



**EMORY**  
UNIVERSITY

**Access, Disability Services  
and Resources**  
Office of Equity and Inclusion

## Paratransit Service Request Form

Faculty

Staff

Student

Name: \_\_\_\_\_ Employee/Student ID #: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

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### 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?

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

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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:

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Do you have a Personal Care Assistant?  Yes  No

If so, please provide his/her first and last name:

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

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

**Scheduling Information**

Days of Week	Pick-Up Location	Time	Drop-Off Location

*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 ADSR. I understand that a false 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.

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Signature of Applicant

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Date

**RETURN FORM TO:**

**Office of Access, Disability Services and Resources**

**201 Dowman Drive**

**Administration Building, Suite 110**

**Atlanta, Georgia 30322-1950**

**404-727-9877 (Office)**

**404-727-1126 (Facsimile)**

**Email: [ADSRStudent@emory.edu](mailto:ADSRStudent@emory.edu)**