



Name: _____

Disability Services
HDPT PARATRANSIT REGISTRATION FORM

JMU STUDENT OR STAFF ID#: _____

Date of Birth: _____

Last Name _____ First Name _____ MI _____

Local Address (Your physical location – not a Campus Box, etc.):

_____ *JMU Residence or Off Campus Address* _____ *City* _____ *State* _____ *Zip*

Local Phone: _____ E-Mail Address: _____

Cell Phone: _____

Home Address or Mailing Address if different from Local Address:

_____ *Street / P.O. Box* _____ *City* _____ *State* _____ *Zip*

Home Phone: _____

Current Status: Student _____ Faculty/Staff _____

Part A. Description of medical condition or disability:

(Appropriate documentation of disability or significant medical condition, from a treating physician, is required.)

- 1. What is the disability, which prevents you from using the fixed transit route service? Use the back of this sheet if more room is needed.**

Name: _____

2. How does this disability prevent you from using the fixed route service? Please explain.

3. Are there any other effects of your disability of which DS or HDPT Paratransit need to be aware?
No _____ Yes _____ (Please Explain)

If other accommodations are needed through DS, please schedule an appointment with DS because this form is intended solely for HDPT Paratransit service registration.

Part B: Requesting transportation accommodations - Paratransit

My request for services is:

Permanent/Chronic _____

Long term 6-12 months _____

Short term/Temporary (6 months or less) _____

Expected duration: _____

Do you use any of these aides to mobility? Check all that apply.

None _____

Powered Wheelchair _____

Manual Wheelchair _____

Cane _____

Powered Scooter _____
(3 or 4 wheels)

Walker _____

Crutches _____

Guide dog or service animal _____

HDPT Policy: "Safety is our number one concern. We strongly advise passengers to wear seat belts. We also advise that your mobility device be secured with proper securement belts. This is for your safety, the safety of the driver and other passengers. If you choose to decline proper securement you will be liable for any injuries caused by on securement."

Part C. Please answer the following questions. Use another sheet as needed for explanations.

Name: _____

1. Can you climb three 12-inch steps without assistance?

Yes _____ No _____ Sometimes _____

If sometimes please explain.

2. Is your ability to travel out-of-doors affected by snow or ice?

No _____ Yes _____ If yes, please explain.

Part D. Consent for Release of Information

As indicated by my signature below, I give permission to the staff of the Disability Services (DS) to release information as necessary to establish my eligibility for Paratransit service with the Harrisonburg Department of Public Transportation (HDPT). I may revoke or change this consent at any time by informing DS in writing. Otherwise it will expire one year after the completion of services with DS.

I also understand that it is MY responsibility to schedule rides directly with Harrisonburg Paratransit. Disability Services does not schedule rides.

I certify that the information provided in this Request provides an accurate representation of my needs and I understand that providing false information may be considered a judicial offense with James Madison University.

(Signature)

(Date)

For more comprehensive instructions and information regarding Harrisonburg Department of Transportation Paratransit service visit: www.hdpt.com

For more comprehensive instructions and information regarding student rights and responsibilities, services and accommodations through DS please see the DS website: <http://www.jmu.edu/ods/> or call 540-568-6705 to schedule an appointment.

FOR OFFICE USE ONLY:

HDPT PARATRANSIT NOTIFIED: Date: _____ DS Staff Signature: _____

Phone Call [HDPT Staff Name _____]

Faxed form: HPDT Fax # 540-432-0495