



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.



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

Name: _____
First Middle Last

Social Security Number: ____-____-____ Date of Birth: _____

Home Address: _____ Zip Code: _____

Mailing Address (if different than home address): _____ Zip Code: _____

Applicant's Phone:
Home _____ Work _____ Cell _____

Person to contact in case of an emergency

Emergency Contact Name: _____

Relationship: _____

Emergency Contact's Phone:
Home _____ Work _____ Cell _____

Primary physician or healthcare professional

Healthcare Professional Name: _____

Healthcare Professional's Phone: _____

Healthcare Professional's Address: _____

Have you ever been certified to use MITS? Yes _____ No _____

If no, have you ever applied for MITS? Yes _____ No _____

If yes, give approximate date: _____



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Are you able to ride on the Jefferson Transit fixed-route bus system?

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: _____