

Request for Certification of ADA Para-transit Eligibility

The University of Iowa CAMBUS

Telephone: 319-335-7595

Email: bionic-bus@uiowa.edu

The University of Iowa CAMBUS will only use the information obtained in this certification in the determination of eligibility for the provision of Para-transit service. Information may be shared with other local transit providers to facilitate travel. The information will not be provided to any other person or agency.

If you need assistance in completing this form due to disability, please call the CAMBUS office (319-335-7595), Student Disability Services (319-335-1462), or Faculty/Staff Disability Services (319-335-2660) for assistance.

Please type out this online form, then print, remember to sign form after printing. All sections must be completed for it to be considered a complete application.

1. Name UI ID#

2. Iowa City/Coralville Street Address:

City State Zip Code

Permanent Street Address:

City State Zip Code

3. Home Phone Number: Work Phone Number:

Cell Phone Number: Email Address:

4. What is your affiliation with The University of Iowa? Student Faculty/Staff *None

*If not university affiliated, your primary provider would be the City of Iowa City or City of Coralville transit systems. The Para-transit provider for both is the SEATS system. Contact SEATS for service and scheduling information (319-339-6128).

5. To help determine your ADA eligibility, please check the appropriate response for each transit related activity listed below:

To physically travel to the nearest Cambus/city bus stop without assistance Able Unable

To board, ride, and exit a bus without assistance Able Unable

To board and exit a bus by means of a wheelchair lift/ramp, without assistance Able Unable

To locate a bus stop, determine the correct bus to take, or ride with other members of the general public Able Unable

6. Is your disability temporary? Yes No
If yes, for how long?

7. Does your disability require Bionic service for all your transportation needs, or only in certain circumstances (i.e., winter months, specific symptoms present, etc.)?

All Transportation Certain Circumstances (please specify circumstances below)

8. Do you use any of the following mobility aides when you travel on a transit vehicle? (Check all that apply)

I do not use a mobility aide Manual Wheelchair Crutches Service Animal Other
 Electric Wheelchair Power Scooter Walker Cane

9. Do you require a Personal Care Attendant when you travel using public transit? Yes No

10. Do you require a mechanical lift to board or exit a transit vehicle? Yes No

CONTINUE ON SECOND PAGE

11. What additional information can you provide about your disability that will help us provide you a safe and comfortable ride?

12. I hereby certify that the information furnished above is correct..

SIGNED: _____ Date: _____

13. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name

Address

City State Zip Code

Daytime Phone Number:

Signed: _____ Date: _____

14. A. Are you receiving services from Student Disability Services or Faculty/Staff Disability Services? Yes No

B. May we contact them for assistance with your eligibility to use Para-transit? Yes No

C. In order to allow The University of Iowa CAMBUS to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

This section must be completed ONLY if you checked NO for item A and/or B above.

CHECK ONE: the following Physician, Health Care Professional, Rehabilitation Professional

or Other If Other (indicate)

is familiar with my disability and is authorized to provide information to The University of Iowa CAMBUS, as a requirement for the completion of this certification.

Information of person checked above:

Name Title

Agency/Organization

Address City State Zip Code

Phone

Applicant's Signature (for release of information) _____

NOTE: You will be contacted by Cambus regarding the status of your eligibility request shortly after receipt of this form. If you have any further questions, call 335-7595

Return completed form to:
Cambus
The University of Iowa
Attention: Bionic
100 WCTC, 840 Evashevski Dr.
Iowa City, IA 52242-1000
FAX (319) 335-6647

Print Form When Complete

Reset Form