



JEFFERSON TRANSIT EVALUATION

(formerly the MITS Certification for ADA Paratransit Eligibility)

Introduction

Jefferson Transit has updated its ADA eligibility certification process for MITS Paratransit Services. This new process, *the Jefferson Transit Evaluation*, became effective on June 1, 2002. The new process includes (1) a completed application, (2) a healthcare professional authorization, and (3) a functional evaluation when necessary. This new application acknowledges that not all persons with disabilities require paratransit services. Since 1990 when the Americans with Disabilities Act was adopted, Jefferson Transit has made significant improvements to its fixed route public transit services. Now many persons with mobility impairments can ride the Jefferson Transit fixed route bus system, which offers riders more flexibility when they travel throughout the Jefferson Transit service area.

The *Jefferson Transit Evaluation* will be used to determine what Jefferson Transit services best meet your needs. Some individuals with disabilities will be able to use fixed route transit as a result of new accessible features offered by Jefferson Transit.

- 1) The JeT buses are equipped with lifts, a lower step function, and an announcement system that identifies major bus stops and transfers. In addition, the buses provide a priority seating area for seniors and persons with disabilities, and two wheelchair positions with seatbelts to accommodate those traveling with wheelchairs.
- 2) Bus stop improvements include new curb ramps at intersections, as well as new signage, benches and shelters.

Other riders will require Jefferson Transit paratransit services (MITS) for some or all of their transportation needs. The Jefferson Transit MITS paratransit services is a curb-to-curb, *shared ride* public transportation service for individuals with disabilities who are prevented from using the fixed route service due to significant functional limitations affecting mobility.

The evaluation form will also help identify individuals who need travel training in order to use the fixed route bus system. In some cases, riders may be eligible to use paratransit services for some trips on either a conditional or temporary basis. Many fixed route bus riders with disabilities will be eligible to receive a half-fare card.



Directions

Application. The first step in the evaluation process is to submit the *Jefferson Transit Evaluation* form (pages 6 - 14). The applicant must fill out the entire evaluation form, including the Healthcare Professional Authorization Release Form.

Be sure to answer every item and sign the release forms.

If you need assistance in completing the application or need the application provided in an alternate format, please call the MITS office (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 Program
118 David Drive
Metairie, LA 70003
504.889.7155 (phone), 504. 818.1074 (fax)**

Healthcare Professional Authorization. As soon as the completed application (including the Healthcare Professional Release Form) is received, MITS will mail a Healthcare Professional Certification to the person named on the applicant's authorization form. After the certification form is returned, MITS will determine whether a functional evaluation is necessary.

Eligibility Certification. The Jefferson Transit MITS Operations Manager will make the final decision on which transit services the applicant can receive and will notify the applicant by letter within 21 days.

Privacy Statement

The information obtained in the *Jefferson Transit Evaluation* (application and Healthcare Professional Authorization Release Form) will only be used by the Federal Transit Administration, the Jefferson Parish Department of Transit Administration and Jefferson Transit MITS for the provision of public transit services. The information will be kept confidential and will not be provided to any other persons or agencies.



Jefferson Transit System Information

Jefferson Transit provides service to the urbanized portion of Jefferson Parish, Louisiana, as well as to downtown New Orleans and the New Orleans International Airport. Connecting service is provided to the RTA bus lines in Kenner, Gretna and New Orleans. The System Map, which follows, shows all JeT bus routes and connections with the RTA routes.

Jefferson Transit offers both fixed route bus service and curb-to-curb paratransit service for certified riders. Paratransit service is restricted to those individuals who are unable to use the fixed route service for some or all of their public transit rides. All Eastbank and Westbank service is provided using new lift-equipped buses that comply with the Americans with Disabilities Act (ADA). The fixed route buses also use an automated system to announce major bus stops and transfer points along each route. The wheelchair symbol shown on all buses and schedules notifies riders that all buses are lift-equipped.

Jefferson Transit Fares:

Fixed Route Fares

- The base fare for fixed route bus service is \$1.50. Transfers are available for 50 cents.
- The fareboxes will accept \$1, \$5, \$10, and \$20 dollar bills and all U.S. coins. The fareboxes will provide change in the form of a value card that can be used for future fares.
- Riders who qualify under one of the following conditions may be issued a half-fare card for fixed route transit when they: 1) are 65 years or older, 2) have a mobility impairment, 3) have a disability, 4) have been issued a Medicare card. The base fare for riders with half-fare cards is 75 cents and 25 cents for a transfer. The rider must present the half-fare card to the driver when paying the fare.
- Transfers are valid between the Eastbank and Westbank Jefferson Transit service and not on RTA buses in New Orleans. Transfers are valid only between lines from which they are issued. Riders may also use tokens or monthly passes to pay their fare.
- Tokens are sold in rolls of 10 for \$15.00. Tokens may work better for riders who do not transfer between bus routes.
- Monthly passes (\$60.00) are good for unlimited fixed route rides on Jefferson Transit only during a calendar month. Most riders who use the bus every day can save money by using a pass.
- See the JeT System Map on page 5.

