



The Driving Force of Jackson
PTM of Jackson, Inc.

Dear Applicant,

The enclosed forms must be filled out completely in order for JATRAN to determine whether you are eligible for paratransit service. After careful review, you will receive a letter of notification indicating whether paratransit service has been approved or denied.

Please follow the guidelines as indicated:

- Handilift Paratransit Eligibility Form - *applicant must complete form*
- Medical Verification of Disability Form - *physician must complete form*

Mail forms to this address:

JATRAN Handilift
P.O. Box 2809
Jackson, MS 39207-2809

If you have questions, please contact our office at 601-948-3840.

Sincerely,

Handilift Coordinator

Enclosures: Handilift Paratransit Eligibility Certification Form
Medical Verification of Disability Form