



CATCAB REFERRAL FORM

This form serves as a referral for the need of services provided by Ohio University Transportation Services. Any individual wishing to receive CATCAB services must have this form completed by their health care professional or by Institutional Equity prior to services being offered. If you have any questions, please contact Transportation Services at 740-593-1702 between the hours of 7:30 AM and 4:30 PM. This referral may be faxed to our offices at 740-593-9608.

Personal Information		
Last Name	First Name	M.I.
Local Address	City	Zip
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 – All permanent authorizations must go through Student Accessibility Services for any student rider.	

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

Signature	
	Date

Transportation Services