



Paratransit Service Request Form

Faculty

Staff

Student

Name: _____ Employee/Student ID #: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Local Address: _____

City, State and Zip: _____

Disability Information

Please check the reason(s) why you are seeking ADA Paratransit eligibility:

- I can use the Cliff Shuttle, but only if lift-equipped.
- I have difficulty accessing the existing bus stops. (Please indicate which stop(s)):

- I need assistance to board/or exit the Cliff Shuttle.

Please list any concerns or medical conditions you believe the driver should be aware of?

Describe how your disability affects you functionally, which prohibits use of fixed-route buses (explain briefly):



Is the disability described above:

- Temporary Permanent

If temporary, is it:

- Under 3 months 3 to 6 months 6 to 9 months 9 to 12 months

If you use mobility aids, check all those that apply:

- Wheelchair Long White Cane Leg Brace
- Motorized Wheelchair Cane Service Animal
- Scooter Walker Crutches

Please provide size of wheel base: _____

Other: _____

Using a mobility aid or on your own, are you able to get to and from bus stops?

- Yes No

If not, please check below all those that apply:

- I cannot travel outside of my vehicle.
- I cannot make it if there are no curb cuts.
- I cannot if the street or sidewalk is too steep.
- I cannot cross busy streets and intersections.
- I get confused and cannot find my way.
- I cannot find my way at night because of a vision problem.



I cannot travel outside when it is: Too hot Too cold Snow/Ice

If any above are marked, how does your disability make it impossible? Explain fully:

Three horizontal lines for text entry.

Do you have a Personal Care Assistant? Yes No If so, please provide his/her first and last name:

Horizontal line for text entry.

How do you currently commute to work/school? (Check all that apply):

- Commuting options: Drive, Someone drops you off, Taxi, Cliff Shuttle, Emory Paratransit Service, MARTA, Van/Carpool, Other (specify):

Scheduling Information

Table with 4 columns: Days of Week, Pick-Up Location, Time, Drop-Off Location. 7 rows.

Please attach additional sheets as necessary.

I understand that my application will be returned if it is incomplete. I confirm that all information provided on this application is true, to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information could lead to revocation of my certification with DAS. I understand that a false



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Accessibility Services Office of Institutional Equity and Compliance

statement made herein may result in the rejection of my application for Paratransit services at Emory.

I agree to notify Emory Transportation and Parking Services if I no longer need Paratransit services for any reason, including a change in my ability to use the bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this service.

Signature of Applicant

Date

RETURN FORM TO:

Department of Accessibility Services

1946 Starvine Way

Student Academic and Activity Center, Suite 310

Decatur, Georgia 30033

404-727-9877 (Office)

404-727-1126 (Facsimile)

**Email: accessibility@emory.edu
dasemployee@emory.edu**