



Pages 9 & 10 are very important and must be signed by a Health Care Professional or Social Worker.

DISABILITY DISCOUNT APPLICATION

In accordance with the Americans with Disabilities Act of 1990 (ADA), JeffCo Express provides ADA ACCESSIBLE “deviated FIXED route pickup” services to all individuals who are unable to use the available regular stops of our services. Deviated fixed-route services are designed to provide equivalent access to areas served by the fixed-route services. Accordingly, service is only available for individuals whose trips begin and end within a 1 mile radius of the route during the hours of operation of the bus route. **(The one mile radius rule will be strictly adhered to with no exceptions)**

The purpose of this application is ONLY to VERIFY your eligibility to receive the Disability Discount but it also provides an opportunity for you to describe barriers in the environment and limitations that you may have which prevent you from using the available stops on the route. The information that you provide will help JeffCo Express to understand your abilities and travel challenges. **All information contained in this application will be kept confidential and shared only with the professionals involved in evaluating your eligibility for the Discount Card.**

Please ask many questions that are applicable to your situation. . If you have any questions or need assistance completing this form, please call (636) 464-5144 X15.

TO AVOID ANY PROCESSING DELAY

Applicant: JeffCo Express is committed to processing your application in a timely manner, but we need your help. Please ensure that all parts of the application and attachments are completed before submittal to JeffCo Express. Please tell us about all disabilities that you have. **Please note that written professional verification of disability is required and must be submitted with the application to be eligible for the discount card.**

This professional verification (pages 9 & 10) must be completed by a professional who is familiar with your disability such as a doctor, social worker, counselor, independent living specialist, teacher, orientation & mobility specialist, etc... There is a professional verification form included with the application that may be used for this purpose or a letter may be submitted on professional letterhead.

Applications that are incomplete or lack adequate professional verification of disability cannot be processed. Thank you in advance for your cooperation in submitting all of the required information.

JeffCo Express will notify you of your approval 10 days after the receipt of your completed application.

Once you have been approved you will be issued a Discount ID card. You will need to give is 2 Business Days notice of when you need a ride.

GENERAL INFORMATION

Last Name: _____

First Name: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ TTY: Yes No

Evening Phone: (____) _____ TTY: Yes No

Birth Date: ____/____/____ Gender: M____ F____

Do you need future written information provided to you in an accessible format?
Yes____ No____ If YES: Please indicate your preferred format:

____Computer Disc ____Audio Cassette ____Braille ____Large Print

Emergency Contact Person:

Name: _____ Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

Did anyone assist you with completing this form? Yes No

If yes, please provide the following information about that person.

Name _____

Phone: (____) _____ Relationship: _____

APPLICANT'S CERTIFICATION

Please Complete Section A UNLESS you are a minor or have a legal guardian. If you are a minor or have a legal guardian, your parent or guardian must complete Section B.

A. I understand that the purpose of this application is to determine if I am eligible for a Disability Discount Card for JeffCo Express. I certify that the information provided in this application is accurate and I understand that I must complete a functional assessment of my abilities.

B. I certify that the information provided in this application is accurate and I understand that the applicant must have the professional verification form completed by one of the listed health care professionals.

Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

(if needed)

Relationship to applicant: _____

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using the regular stops of JeffCo Express? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/Blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Brain injury |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Other _____ |

2. Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses).

3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

- | | |
|--|--|
| <input type="checkbox"/> Communications Device | <input type="checkbox"/> Long white Cane |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

4. If you use a wheelchair or scooter, is it:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| 30 Inches Wide or Less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48 Inches Long or Less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 600 Pounds or Less when Occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

d. Never

___Yes ___No

6. Please read the following statements and check all those that best describe what you believe about your ability to use JeffCo Express services by yourself.

- I use JeffCo Express for some trips, but sometimes there are barriers that prevent me from using these services.
- I use the bus frequently, on routes to familiar destinations.
- I use the bus to go to new places.
- I believe I could use the bus if someone taught me.
- I am not able to use the bus by myself.
- The severity of my disability changes from day to day, I ride the bus or train when I am feeling well.
- I can get to and from the bus stop if the distance is not too great.

