Disability Transportation & Parking Application
UNC-Chapel Hill, Department of Public Safety – Parking Services

The Disability Transportation & Parking Committee (DPTC) reviews applications and recommends appropriate services for employees and students who have mobility impairments that require accommodations. The applicant is responsible for having their physician complete the Physician's Section of the application that provides specific information regarding mobility restrictions. UNC Healthcare employees should return the completed application to the Hospital transportation and parking office. UNC staff, faculty, and students applying for disability transportation and parking services should return the completed application to the Department of Public Safety.

PLEASE PRINT ALL INFORMATION

1. UNC PID #: _____

2. Check Status: ☐ University Employee ☐ Hospital Employee ☐ Student

3. *Are you self-identified with the University / Hospital as having a disability ☐ Yes ☐ No

* Applicants requesting permanent assignment must be registered with appropriate University or Healthcare System EO/ADA Office or Student Affairs – Office of Disability Services.

2. Applicant's Name: _____
Last First MI.

3. Local Address: _____

_____
City State Zip Code

4. Email Address:_____

5. Contact Numbers: Work _____ Cell _____ Home_____

For Office Use Only

Does this application go to Committee Review? ☐ Yes ☐ No

☐ Permanent Assignment (No additional review required)
☐ Annual Review (Review each year of application)
☐ Temporary Assignment - Beginning Date: _____ Ending Date: _____

☐ Parking - Zone: _____ Location Code _____ Exp. Date:____/___/20_____

☐ P2P – Card # _____ Beginning Date: _____ Ending Date: _____

University of North Carolina at Chapel Hill
Department of Public Safety
Public Safety Building, 285 Manning Drive, CB 1600, Chapel Hill, NC 27599-1600
p. 919 962-3951 f. 919-962-2572

Complete Section if University or Hospital Employee

Department Name: _____ Dept. # : _____

Building Name: _____ Work Schedule: _____

Complete Section if UNC Student

Please Provide Building(s) / School Location

School (ex. General College, Law) _____

Campus Location (ex. Main quad., medical school _____

Disability permits are assigned for one specific location and P2P is available for intra-campus travel to accommodate access to multiple locations.

Physician's Information

Please have treating physician complete form. Students may contact Campus Health Services at 966-2281 for assistance with this form and/or follow-up for the medical condition.

Physician's Name (Printed): _____

Telephone Number: _____ **Address:**_____
City State

Please provide specific diagnosis and findings including ICD-9-CM Coding associated with applicant's condition that is relative to their mobility limitations.

ICD-9-CM _____ **Condition** _____

_____

ICD-9-CM _____ **Condition** _____

_____

1. Indicate if condition is ☐ Permanent or ☐ Temporary (Dates: From _____ To _____)
☐ Continuous or ☐ Intermittent (Frequency _____)

2. Wheelchair / Mobility Scooter Required: ☐ Yes or ☐ No

3. Distance: Number of _____ Feet or _____ Yards individual is able to walk

4. Elevation / Steps Limit: ☐ No Limit or ☐ Limit (How many can applicant negotiate?) _____

5. Can applicant utilizing accessible public transit? ☐ Point to Point Service (vans) ☐ Chapel Hill Transit buses (Please explain if they aren't able to utilize _____

_____

6. Other Comments: _____

_____

Authorization for Release of Confidential Information

Please complete the Release of Information Form indicating that your personal physician or Student Health provider may provide information on this form regarding your medical condition as it relates to your mobility limitations. The Physician completing this form must be an M.D. Additionally, in the event that information provided by the applicant's physician is not clear enough to address the applicant's transportation and parking needs, a DTPC medical representative may need to communicate directly with the applicant's physician for clarification regarding mobility limitations provided in the Physician's Section. All information presented on the application is confidential.

Applicant Name: _____
Last First MI.

I give permission for the medical representative for the Disability Transportation and Parking Committee to contact my physician for clarification purposes to facilitate the assignment of parking and transportation services.

Applicant's Signature: _____ Date: _____

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