

The University of Alabama at Birmingham

Employee Paratransit Request Form

PART I: Applicant Information

<input type="checkbox"/> Student Worker	<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty	Employee Title:		
Name:		Blazer ID:	Employee ID:		
Email:		Work Phone:	Cell Phone:		
Address:					
City:		State:	Zip Code:		
Department/School:		Supervisor:	Supervisor Phone:		

PART II: Disability or Injury Requiring Paratransit Service

(Appropriate documentation of disability, injury, or medical condition from a physician is required.)

What is the disability, injury, or medical condition which requires use of the Paratransit Service?

Is the disability or condition described above: Temporary Permanent

My request for service is: Permanent/Chronic Long-term (6-12 mo.) Short-term/Temporary (6 mo. or less)

Expected duration:

If you use mobility aids, check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Leg Brace |
| <input type="checkbox"/> Motorized wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Other: | | |

Does the weather affect your ability to travel? Yes No Sometimes

If yes or sometimes, please explain.

Do you require a personal care attendant to assist you when traveling? Yes No

I have voluntarily completed this Employee Paratransit Request form and all information is true and accurate. I understand that a false statement made herein may result in the rejection of my application for the Paratransit Service. I give UAB permission to speak to appropriate University personnel and/or my health care personnel to determine my eligibility for this service. I understand that all information obtained during this process will be confidential. I further understand that I may be required to provide appropriate documentation of my disability or injury. This information will be used to determine my eligibility for the Paratransit Service with UAB Parking and Transportation.

I also understand that it is my responsibility to schedule rides directly with UAB Parking and Transportation once I have been determined eligible for the Paratransit Service.

I agree to notify Human Resources if I no longer need the Paratransit Service for any reason. 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: _____ **Date:** _____

Documentation Guidelines

In order to qualify for the Paratransit Service, applicants must complete an application for qualification and provide appropriate medical documentation, which provides evidence of a disability or injury that requires use of this service.

In order for our office to provide door to door accessible transport for impairments, we rely on documentation from the appropriately trained evaluators to provide documentation as to the presence and severity of the disability or injury itself. By providing the information outlined below, the evaluator will assist us in being able to serve the applicant effectively. We find that these guidelines provide the detailed information necessary to assess the appropriateness of the applicant's request for the Paratransit Service. Given that the manifestations of the applicant's disability or injury may change over time, the evaluation must reflect the applicant's current status. This documentation, must reflect the following:

1. A specific injury or diagnosis (including level of severity)
2. A description of the applicant's functional limitations as they are directly related to the stated disabilities and/or injury.
3. The evaluator's name, address and phone number (in the event our office needs to contact the evaluator and professional credential relevant to the diagnosis).
4. The documentation must be on letterhead, typed, dated and signed.

Please return the completed Employee Paratransit Request form and supporting documentation to the AWARE Disability Management Program.

Email: HRAWARE@uab.edu

AB 215

Phone: 205 934-4458

Fax: 934-1407