

Dear Applicant:

Enclosed, please find an application for Residential Parking for People with Disabilities. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

Attached is a form that must be completed by your physician, certifying the nature of your disability. This form **MUST BE PRINTED OR TYPED** and returned with the completed application.

Upon our receipt and verification of your completed application, a representative of the Allentown Parking Authority will contact you. At that time, an appointment will be made to come to your home for an in-person interview and to survey parking as it applies to your particular situation.

You will be notified in writing as to whether your application has been approved or denied.

If you have any questions please call 610-841-8823 and ask for Sandy. Thank you.

## **DISABLED PERSON RESERVED PARKING CRITERIA**

1. The disabled person must be eligible for, and have in their possession, a HCP, PD or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – i.e. spouse, parent. The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is **severely** restricted.
4. The street width in front of the residence must be adequate to allow parking.
5. The individual cannot have an off street parking space available.
6. The individual must be restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
7. The individual must have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association.
8. The parking width in front of the property must be at least 25 feet. If this is **not** the case, you should obtain the signature of the person who owns the adjacent property indicating that they have no objection to the installation of the Handicap zone.
9. No Temporary Handicap space will be installed for less than 1 year.

If this application is being completed by someone other than the Disabled Person, (Applicant), please

list that person's name below: (PLEASE PRINT)

Person completing application

Relationship to Applicant

**Applicant's (Disabled Person's) Name**

The following information required on this application **must** pertain to the above mentioned "Applicant" (Disabled Person).

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

1. What is the nature of your disability? \_\_\_\_\_

2. Explain why you feel that you are in need of reserved parking in front of your home.  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a garage or other off street parking available?  NO  YES

4. Do you have a PA Person with Disabilities License Plate?  
If YES, License Plate Number: \_\_\_\_\_  
If NO, do you have a PA Person with Disabilities Placard? Placard Number: \_\_\_\_\_

5. If the vehicle is not registered to the Disabled Person, why are you requesting a zone for a vehicle not registered to you? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

6. Do you use one of the following aids to mobility? (Please check all that apply)  
Wheelchair  Cane  Crutches  White Cane   
Power Scooter  Braces  Walker  HER  Please specify: \_\_\_\_\_

7. Are there any type of parking restrictions on your street?  NO  YES  
If Yes, please describe: \_\_\_\_\_

8. Are any of the following surrounding any entrance to your home?  
 Steps (how many? \_\_\_\_\_)  Ramp (how long? \_\_\_\_\_)  
 Steep hill  Broken Sidewalk/walkway  
 Narrow Street  Other: \_\_\_\_\_

**(Please attach a photocopy of the Vehicle Registration AND the Applicant's or Designated Driver's PA Drivers License as well as a copy of the Person with Disabilities Placard, if applicable).**

IS YOUR PROPERTY 25 FEET WIDE OR MORE? \_\_\_\_\_ IF NO, COMPLETE THE

**FOLLOWING SECTION:**

I understand that if the zone that I am requesting includes a portion of the street in front of a property neighboring mine, it is my responsibility to obtain the signature of the owner of the neighboring property indicating that they have no objection to the installation of this zone. I further agree that if I use this zone in any other manner other than that which I described at the time of this application, the zone will be removed. In addition, I agree that the Allentown Parking Authority retains the right to remove this zone at any time.

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**CONSENT OF NEIGHBORING PROPERTY OWNER (Please read carefully if applicable)**

I, (print name) \_\_\_\_\_ certify that I am the owner of (your address) \_\_\_\_\_. I understand that my **neighbor** is in need of additional footage in order to install a reserved parking zone on the street. I have no objections to the City of Allentown installing a sign on the sidewalk in front of my property at the above address.

Neighboring Property Owner	Phone #	Date
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Do you, (applicant) rent the property where you are residing?  
 NO    YES - If YES, your landlord will need to sign below.

I certify that I am the owner or Property Manager of: (address) \_\_\_\_\_ and that I have no objection to the City of Allentown installing a Handicap sign for my tenant along the public sidewalk in front of the property at the above address.

Applicant's Landlord or Property Managers Signature	Phone #	Date
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**APPLICANT'S CERTIFICATION**

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's Signature	Date
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**PHYSICIAN'S CERTIFICATION OF DISABILITY**

## POLICY STATEMENT

All portions of this form must be filled out in detail by the applicant's treating physician based on an examination conducted **within the past six months.** A reserved parking space in front of a residence is a special privilege granted by the Allentown Parking Authority only to people who have **severe** physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

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**Please TYPE or PRINT CLEARLY or application will be rejected**

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_

**The undersigned hereby certifies as follows:**

1. I examined the above named applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

2. Disability Status (Please check all that apply, refer to the attached functional guidelines)

Impaired or Non-Ambulatory Disability (Sec. 1  or Sec. 2 

Arthritis (Sec. 3)  
Functional Class. # \_\_\_\_\_

Mobility Grade # \_\_\_\_\_

Amputation/Anatomical (Sec. 4)

Cerebrovascular Accident (Sec. 5)

Functional Class:

(A)  (B)

Pulmonary (Sec. 6) Is the patient restricted to the extent that their forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest?

