Request for Certification of ADA Paratransit 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 form to determine certification eligibility for paratransit services. 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 at 319-335-7595, Student Disability Services at 319-335-1462, or Faculty/Staff Disability Services at 319-335-2660 for assistance.

All sections must be completed for it to be considered a complete application. Please remember to sign after printing.

1. First name
2. Last name
3. University ID number
4. Iowa City/Coralville street address
5. City 6. State 7. Zip code
8. Permanent street address
9. City 10. State 11. Zip code
12. Primary phone number
13. Secondary phone number
14. Email address
15. What is your affiliation with the University of Iowa? ☐ Student ☐ Faculty/Staff ☐ *None

*If you not affiliated with the university, your primary provider would be Iowa City Transit or Coralville Transit. The paratransit provider for both is Johnson County SEATS. Contact SEATS for service and scheduling information 319-339-6128 or visit https://www.johnsoncountyiowa.gov/department-of-seats.

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

16. To physically travel to the nearest Cambus/city bus stop without assistance	☐ Able	☐ Unable
17. To board, ride, and exit a bus without assistance	☐ Able	☐ Unable
18. To board and exit a bus by means of a wheelchair lift/ramp, without assistance	☐ Able	☐ Unable
19. To locate a bus stop, determine the correct bus to take, or ride with other members of the general public	☐ Able	☐ Unable

Continue on second page

20. Is your disability temporary? ☐ No ☐ Yes If yes, how long? _____

21. Does your disability require Bionic service for all your transportation needs, or only in certain circumstances?

☐ All transportation ☐ Certain circumstances (please specify below if box checked)

22. 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

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

24. Do you require a ramp to board or exit a transit vehicle? ☐ Yes ☐ No

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

I hereby certify that the information furnished above is correct.

SIGNED: _____ Date: _____

Application continued on third page

If you are filling out this form on behalf of someone else, please provide your contact information below.

26. Your first and last name

27. Your street address

28. Your city 29. Your state 30. Your zip code

31. Your phone number

32. Signed: _____ 33. Date: _____

In order to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information provided. Please complete the following information and authorization form.

This section must be completed

34. First and last name of health care professional

35. Agency/organization

36. Healthcare facility street address

37. City 38. State 39. Zip code

40. Type of professional:

☐ Physician ☐ Health care professional ☐ Rehabilitation professional

☐ Other If other, please indicate:

I hearby authorize that that the above health care professional is familiar with my disability and is authorized to provide information to University of Iowa CAMBUS as a requirement for the completion of this certification.

Applicant's signature (for release of information) _____

NOTE: You will be contacted by CAMBUS regarding the status of your application within 21 days. If you have any further questions, please call 319-335-7595 or email bionic-bus@uiowa.edu.

Return completed form to:

Cambus
The University of Iowa
Attention: Bionic
100 WCTC, 840 Evashevski Dr.
Iowa City, IA 52242-1000

End of application