

Employee Medical Mobility Parking and Transportation Accommodation Application

UNC-Chapel Hill, Transportation & Parking

The Parking Accommodations Committee reviews recommendations and works through the interactive process to provide transportation and parking access for employees who have disabilities or health conditions that require accommodation. A treating health care professional must complete the Health Care Professional Information section below, and the Committee will use that information along with other information on this application, to help accommodate transportation and parking needs.

Accommodations may include the use of campus disability spaces, campus transportation (Point to Point (P2P), local transit, and UNC Hospital shuttle buses), and available public transportation (Chapel Hill Transit and GoTriangle). Applicants are responsible for the cost of permit, if a permit is issued.

The Parking Accommodations Committee convenes monthly or as needed to review new applications. In the interim, applicants may be assigned temporary accommodations until a final decision can be issued. Temporary and permanent accommodations may differ. Generally, applicants will be informed of Committee decisions within 5 business days.

If the applicant has a disability placard issued by the State of North Carolina, the documentation used to support that application may be used as part of this application; however, please note that the University provides an array of accommodations much broader than parking spaces and accommodates a wider range of disabilities than those covered by the state’s disability parking system.

UNC Healthcare employees should return the completed application to the Hospital transportation and parking office. UNC staff and faculty applying for disability transportation and parking services should return the completed application to the Department of Transportation & Parking.

This application may be shared with the appropriate office (Healthcare System or University Equal Opportunity and Compliance Office) for purposes of compliance with the University’s or Health Care System’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 and will share information only as necessary to coordinate and provide accommodations or for required reporting purposes.

PLEASE PRINT ALL INFORMATION

- 1. UNC PID #: _____
- 2. Check Status: University Employee Hospital Employee
- 3. Applicant’s Name: _____
 First MI. Last
- 4. Local Address: _____

 City State Zip Code
- 5. Email Address: _____

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

6. 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

Department Name: _____ Dept. # : _____

Building Name: _____ Work Schedule: _____

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Health Care Professional 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 impairment or medical condition and the limitations imposed by such impairment/condition.

Health Care Professional's Name (Printed): _____

Telephone Number: _____

Address: _____
City State Zip

Health Care Professional'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 or medical condition, the activity or activities that the impairment/condition limits as relevant to the applicant's transportation and parking needs. Please indicate the extent to which the impairment/condition limits the applicant's ability to perform the activity or activities in sufficient detail to allow the Committee to assess the applicant's request for a reasonable accommodation related to transportation and parking based on mobility or other medical restrictions.

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 utilize accessible public transit?
 Point to Point Service (vans) Chapel Hill Transit Buses
(Please explain if not able to utilize _____
_____)
6. Other Comments: _____

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Authorization for Release of Confidential Information

Please complete the treating health care professional’s required form to authorize him or her to provide information regarding the applicant’s medical condition as it relates to mobility limitations. Should questions arise, a Parking Accommodations Committee medical representative may need to communicate directly with the health care professional for clarification regarding mobility limitations. Confidentiality of all information provided by the applicant and health care professional will be maintained. The Committee will use such information only as necessary to coordinate and provide accommodations or for required reporting purposes.

Applicant Name: _____
 Last First MI.

I give permission for the medical representative from the Parking Accommodations Committee to contact my health care professional for clarification purposes to facilitate the assignment of parking and transportation services.

Applicant’s Signature: _____ Date: _____

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