YOUR FUNCTIONAL ABILITY

Your answers to questions in this section will help us better understand your functional ability in specific areas. **For each question, please circle only one answer.** Your answers should be based on your physical and mental ability to perform the tasks. Assume that you are using the mobility equipment that you usually use when traveling outside your home.

Without the help of someone else, can you:

1. Use the telephone to get information?

Always Sometimes Never Not Sure

2. Travel one level block on the sidewalk in good weather?

Always Sometimes Never Not Sure

3. If you are able to do this, how long does it take you?

Less than 5 minutes Five to ten minutes Not Sure

4. Cross the street, if there are curb cuts?

Always Sometimes Never Not Sure

5. Travel three blocks on the sidewalk in good weather?

Always Sometimes Never Not Sure

6. If you are able to do this, how long does it take you?

Less than ten minutes Ten to Fifteen minutes Not Sure

10. Step on and off a curb from a sidewalk?

Always Sometimes Never Not Sure

11. Wait ten minutes outside in good weather if there is no seat?

Always Sometimes Never Not Sure

12. Find your own way to or from transit stop after being shown?

Always Sometimes Never Not Sure

13. Currently travel by yourself using any mode of transportation?

Always Sometimes Never Not Sure

14. If always or sometimes, which modes of transportation allow you to travel independently?

JeffCo Express OATS JC Transit Car

15. If the weather is good and there are no environmental barriers, how far can you travel outside independently, using your mobility device if applicable?

- I cannot travel outdoors alone at all
- Less than: 1 block Curb in front of my house
- 3 blocks 6 blocks
- 9 blocks More than 9 blocks
- Not sure Other: _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use JeffCo Express buses.

TO AVOID ANY DELAY WITH PROCESSING YOUR APPLICATION:

Please review this form to make sure that you have completed all of the questions to the best of your ability. Be sure to sign the application. Return the application along with written professional verification of your disability to: JeffCo Express 1671 Marriott Lane Barnhart, MO 63012 or you can Fax a copy to 636-464-2764

Professional Verification

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Dear Professional:

You are being asked by _____ (applicant) to provide information regarding his/her ability to use our transit system. Federal law requires that JeffCo Express provide ADA accessible deviated fixed route services to **all persons** who cannot use regular fixed route stops.

The information you provide about the noted disability or disabilities will allow us **to evaluate their eligibility for a discount card.**

For all applicants--Please specify the disability/disabilities of the applicant.

Please include DSM-IV or ICD-9 codes.

DSM-IV and/or ICD-9 Codes: _____

For applicants with seizure disorder—

Date of onset: ___/___/___

Type of seizures: _____

Frequency of seizures: _____

Date of last seizure (if known): ___/___/___

An indication of the effectiveness of the medication(s) in controlling seizures: _____

Presence/Absence of aura: _____

For applicants who have had a stroke—

American Heart Association Stroke Outcome Classification: _____

For applicants with blindness or low vision—

Best Corrected Vision: ___/___ OS ___/___ OD Visual Field: _____ degrees

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For applicants who have a cardiac condition—

American Heart Association Classification: _____

Precautions regarding activity: _____

Precautions regarding extreme heat and cold (in terms of activity level as well as tolerance to sitting/waiting): _____

For all applicants--Please list any activity or environmental precautions:

The disability is _____ Permanent or _____ Temporary.

If the disability is temporary, expected duration is _____ months.

Your professional area of specialization is, check one:

- | | |
|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Registered Nurse/Licensed Practical Nurse |
| <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> Physical/Occupational/Speech Therapist |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Independent Living Specialist |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

Your Name/Title: _____

Agency/Company Name: _____

Professional License # (if applicable): _____

Office Address: _____

Office Phone #: (_____) _____ -- _____ Fax: (_____) _____ -- _____

I hereby certify that the above information is true. JeffCo Express (1) may verify the validity of the professional providing the certification, (2) make the final determination on an applicant's eligibility for the JeffCo Express Disability Discount Card.

Signature

Date