



Application for Reduced Fare

Please note: This application is for JAUNT service in rural Albemarle County. If you live in urban Albemarle County &/or in Charlottesville please use the CAT Paratransit Application instead. This application may be found online at www.charlottesville.org/transit or by calling CAT Customer Service at (434) 970-3649.

Please complete this application before returning it to JAUNT. Incomplete applications may not provide enough information to determine paratransit eligibility. If you have any questions please contact JAUNT at 434-296-3184 or 800-365-2868.

Name of Applicant _____

Street Address _____

City _____ VA Zip Code _____

County: _____

Home Telephone (____) ____ - _____

Other Telephone (____) ____ - _____ Cell or Work?

Email Address: _____

Date of Birth _____
Month Day Year

Emergency contact person:

Name _____

Relationship to Applicant _____

Telephone (____) ____ - _____

Other Telephone (____) ____ - _____

1. Please explain aspects of your disability that you believe JAUNT should know about.

Please tell us about any Special Wheelchair Options you may have, like a seat that leans back, or extended footrests:

7. Does the location where you will be picked up have a wheelchair ramp and a paved path from the road/driveway to the door that easily accommodates your wheelchair/scooter?

Yes No

Please note: If you answered “No,” special accommodations may need to be made in order to provide you with the highest level of service. A JAUNT supervisor will schedule a meeting with you to inspect the location before your first trip.

8. Can you climb three 12 inch steps without assistance?

Yes No Sometimes Don't Know

If “No” or “Sometimes,” please explain.

9. Is your mobility affected by terrain? (For example, do steep hills, lack of sidewalks, or other local conditions affect your mobility) Please explain.

11. Do you use a personal care attendant (PCA) when you travel?

Yes No

If “Yes,” please explain when you need a PCA and what needs a PCA meets when you travel.

12. How did you find out about JAUNT?

- Senior Center Friend Ad Other: _____
 Work Brochure Doctor's Office

.....
Name of Applicant: _____

The responses provided in this application are accurate to the best of my knowledge.

Signature

Date

.....
Because the applicant is unable to verify the information due to his/her disability,

I, _____ ,
Print name

verify that the responses provided in this application are accurate to the best of my knowledge.

Signature

Date

.....
Please submit completed application by fax, in person or by mail to:

JAUNT Inc.
Attn: Community Relations
104 Keystone Place
Charlottesville, VA 22902

Fax number: 434-296-4269

Thank you for your interest in JAUNT services!