Disability Transportation & Parking Application

UNC-Chapel Hill, Department of Public Safety – Parking Services

The Disability Transportation & Parking Committee (DPTC) reviews applications and works through the interactive process regarding providing access for employees and students with mobility impairments that require accommodations. The information provided by your heath care professional provides information regarding mobility restrictions, and the DPTC uses that information, with the other information in this application, to help identify a solution to accommodate applicants.

Applicants issued disability placards by the state of North Carolina may provide the documentation used to support that application as part of this application; however, applicants should note that the university provides an array of accommodations much broader than parking spaces and accommodates a wider range of disabilities than the state's disability parking covers.

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.

We will share this application with the appropriate office (*University or Healthcare System EO/ADA Office or Student Affairs – Office of Disability Services*) for purposes of compliance with the university's federal reporting obligations regarding its service to and employment of individuals with disabilities. The receiving office and this one will maintain your application and any related records as confidential.

PLEASE PRINT ALL INFORMATION

UNC PID #: ________________________

Check Status: ☐ University Employee ☐ Hospital Employee ☐ Student

Applicant's Name: ____
Last First MI.

Local Address: ____

____
City State Zip Code

Email Address: ____

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: _________

Complete Section if University or Hospital Employee

Health Care Professional’s Information

Please have a health care professional complete this section. The health care professional completing this form must have the expertise to give an opinion about your medical condition and the conditions imposed by it. Students may contact Campus Health Services at 9662281 for assistance with this form and/or follow-up related to their medical condition.

Health Care Provider’s Name (Printed): ____

Telephone Number: ____________________ **Address:** ________________________________

City State

Health Care Provider’s Signature _____________________________________**Date** __________________

In the lines below or on a separate sheet of paper, please describe the nature, severity, and duration of the applicant's impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the applicant's ability to perform the activity or activities in sufficient detail to allow assessment of the applicant’s request for a reasonable accommodation related to transportation and parking based on mobility or other medical restrictions.

____
____
____
____

Condition is ☐ Permanent or ☐ Temporary (Dates: From ________ To _________)
☐ Continuous or ☐ Intermittent (Frequency ______________________)

Wheelchair / Mobility Scooter Required: ☐ Yes or ☐ No

Distance: Number of ________ Feet or ________ Yards individual can walk

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

Can applicant utilizing accessible public transit?

☐ Point to Point Service (vans) ☐ Chapel Hill Transit buses (If applicant cannot access public transportation, please explain the reason(s) ____
____

Other Comments:
____
____

Complete Section if University or Hospital Employee

Department Name: ____ Dept. # : ________________

Building Name: _________________________________ Work Schedule: ___________________

Complete Section if UNC Student

Please Provide

School (ex. General College, Law) ____

Building(s) / School or Campus Location (ex. main quad., medical school) ________________________________

Authorization for Release of Confidential Information

Please complete your health care provider's required form to allow your health care (or Student Health provider) to provide information regarding your medical condition as it relates to your mobility limitations. If we have questions about the information provided on your form, a DTPC medical representative may communicate directly your health care provider for clarification regarding your mobility limitations. We will maintain the confidentiality of all information you and your health care professional provide with your application.

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 to facilitate the assignment of parking and transportation services.

Applicant's Signature: ______________________________________

University of North Carolina at Chapel Hill
Department of Public Safety

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