



JARC/New Freedom Programs Application

DDOT serves as the recipients of grant funds from the State of Michigan's Specialized Services' program and the Federal Transit Administration's Job Access/Reverse Commute, Elderly Individuals and Individuals with Disabilities programs.

In order to participate in the JARC/New Freedom program, the rider has to apply and be approved by DDOT JARC/New Freedom administration. The cost for participating in the JARC program is \$1.50 per trip and New Freedom is \$2.50 per trip. Enclosed is the application that must be completed and submitted to DDOT for eligibility determination. Riders who are determined eligible will receive instructions for obtaining and maintaining access to the service.

What are the eligibility guidelines for the JARC/New Freedom?

JARC/New Freedom eligibility criteria for our riders who meet the city of Detroit residence requirement along with the following:

- Extend transportation limits beyond fixed route bus services.
- Extend services beyond normal ADA guidelines.
- Transport riders to/from employment and human services related commitments.
- Transport riders to/from non-emergency medical commitments.

How to apply for the JARC/New Freedom Program?

Applicants must complete the attached application in its entirety. Detach and return the portion to JARC/New Freedom along with a copy of your Identification Card and proof that your family is considered low income to:

DDOT - JARC/New Freedom
1301 E. Warren - 111, Detroit, MI, 48207
Office number: 313.833.1017, E-mail: jarc_nf@detroitmi.gov
Fax number: 313.578.8274
Administration Hours: 8:00 a.m. to 4:30 p.m.
Operation Hours: 24 hours and 7 days



Detroit Department of Transportation (DDOT) JARC/New Freedom Provider

New Applicant Update Information Removal Preferred Provider _____

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Last Name _____ First _____ M.I. _____

Street Address Apartment/Unit # _____

City _____ State _____ Zip _____ Date of Birth _____

*Phone _____ E-mail Address _____

Do you require a Wheelchair Vehicle? YES NO Other special needs? _____

What is your expected use of JARC? Employment Training Workforce
 Job Seeker Higher Education
 Other (Explain) _____

Travel time needs?

What is your expected use of New Freedom Program? Employment Training Workforce _____AM _____PM
 Non-emergency Medical Transportation

WORK/POST-SECONDARY SCHOOL INFORMATION

Travel time needs?

Name of Employer / Post-Secondary School _____AM _____PM

Address _____ Phone _____

Name of Employer / Post-Secondary School _____

Address _____ Phone _____

PROGRAM ELIGIBILITY: INCOME

Do you currently work in Rural Areas? YES NO

Do you currently have access to DDOT (Detroit Department of Transportation) fixed route? YES NO

I understand that JARC (Job Access Reverse Commute)/New Freedom are Federally Funded Programs. I attest the above information is true and correct to the best of my knowledge. I also understand any of the above information found to have been intentionally falsified will lead to immediate termination from this program and/or being reported directly to Detroit Department of Transportation.

Signature _____ Date _____

***Not including a valid phone number on the application will cause it to be considered incomplete.**

OFFICE USE ONLY PLEASE DO NOT WRITE BELOW

Date Received _____ Date Entered _____

Staff _____ JARC/New Freedom Client ID # _____