**Paratransit Fares:**

- Paratransit fares are \$3.00 per ride.
- Coupons may be purchased from the Mobility Impaired Transportation Service (MITS).
- Base Service Area covers the Federal Transit Administration mandate of locations within $\frac{3}{4}$ of a mile of a fixed route bus route. Extended Service Area covers the remainder of the urbanized portion of Jefferson on an availability priority for next day service.
- Subscription Service is subject to availability not to exceed 50% of current ridership for any scheduled trip.

Transit Amenities

- Color and number coded, easy to read, bus stop signs.
- Bus stop benches and shelters at major bus stops.
- Curb ramps at intersections near bus stops.
- Buses equipped with lifts and a lower step function.
- Voice announcement system on the buses to notify riders of major bus stops and transfer points.
- Priority seating at the front of the bus for seniors and riders with disabilities.
- Two wheelchair positions on each bus to accommodate wheelchair users.

Please call 889-7155 for Alternate Print Format
or other ADA related accommodations.

ADA Accessible Fixed Route Buses provide a wheelchair lift, a lower step function and announced bus stops and transfer points.

EASTBANK

MAJOR HOSPITALS

- 1** Doctors Hospital of Jefferson
4320 Houma Blvd., Metairie
- 2** East Jefferson General Hospital
4200 Houma Blvd., Metairie
- 3** Tulane Rehabilitation Center
1201 S. Clearview Pkwy., Jefferson
- 4** Tulane - Lakeside Hospital
4700 S. I-10 Service Rd., Metairie
- 5** Ochsner Medical Foundation
1516 Jefferson Hwy., Jefferson
- 6** Ochsner Medical Center - Kenner
180 West Esplanade Ave., Kenner
- 7** Ochsner Medical Center - Elmwood
1221 S. Clearview Pkwy., Harahan

MAJOR SHOPPING AREAS

- 7** Lakeside Shopping Center
- 8** Clearview Shopping Center
- 9** The Esplanade
- 10** Elmwood Village
- 11** M.A. Green

MIDDLE/JUNIOR HIGH SCHOOLS

- 12** Barbre Middle School
1610 Third St., Kenner
- 13** Deckbar School
2012 Jefferson Hwy.
- 14** T.H. Harris Middle School
911 Elise St., Metairie
- 15** Roosevelt Middle School
3315 Maine Ave., Kenner
- 16** Meisler Junior High
3700 Cleary, Metairie

HIGH SCHOOLS

- 17** Archbishop Chapelle High School
8800 Veterans Blvd., Metairie
- 18** Archbishop Rummel High School
1901 Severn Ave., Metairie
- 19** Bonnabel High School
8800 Bruin Dr., Kenner
- 20** Crescent City Christian School
4828 Utica St., Metairie
- 21** East Jefferson High School
400 Phlox, Metairie
- 22** Grace King High School
4301 Grace King Place, Metairie
- 23** Jesuit High School
4133 Banks Street
- 24** John Curtis Christian School
10125 Jefferson Hwy., River Ridge
- 25** Lutheran High School
3864 17th St., Metairie
- 26** Martyn High School
1108 Shrewsbury Rd., Jefferson
- 27** Ridgewood Preparatory School
2201 Pasadena Ave., Metairie
- 28** Riverdale High School
240 Riverdale Dr., Jefferson
- 29** St. Martin's Episcopal School
5309 Airline Hwy., Metairie

OTHER SCHOOLS & LIBRARIES

- 30** Bunche Career Center
8101 Simon St., Metairie
- 31** Delgado Community College
615 City Park Avenue
- 32** UNO - Jefferson Center
3330 N. Causeway Blvd.
- 33** Eastbank Regional Library
4747 W. Napoleon Ave., Metairie

WESTBANK

MAJOR HOSPITALS

- 1** Ochsner Medical Center - Westbank
2500 Belle Chasse Hwy., Gretna
- 2** West Jefferson Medical Center Blvd.
1101 Medical Center Blvd., Marrero

