

# The City of York Pennsylvania

The Honorable Michael R. Helfrich, Mayor



Chaz A. Green, Director  
Department of Public Works  
P: (717) 849-2251  
C: (717) 324-6599

## **Application for Residential Parking for People with Disabilities and Disabled Veterans** **Questions related to this application may be directed to the Parking Bureau - 717-849-2321.**

Dear Applicant:

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. Please review the information/instructions below very carefully.

### **APPLICATION FEE:**

The application fee is \$50.00. The application fee will be due upon the completed review of the application. The renewal fee is \$10.00 for each year. Any lapse in renewal will require a new application to be submitted.

### **PAYMENT METHODS:**

- Mail - Please submit the application fee in the form of check or money order by mail, payable to the City of York, PA. Mail to the attention of Residential Parking for People with Disabilities, 101 South George Street, York, PA 17401.
- Walk-In Payments - Cash, check, money order, and credit card are acceptable forms of payment. All checks and money orders should be made payable to the City of York, PA. Must have a valid I.D. or driver's license for credit card transaction.

### **REQUIRED DOCUMENTS – Please include the following documents with the application:**

- A Physician's Statement (see application, page 7)
- A photocopy of the following items -
  1. Vehicle Registration
  2. Applicant's or Designated Driver's PA Driver's License
  3. Person with Disabilities or Disabled Veterans Identification Card
  4. Included with the application is a form that must be completed by your physician, certifying the nature of your disability. This form **MUST BE PRINTED OR TYPED** and have the **PHYSICIAN STAMP OR SEAL** when returned with the completed application.

### **REVIEW AND APPROVAL PROCESS:**

Upon receipt of the application and required documents, your application will be reviewed. Review of all completed applications will be conducted by the Traffic Safety Committee during their meeting on the 3rd Wednesday of each month. You will be notified in writing as to whether your application has been approved or denied. Please allow thirty (30) days for the review and approval process.

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## **DISABLED PERSON RESERVED PARKING CRITERIA:**

The disabled person must be eligible for, and have in their possession, a HCP, PD, DVHP license plate, or HCP placard from the PA Department of Transportation for his/her vehicle.

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, child. 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.

The individual cannot have an off street parking space available.

The street width in front of the residence must be adequate to allow parking. No temporary handicap space will be installed for less than one (1) year.

No metered parking locations will be considered. Please do not submit an application if your residence is situated on a street with parking meters.

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## **ELIGIBLE APPLICANTS MUST SATISFY AT LEAST ONE OF THE FOLLOWING:**

- The applicant is medically required to use portable oxygen.
- The applicant has limited or no use of one or both legs.
- The applicant suffers from severe limitations in the ability to walk due to any arthritic, neurological or orthopedic condition or any physical ailment that prevents the applicant from walking 200 feet without stopping to rest.
- The applicant suffers from a serious cardiac condition to the extent that the person's functional limitations are classified in a severity as Class III or Class IV according to the standards set by the American Heart Association.
- The applicant suffers from any other physical or mental impairment not heretofore mentioned which constitutes a substantial degree of the disability and imposes great difficulty on the applicant to walk more than 200 feet without stopping.

**THE APPLICATION CAN BE FOUND ON THE NEXT FEW PAGES.  
PLEASE PROCEED TO THE APPLICATION. PLEASE READ CAREFULLY.  
COMPLETE THE APPLICATION IN ITS ENTIRETY.  
QUESTIONS RELATED TO THIS APPLICATION  
MAY BE DIRECTED TO THE PARKING BUREAU - 717-849-2321.**

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## APPLICATION (PLEASE TYPE OR PRINT CLEARLY):

If someone other than the Disabled Person (Applicant) completes this application, please list that person's name below:

\_\_\_\_\_

Person completing application \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

***The following information is required AND must pertain to the above mentioned "Applicant" (Disabled Person).***

Applicant's (Disabled Person's) Name \_\_\_\_\_

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

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

Telephone \_\_\_\_\_ E-mail (not required) \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Do you have a garage or other off street parking available?  NO  YES
4. Does your street have parking meters located along the front of your residence?  NO  YES
5. Do you have a PA Person with Disabilities License Plate?  NO  YES

If YES, List License Plate Number: \_\_\_\_\_

If NO, do you have a PA Person with Disabilities Placard?  NO  YES

Placard Number: \_\_\_\_\_

6. Do you use one of the following? (Please check all that apply.)

Wheelchair  Cane  Crutches  Braces  Walker  N/A

OTHER- Please specify: \_\_\_\_\_

7. Do you 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 York installing a  
Name of Landlord

Handicap sign for my tenant along the public sidewalk in front of the property at the above address.

