

# JEFFERSON TRANSIT Certification of ADA Paratransit Eligibility Mobility Impaired Transportation System (MITS)

# Instructions: PLEASE READ CAREFULLY and remove this sheet before returning application.

If you need assistance in completing the application or need the application provided in an alternate format, please call the MITS office (**504-889-7155**), and we will be happy to help you. The application must be complete before MITS can proceed with the review process. If the release forms are *not* signed, the application will be returned to the applicant.

Mail the completed application to:

## Jefferson Transit MITS Office 118 David Dr., Metairie, LA 70003

As soon as the completed application is received, the MITS Manager will mail a Healthcare Professional Certification form to the person named on the applicant's authorization form. Only after the Healthcare Professional Certification form is returned will the MITS Manager make an eligibility determination.

If you are qualified to use MITS, you will receive a MITS ID card and a MITS Rider's Guide that explains the policies and procedures. The MITS ID card has an expiration date on it, and you are responsible for recertifying every three years.

If you do not qualify and feel this was done in error, you may file a formal appeal. We will give you instructions on appealing at the time of your determination.

MITS serves urbanized Jefferson Parish and a limited area of Orleans Parish. If you need to travel outside of our service area in New Orleans, you will be able to transfer to the New Orleans RTA's paratransit service.

The MITS fare is currently \$3.00 each way. There is no charge for a personal care attendant (PCA), but other accompanying guests are charged the same fare of \$3.00.



## **Certification of ADA Paratransit Eligibility**

Please type or print. Applications that are not fully completed or clearly written will be returned.

Name:			
First	Middle	Last	t
Social Security Number:		Date of Birth:	
Home Address:	·		Zip Code:
Mailing Address (if different		**	Zip Code:
Applicant's Phone:			
Home	Work	Ce	ell
Person to contact in case Emergency Contact Name: Relationship:		•	
Emergency Contact's Phone	<b>:</b> :		
Home		Ce	II
Primary physician or healt	thcare profession	onal	
Healthcare Professional Nar	ne:		
Healthcare Professional's Pl			
Healthcare Professional's A			
Have you ever been certified			
If no, have you ever applied	for MITS? Yes_	No	
If yes, give approximate date	ə:		



## **Certification of ADA Paratransit Eligibility**

Yes No Sometimes I do not know
If no, please explain:
Using a mobility aid or on your own, how many blocks can you go on level ground? Less than 2 blocks 2 to 4 blocks More than 4 blocks
How many blocks do you need to go to get to a JeT bus stop from your home?  Less than 2 blocks 2 to 4 blocks More than 4 blocks
Do you use any of the following mobility aids or equipment? Check all that apply.
[_] Cane [_] Power Wheel Chair [_] Communication Board
[_] White Cane [_] Large Power Wheel Chair [_] Service Animal
[_] Walker [_] Power Scooter (3-Wheeler) [_] Leg Braces
[] Crutches [] Manual Wheel Chair [] Other (specify)
If you use a wheelchair or scooter, does your residence have a wheelchair ramp? Yes No
If you use a wheelchair or scooter, can you transfer from your wheelchair to a seat in a vehicle? Yes No
Does a personal assistant (PA) accompany you when you travel outside your home (for example, to push your wheelchair, carry oxygen, etc.)?  Yes No Sometimes
I certify that the information I have given 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 I request will be disclosed to those who perform the services.
Applicant's Signature
Date: