



MEDICAL NEED FOR SPECIAL PARKING

Transportation Services ∞ 107 Stratton Administration Center ∞ Kutztown, PA 19530
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Transportation Services provides students the opportunity to request Special Medical Parking when they have a documented medical need and the assignment of parking can improve their welfare. The issuance of a Special Medical Parking Permit is an optional service that KU provides to its community members under a limited number of conditions. The applicant must meet at least one of the following criteria:

- have a short-term, qualifying mobility issue but does not qualify for a state-issued handicapped license plate or placard.
- have a short-term, qualifying mobility issue, but, due to the short length of time of their mobility issue, it would not be feasible to apply for state handicapped parking status.
- have a long-term, qualifying mobility issue, has applied for a state-issued handicapped license plate or placard, and is awaiting a response from the state.

Special Medical Parking Permits (displayed on vehicle rearview mirror) allow for parking as follows:

- In any KU parking space designated for "Special Parking Permit Only" AND/OR
- In any parking space on campus EXCEPT as stated below.

Special Medical Parking Permits do NOT allow parking in the following spaces/areas:

- Handicapped parking spaces (\$50-\$200 in Pennsylvania), visitor parking spaces, or any other reserved spaces.
- Any roads, lands, or grassy areas where there is not a marked staff/student parking space.

In cases where there is an immediate need, a temporary Special Medical Parking Permit may be issued until the application is formally reviewed. Those who know in advance that they will have a short-term or long-term mobility issue in the near future (such as scheduled surgery and a subsequent period of rehabilitation) are encouraged to make application to the state for handicapped parking privileges in advance of their surgery.

A Pennsylvania *Person with Disability Parking Placards/Plates* application is available from Transportation Services (Stratton 107) or online at <http://www.dot.state.pa.us/public/dvspubsforms/BMV/BMV%20Forms/mv-145a.pdf>. More information about PA plates and placards may be found at <http://www.dot.state.pa.us/Public/DVSPubsForms/FAQ/FAQ-PDP.pdf>. Community members who are residents of states other than PA should check with their home state's Department of Transportation.

Section 1: Authorization to Release Information

I am requesting a Special Parking Permit based upon my current medical condition as summarized by my physician in the space below. I understand that if my request is approved, it is valid only as long as the information I provide is timely and valid. If the condition(s) under which I am requesting this change is/are no longer valid, I will forfeit this Special Medical Parking Permit and my parking assignment will revert to the one I was assigned at the beginning of the academic year.

I, _____ YOUR NAME _____ hereby give permission to _____ c PHYSICIAN NAME _____ to provide the Kutztown University Department of Transportation Services with medical information and documentation to support my request for Special Medical Parking consideration. This authorization includes the completion of this written form and subsequent oral verification between Kutztown University and my physician.

Applicant's Signature: _____

Section 2: Applicant Information

Information submitted as part of this application is considered confidential and a limited number of Transportation Services staff members will have access to it. The application will be reviewed and, generally, the applicant will be notified of the outcome within three (3) business days.

Applicant's Name: _____ **Phone Number** _____

Home Address _____ **KU Email Address** _____

Campus/Local Address _____

I am a KU: student employee **Permit #** _____ **Permit Type:** F C R X A9 G S

By signing and submitting this document, I understand that Kutztown University may:

- Verify the information contained on this form prior to Special Medical Parking consideration;
- Verify the ongoing nature of the conditions during the term of the reassignment; and/or
- Revoke my campus parking privileges should they determine the information to be false or invalid.

Furthermore, by signing this application, I attest that all of the information contained herein is true to the best of my knowledge.

Signature _____ Date _____

Section 3: Certification of Medical Need for Parking

TO THE PHYSICIAN/MEDICAL PROVIDER: Your patient is applying for a medical authorization for special parking on the Kutztown University campus. The institution is dedicated to meeting the needs of our students, faculty and staff with legitimate medical reasons for special parking. Every effort will be made to honor legitimate requests for the benefit of your patient. Abuse of the system for medical permits will threaten the viability of the system for everyone.

KU strongly encourages those with qualifying medical conditions to seek a state-issued handicapped parking plate or placard. In addition to handicapped parking spaces, the University has limited parking close to buildings for those who have a qualifying mobility issue as explained on the reverse side of this form.

Kutztown University is a medium-sized rural campus with dozens of buildings. The average walking distance from each campus parking lot/bus stop to classrooms or residential facilities is 1/10 – 1/4 miles (2-5 minute walk). KU provides a campus shuttle bus system which serves on-campus locations and the surrounding borough. All campus buses are equipped to handle mobility impaired individuals with mechanical platforms for wheelchair accessibility. The duration of a transit trip between campus and community stops is 3-15 minutes.

Private medical practitioners must provide a signed letter on the practice's letterhead which details ALL of the information listed below:

- name, address and phone number of medical provider
- name and contact information of a staff member to whom questions about this application may be directed
- treatment period begin date and end date (firm or anticipated)
- severity of condition (mild, moderate, severe)
- frequency of appointments (weekly, bi-weekly, monthly, quarterly, as needed)
- if this condition is short term or temporary, what is the anticipated date of recovery?
- what is the distance the applicant can ambulate?
- signed by medical practitioner (non-family member)

**Normal pregnancy is not an indication for Special Medical Parking.*

It is my medical opinion that the applicant listed has a temporary medical mobility need that does not qualify him/her for a state-issued handicap placard. The applicant would benefit from a reduction in the amount of walking necessary to complete their academic requirements through the treatment period listed above.

Signature of Medical Provider Listed in Letter _____ Date _____

Letters and this form may be faxed to the number listed on the reverse side of this form.

FOR USE BY TRANSPORTATION SERVICES ONLY

Submitted On: _____ Received By: _____

Approved: yes no Begin: _____ End: _____ Lot Assignment(s): _____

Other Information: _____

Authorized By: _____ Reviewed On: _____