\_\_\_\_\_  
Landlord or Property Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### 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 out 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 person who violates this provision shall, upon conviction thereof, be fined not less than \$500.00 no more than \$1,000.00.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Please attach a photocopy of the Vehicle Registration AND the Applicant's or Designated Driver's PA Driver's License as well as a copy of the Person with Disabilities or Disabled Veterans Identification Card. Note: A copy of the Disabilities Placard will not be accepted. The Person with Disabilities or Disabled Veterans Identification Card issued by the PA Department of Transportation will be the only proof of disability accepted for the review by the Traffic Safety Committee.**

**If you are applying to have the fee waived due to economic hardship, please provide documentation that your income falls within the Federal Housing and Urban Development Poverty Guidelines listed on the first page of this document and below. Please check the box located on page one (1) to indicate fee waiver request.**

## **ADDITIONAL INFORMATION:**

- ❖ **The application must be submitted prior to the first of each month in order to satisfy the review deadline as set forth by the Traffic Safety Committee. Applications received after the first of the month will be reviewed the following month.**
- ❖ Upon review, the Traffic Safety Committee will respond to the applicant in writing within thirty (30) days.
- ❖ If the application is not completed correctly, the application will be returned to the applicant without action.
- ❖ If the application is approved, a time will be scheduled to create the approved HCP Parking Space.
- ❖ A renewal application will need to be submitted each year following the approval in order to retain the approved HCP Residential Parking Space. If a renewal application is not received, the space will be removed and the sign will be taken down.
- ❖ The applicant is required to inform the Traffic Safety Committee if the following should occur:
  - When the applicant moves from the address set forth on the application.
  - The applicant no longer has a disability.
  - The applicant no longer possesses a valid handicapped registration plate or placard.
- ❖ **Please understand that the parking space approved is not exclusively for the use of the applicant.**
- ❖ **Any HCP Accessible space may be used by anyone with a HCP, PD, DVHP license plate, or HCP placard from the PA Department of Transportation.**

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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 (6) months. A handicap parking space in front of a residence is a special privilege granted by the Traffic Safety Committee of the City of York, 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.

Please TYPE or PRINT CLEARLY or application will be rejected.

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

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

City State Zip Code

Home Telephone No. \_\_\_\_\_

The undersigned hereby certifies as follows:

1. I examined the above named applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

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Neurological (Sec. 8)

Other (Sec. 9) please specify:

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

4. Please specify 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 the prognosis of the applicant:

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7. Will the 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. Does the applicant require the use of any of the following devices? (CHECK ALL THAT APPLY)

Wheelchair  Crutches  Scooter  Cane  Walker  Braces

Other (please specify) - \_\_\_\_\_

10. Does the applicant require assistance in entering or exiting a vehicle?  NO  YES

**IF YES**, please describe in detail - \_\_\_\_\_

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11. Does the applicant require assistance in entering or exiting his/her home?  NO  YES

**IF YES**, please describe in detail - \_\_\_\_\_

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12. Is the applicant capable of driving?  NO  YES  
IF YES, is the applicant the principle driver of the vehicle?  NO  YES

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 \_\_\_\_\_ by \_\_\_\_\_  
Date Physician's Signature

**Please Print**

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

Business Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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



## FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether the one or more medical conditions ascribed to applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him or 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 the 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 Disabilities

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 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 incapacitates, uses a 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 the stairs.

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

Grade VI – The applicant is confined to a chair or bed.

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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 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 complication (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 yds. 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 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 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

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mobility is impaired as a result of the resulting 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.

*Updated 2/23/2022*

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