NO  YES **IF YES**, please attach copy of test results.  
Functional Class: \_\_\_\_\_ (A) \_\_\_\_\_ (B)

Cardiovascular (Sec. 7)

Functional Class.:  III or  IV

Therapeutic Class.:  D or  E

Neurological (Sec. 8)

Other - (Sec. 9) Please specify: \_\_\_\_\_

3. Please specify date of onset of applicant's disability: \_\_\_\_\_

4. Please describe **in detail** the nature and extent of the applicant's disability:

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5. I performed the following test(s) and/or procedures in diagnosing the applicant's disability:

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6. Please specify the diagnosis **and** prognosis of the applicant:

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7. Will applicant's current level of disability (check one):

Improve                       Remain the Same                       Deteriorate?

8. Please specify the current physical condition of the applicant:

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9. Is this condition temporary?  Yes     No

10. Does the applicant **require** the use of any of the following devices? (check all that apply)

Wheelchair    Crutches     Scooter     Cane(s)     Walker     Braces

Other (Please specify) \_\_\_\_\_

11. Is the applicant able to walk 200 feet without assistance?  Yes     No

If sometimes, explain: \_\_\_\_\_

12. Is the applicant able to walk ¼ mile (2 city blocks) without assistance?  Yes                       No

If sometimes, explain: \_\_\_\_\_

13. Is the applicant able to walk ¾ mile (6 city blocks) without assistance?  Yes                       No

If sometimes, explain: \_\_\_\_\_

14. Is the applicant able to wait outside without support for 10 minutes?  Yes     No

If sometimes, explain: \_\_\_\_\_

15. Does the applicant require assistance with entering and exiting a vehicle?

NO                       YES **IF YES**, please describe in detail:

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16. Does the applicant require assistance in entering or exiting his/her home?

NO       YES **IF YES**, please describe in detail:

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17. Is the applicant capable of driving?  NO     YES - **IF YES**, is the applicant the principal driver of the vehicle?  NO     YES

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I am a Board certified physician in the following areas: (Please list)

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I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on \_\_\_\_\_  
(date)

by \_\_\_\_\_  
(Physician's Signature)

**Please Print:**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_

License Number \_\_\_\_\_

## RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him/her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

### SECTION 1:

#### NON-AMBULATORY DISABILITIES

Impairments that require the applicant to use a wheelchair for mobility.

### SECTION 2:

#### IMPAIRED OR ASSISTED AMBULATION

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

NOTE: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

### SECTION 3:

#### ARTHRITIS

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

##### Functional Capacity

Class III - functional capacity adequate to perform only a few or none of the duties of usual occupation or self care.

Class IV - Largely or wholly incapacitated, uses wheelchair.

##### Mobility Assessment

Grade II - The applicant can cross the road but cannot manage public transportation.

Grade III - The applicant can use stairs but cannot cross roads.

Grade IV - The applicant cannot use stairs.

Grade V - The applicant can move from room to room with help.

Grade VI - The applicant is confined to chair or bed.

NOTE: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).

### SECTION 4:

#### AMPUTATION/ANATOMICAL

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

NOTE: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

### SECTION 5:

#### CEREBROVASCULAR ACCIDENT

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk.

These applicants must exhibit one of the following:

(A) Severe functional motor deficit in any of two extremities.

(B) Severe ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

NOTE: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.

### SECTION 6:



## PULMONARY DISABILITIES

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs during such activities as climbing one flight of stairs or walking 100 yards on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

NOTE: Applicants for reserved parking may qualify under either sections A or B, however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.

### SECTION 7:

#### CARDIOVASCULAR DISEASE

This section applies to those individuals who, because of cardiac illness, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

##### Functional Classification

Class III - Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest, however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain.

Class IV - Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity will increase discomfort.

##### Therapeutic Classification

Class D - Patients with cardiac disease whose ordinary physical activity should be markedly restricted.

Class E - Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

NOTE: Those applicants who fall under Functional Class III or Therapeutic Classification D may or may not be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal however, special circumstances such as traffic or terrain problems may be brought to light which allow approval of reserved parking zones in such cases.

### SECTION 8:

#### NEUROLOGICAL DISABILITIES

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder: Damage to the central nervous system due to illness, accident, genetic or hereditary factors.

NOTE: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the existing neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.

### SECTION 9:

#### OTHER

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.