



Janesville Transit Order Form

Please use the enclosed Order Form to request Janesville Transit bus passes.
Follow the instructions below.

Instructions:

1. Write the Service Authorization Start/End Date.
2. Print the Participant Name, Mailing Address, Phone Number, and Email Address.
3. Write the number of passes you want.
4. Multiply the number of passes you want by pass price. Please keep the IRIS Participant's budget in mind.
5. Write the total amount.
6. Sign and date the form.
7. Include IRIS Consultant (IC) Name, Phone Number, and Email Address
8. By the 15th of the month, mail, fax, or email the completed and approved order form to:

Mail: iLIFE
P.O. Box 80439
Milwaukee, WI 53208
Fax: 414-918-8213
Email: IRIS.Claims@iLIFE.org

After iLIFE receives the order form, the process is as follows:

1. The approved order form is checked against the IRIS Participant's budget.
2. iLIFE emails an approved copy of the form to Janesville Transit.
3. Janesville Transit receives the form, and either mails the passes to the participant or holds the passes for pick up.
4. Janesville Transit bills iLIFE for the bus passes.

If you have any questions or need help, please call iLIFE at 1-888-800-5599.



Janesville Transit Order Form

Service Authorization Start/End Date: _____

Ordering Information

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____ - _____

Email Address: _____

30 Day/Monthly Pass (Fixed Route) (MyJTS Smart Card – only mailed once as part of MyJTS registration)
Passes will be valid the 1st of the month through the last day of the month.

of 30-Day Passes _____ x \$52.00 = \$ _____
Service Code: T2004 RI (Participant pass – non-medical transportation)

Paratransit Pass (Must be Certified as ADA Paratransit Eligible by JTS)
Each pass contains 10 one-way tickets at a cost of \$19.58 per one-way ride.

of Agency Fare 10-Ride Punch Passes _____ x \$195.80 = \$ _____
Service Code: T2003 RI (specialized transportation)

Total Amount: \$ _____

By your signature below, you attest that you understand and agree to have your transportation passes/cards mailed via USPS regular mail to the address listed above. Neither the IRIS Program nor Janesville Transit is responsible for lost or stolen transportation passes/cards. You also understand that you are responsible for the timely reporting of any updates or changes concerning your Plan, address, phone, email, etc.

Approved: _____ Date: _____
 (Participant/Guardian Signature)

IRIS Consultant (IC) Name: _____ IC Phone Number: _____

IRIS Consultant (IC) Email: _____

For Internal Use Only	
Authorize, sign, date, stamp, and email to Jodi Athmann (athmannj@ci.janesville.wi.us) and Rebecca Smith (smithr@ci.janesville.wi.us)	
Approved By: _____ Date: _____	Approval Stamp