



OHIO  
UNIVERSITY

## **Transportation & Parking Services CatCab Referral Form**

This form serves as a referral for the CatCab accessibility service provided by Ohio University Transportation and Parking Services (TPS). Any individual needing to utilize CatCab must have a physician, or the Office of Accessibility complete this form prior to services being offered. If you have any questions, please call TPS at 740-593-1917 during business hours: Monday-Friday 7:30am- 4:30pm. This referral must be faxed to the TPS office at 740-593-9608.

Personal Information			
Last Name	First Name		Middle Initial
On-Campus Address		City	Zip
Preferred Email Address			
Preferred Phone #			

Please Indicate All that Apply	Temporary Authorization	
Unable to walk without the use of or assistance from: <input type="checkbox"/> Crutches, Cane <input type="checkbox"/> Walker <input type="checkbox"/> Boot, Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Attendant, Assistant <input type="checkbox"/> Other: _____	Beginning Date:	Ending Date:
Note – This form is purposed for temporary use of CatCab services. Any permanent authorizations must go through Ohio University's Office of Accessibility.		

Health-Care Provider		
Last Name	First Name	M.I.
Office Address		Office Phone #

Signature	
	Date