TRAVEL PLANNER HANDOUT: GROUND TRAVEL



Have you arranged to be picked up by a	an accessible vehicle, such as a taxi or a rideshare?
If yes, fill in the information below.	
Name of company:	
Contact name:	Phone:
Date of pickup:	Time of pickup:
Have you arranged to rent an accessib	le vehicle?
If yes, fill in the information below.	
Name of company:	
Contact name:	Phone:
Date of pickup:	Time of pickup:
OR Delivery time:	
what you will need to stay safe	g distances in a personal vehicle, talk to your healthcare team about ote of accessible restrooms, hospitals and emergency services on route quipment and other electronics charged
PARKING	
Does the study site have accessible parking?	Yes No
Accessible parking directions:	

