk (or travel using a mobility device) affected by weather?

No Yes explain _____

8. Is your ability to walk (or travel using a mobility device) affected by terrain?

No Yes explain: _____

CERTIFICATION

A. APPLICANT

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services that I request will be disclosed to those who perform those services.

Applicant Signature _____

Date _____

B. PERSON COMPLETING FORM IF OTHER THAN APPLICANT

(Please check one)

I certify that the information provided in this application is true and correct, based on information given me by the applicant.

I certify that the information provided in this application is true and correct, based on my own knowledge of the applicant's health, disability or condition.

Exceptions of additions

Signature _____ Date _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Relationship to Applicant _____