ACCESSIBLE VAN SERVICE ELIGIBILITY FORM

Passenger’s Name: __________________________  Date: ______________
Passenger’s Student ID #: __________________________

Provider Confirming Eligibility: __________________________
If a medical provider, please include a doctor’s note and contact information

Device used to aid in mobility:   CRUTCHES  □  WHEELCHAIR  □

OTHER (Please specify): ______________________________________________

Will this passenger need us for the remainder of their stay at UMass? Yes / No

OR

How long will they need transportation from AVS? _________________________

List any other information: ______________________________________________
___________________________________________________________________

Passenger’s registration is not complete until they call in. Please ask the passenger
to call our dispatcher to get more information and complete their registration.

Fax: (413) 545-1930
Email: stspv@admin.umass.edu
Phone: (413) 545-2086 (Monday-Friday, 7:00 AM to 5:00 PM)
Website: www.umass.edu/bus under Accessible Van Service

Thank you,
Supervisors of Accessible Van Service    Diana Noble
                                           Assistant Manager of Transportation
                                           Services / UMass Transit Service