MAJOR SHOPPING AREAS

- 3** Oakwood Shopping Center

MIDDLE/JUNIOR HIGH SCHOOLS

- 4** Ellender Middle School
4501 E. Ames Bld., Marrero
- 5** Gretna Junior High School
910 Gretna Blvd., Gretna
- 6** Helen Cox Middle School
2201 Lapalco Blvd., Harvey
- 7** Livaudais Junior High School
925 Lamar Avenue, Gretna
- 8** Marrero Middle School
4100 Seventh Street, Marrero
- 9** Stella Worley Middle School
801 Spartans Drive, Westwego
- 10** Truman Middle School
5417 Ehret Road, Marrero

HIGH SCHOOLS

- 11** Archbishop Shaw High School
1000 Salesian Lane, Marrero
- 12** Higgins High School
7201 Lapalco Blvd., Marrero
- 13** Academy of Our Lady High School
537 Avenue D, Marrero
- 14** John Ehret High School
4300 Patriot Street, Marrero
- 15** West Jefferson High School
2200 8th Street, Harvey

OTHER SCHOOLS & LIBRARIES

- 16** Joseph E. Cullier, Sr. Career Center
1429B Ames Blvd., Marrero
- 17** Westbank Regional Library
2751 Manhattan Blvd., Harvey

CONNECTING RTA LINES

- A** Canal Blvd. & City Park Ave.
27 - Louisiana
45 - Canal
47 - Canal Streetcar
91 - Jackson - Esplanade
- B** Carrollton Ave. & Tulane Ave.
27 - Louisiana
32 - Leonidas
39 - Tulane
- C** Carrollton Ave. & Claiborne Ave.
12 - St. Charles
16 - South Claiborne
39 - Tulane
- D** RTA routes entering the New Orleans CBD
- E** Wilty Terminal
108 - Algiers Local



Emergency Contact Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Other Phone: _____

If assistance was provided in filling out this form, please indicate by whom:

Name: _____ Day Phone: _____ Relationship: _____

Is this the person to contact if additional information is needed? Yes ___ No ___

Part 2 – Public Fixed Route Transit Information

Please answer the following questions in detail. Your answers will help us determine your ability to use various types of Public Transit.

1. Are you able to ride an ADA accessible fixed route bus?
Yes ___ No ___ Sometimes ___ I do not know ___

a. If your answer is not **YES**, **WHAT** functional limitation(s) or health-related condition might impede or prevent you from using fixed route transit?

b. Explain **HOW** your functional limitation(s) or health-related condition might prevent you from using the fixed route transit services.

c. Are the limitations/conditions you described permanent _____ or temporary _____? (Please check one.)

If temporary, how long do you expect this to continue? _____



d. Does your health condition or transportation-related disability change from day to day in a way that affects your ability to use fixed route buses?

Yes _____ No _____ Don't know _____

If yes or don't know is selected, explain why: _____

2. How do you currently travel to your most frequent destinations? Check all that apply:

Fixed Route Buses _____ Paratransit _____ Medicaid _____ Taxi _____
Someone drives me _____ I Drive myself _____ Other (specify) _____

For questions 3 through 12, please indicate whether you are **independently** able to perform the following functions. When answering "No" or "Sometimes," an explanation is required or the application will be considered incomplete.

3. Are you able to understand directions needed to complete a trip?

(This doesn't refer to being unaccustomed to the English language.)

Yes ___ No ___ Sometimes _____. If "No" or "Sometimes" is selected, explain why:

4. Are you able to identify the correct bus stop?

Yes ___ No ___ Sometimes _____. If "No" or "Sometimes" is selected, explain why:

5. Are you able to identify the correct public transit vehicle (bus)?

Yes ___ No ___ Sometimes _____. If "No" or "Sometimes" is selected, explain why:

6. Are you able to get to and from the nearest bus stop?

Yes ___ No ___ Sometimes _____. If "No" or "Sometimes" is selected, explain why:



7. On a good day, how many city blocks can you travel
without a mobility aid? _____
with a mobility aid? _____

8. Are you able to wait at least 15 minutes at a bus stop or transfer point?
Yes___ No___ Sometimes ____. If "No" or "Sometimes" is selected, explain why:

Could you wait longer than 15 minutes?

Yes___ No___ Sometimes ____. If so, how long? _____(minutes)

Could you wait if there were a bench or bus shelter?

Yes___ No___ Sometimes ____. If "No" or "Sometimes" is selected, explain why:

9. Are you able to get on or off a bus with a lift or when the bus is lowered?
Yes___ No___ Sometimes ____. If "No" or "Sometimes" is selected, explain why:

10. Are you able to grasp handles or railings, coins or tickets while boarding or exiting
a bus?
Yes___ No___ Sometimes ____. If "No" or "Sometimes" is selected, explain why:

11. Are you able to maintain your balance when seated on the bus?
Yes___ No___ Sometimes ____. If "No" or "Sometimes" is selected, explain why:

12. Have you ever had training or instruction on how to use fixed route public bus
service? Yes___ No___

a. If yes, what person or agency provided the training? _____

b. If no, do you want or need training? Yes___ No___



13. Can you transfer from your wheelchair to a seat in a vehicle?
Yes___ No___

14. 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)_____

15. 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 ___

16. Do you currently use paratransit service? (Please check one):
Yes___ No___ Sometimes ___

If "Yes" or "Sometimes" is selected, when do you use paratransit service?



OPTIONAL INFORMATION FOR TRANSIT SERVICES

The following information may be used to secure additional funding from other sources:

Are you participating in or plan to participate in travel training from Jefferson Human Service Authority? Yes_____ No_____

If YES, Please give name of the trainer and the phone number:

Trainer Name_____ Phone_____

Are you participating in or plan to participate in a WIA (Workforce Investment Act) training program? Yes_____ No_____

If YES, Please give name of your WIA contact and the phone number:

Trainer Name_____ Phone_____

Are you participating in or plan to participate in an LRS (Louisiana Rehabilitation Service), Veterans Administration or Federal Vocational Rehabilitation training program? Yes_____ No_____

If YES, Please give name of your Rehabilitation counselor and the phone number:

Counselor Name_____ Phone_____

MARITAL STATUS: Married _____ Single _____ Widow(er) _____

NUMBER OF DEPENDENTS: _____ (Spouse counts as one)

TOTAL MONTHLY INCOME (APPLICANT & SPOUSE): _____

Do you currently use Medicaid? Yes_____ No_____

ETHNIC BACKGROUND:

_____ Native American (American Indian) _____ Hispanic

_____ Asian/Pacific Islander _____ Caucasian (White)

_____ Black American _____ Other - Please specify



WHAT ARE YOUR PRIMARY TRANSPORTATION NEEDS? Please check all that apply.

Work	_____	Medical Appointments	_____
Banking/Legal	_____	Shopping	_____
Visiting	_____	Entertainment	_____

Attend Day Care _____ (Address) _____

Dialysis _____ (Address) _____

I certify that the information in this Transportation Evaluation Questionnaire is true and correct. I understand that falsification of the information may result in denial of some Jefferson Transit eligibility services and/or discounts. I understand all information will be kept confidential, and only the information required to provide the services for which I am eligible will be disclosed to those who perform the services. I understand that it may be necessary to contact a licensed/certified healthcare or allied health professional familiar with my functional abilities/health related conditions in order to assist in an accurate public transportation evaluation.

Applicant's signature _____ **Date:** _____

Signature of Other Person Who Assisted in Completing the Jefferson Transit Evaluation Form _____ **Date:** _____



Jefferson Transit MITS Liability Form
PERSON TRANSIT EVALUATION

JEFF

HEALTHCARE PROFESSIONAL AUTHORIZATION RELEASE FORM

I, _____ (Print Applicant's name),
hereby authorize _____ (Print Name of your Licensed
Physician, Licensed Nurse Practitioner, or State Licensed or Nationally Certified Allied
Health/ Rehabilitation Professional familiar with your transit related limitations or health
related condition) to release to Jefferson Transit necessary information about my
functional limitation(s) and/or health related condition that affect my ability to use Public
Transit.

This information combined with your application will be used to determine the type(s) of public
transportation programs for which you are eligible.

Health Care Professional Contact Information:

Mailing Address: _____

City _____ State: _____ Zip _____

Phone Number: _____ FAX Number: _____

- All released information will be kept confidential and used only on a need to know basis.
- I have the right to receive a copy of this authorization.
- I understand that I may revoke this authorization at anytime.

Name of applicant (please print)

Date signed

Applicant's signature

NOTE: The applicant must fill out this form and return it with the application to MITS.



Preferred Media/Communication Type

<input type="checkbox"/> Regular Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Braille
<input type="checkbox"/> Cassette Tape	<input type="checkbox"/> Computer Diskette	<input type="checkbox"/> TDD
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Espanol
<input type="checkbox"/> E-Mail (please give address) _____		

MITs APPLICATION AGREEMENT

I agree that if I am certified for MITs, I will pay the exact fare for each trip. I agree to notify the MITs office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the MITs policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold MITs harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined in the MITs Rider Guide and agree to abide by them.

I hereby authorize the release of verification information to Jefferson Transit for the purpose of evaluating my eligibility to participate in MITs Jefferson Transit.

I certify that the information provided in this application is true and correct.

Signature _____ Date _____

The following information is to be filled out if the application was completed by a person other than the applicant:

NAME _____	DAYTIME PHONE _____			
ADDRESS _____				
Street	Apt #	City	State	Zip

Signature _____ Date _____