

AMENDING RESOLUTION #134-2002:

WHEREAS, by Resolution No. 473-86, the Council of the City of Reading enacted a handicapped parking policy procedure; and

WHEREAS, the population of the City of Reading consists of citizens with numerous handicaps or disabilities, some of whom by reason of their handicap or disability, require reasonable accommodations in order to have the enjoyment of equality of opportunity relating to their public accommodations; and

WHEREAS, discrimination because of a person's handicap or disability is contrary to the laws and policies of the City; and

WHEREAS, the unavailability of residential handicapped parking spaces cause neighborhood tensions, conflicts and similar evils which result in injury to the public safety, health and welfare of the City; and

WHEREAS, the use of such designated handicapped parking space is not permitted to be exclusive to the applicant; and

WHEREAS, there is a need to monitor the applications for and continued use of handicapped parking spaces; and

WHEREAS, the handicapped parking space designation may be established by the City of Reading.

NOW, THEREFORE, THE COUNCIL OF THE CITY OF READING HEREBY RESOLVES AS FOLLOWS:

SECTION 1. Any resident of the City of Reading, after acquiring a handicapped or disabled veterans license plate or placard from the State, may make application to the City for a handicapped parking space. All applications for original or renewal status will be reviewed by the City Health Officer, who will be the individual responsible for making the final determination on whether or not an individual claiming handicapped status, original or renewal, should be granted a handicapped parking space.

SECTION 2. Any City resident who has been issued by the Commonwealth of Pennsylvania a handicapped license plate or disabled veterans license plate or placard from the State or on whose behalf said license plate has been issued pursuant to Section 1338 of the Vehicle Code because of a handicap or disability, shall be eligible for the installation, in front of or as reasonably close thereto said person's residence, of a sign indicating that parking in such space is restricted to those vehicles bearing handicapped license plates.

SECTION 3. Application for a handicap parking space shall be made on a form provided by the City of Reading Engineering Office. The application information shall include the identity of the handicapped person and said person's place of residence. It shall be accompanied by documentation evidencing issuance of a handicapped plate by the Commonwealth of Pennsylvania as well as documentation from a licensed physician indicating the nature of the disability necessitating the handicap parking space.

SECTION 4. The term handicap or disability, with respect to a person, means a physical or mental impairment which substantially limits one or more of such person's major life activities.

SECTION 5. Each application whether for an original permit for a handicapped parking space or for a renewal permit for a handicapped parking space shall contain the information required by the application form and the renewal application form. An incomplete application form or renewal application form shall be grounds for denial of the request for a permit. Applications for renewal permits shall be submitted to the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.

SECTION 6. Penalties. An individual who submits a false application to the City of Reading shall, upon conviction thereof, be fined five hundred dollars (\$500.00) and costs, or imprisonment for not more than ninety (90) days, or both. Each false application submitted to the City of Reading shall constitute a separate offense. No prosecution of any violation of any of the provisions of this chapter may be instituted unless commenced by the filing of a complaint within six months after the date of such alleged violation.

SECTION 7. The criteria set forth for final determination as set forth in Section 3 may be changed from time to time by written directive of the executive branch provided that at least prior thirty (30) days notice thereof shall be published in a newspaper of general circulation in and for Berks County.

SECTION 8. This resolution shall take effect immediately upon enactment.

PASSED COUNCIL April 13 2008

Michael Spencer
PRESIDENT OF COUNCIL

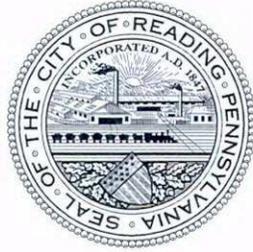
ATTEST:

Linda A. Kelleher
CITY CLERK

I, LINDA A. KELLEHER, City Clerk of the City of Reading, Pa., do hereby certify, that the foregoing is a true and correct copy of the original Resolution passed by the Council of the City of Reading, on the 13th day of April, A. D. 2008. Witness my hand and seal of the said City this 14th day of April, A. D. 2008.

Linda A. Kelleher
CITY CLERK

City of Reading
815 Washington St
Reading, PA 19601



Dear Applicant:

Enclosed, you will 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 City of Reading 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.

Approval of a handicapped parking space does not guarantee that the space will be used by the applicant only. Anyone with a PA handicapped license or placard may use this space.

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 – ie. 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 must obtain the signature of the person who owns the adjacent property indicating that they have no objection to the installation of the handicap zone.

PLEASE PRINT

If this application is being completed by someone other than the disabled person (applicant), please list that person's name below:

Person completing application _____ Relationship to applicant _____

Applicant's Name: _____

*The following information required on this application **must** pertain to the above mentioned applicant

Address: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____

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 at your home: _____

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

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? 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? (Please circle)
Wheelchair Cane Crutches Braces Walker N/A
Other (please specify) _____

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

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 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 adjacent to mine, it is my responsibility to obtain the signature of the owner of the adjacent 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 City of Reading retains the right to remove this zone at any time.

CONSENT OF ADJACENT 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 Reading installing a sign on the sidewalk in front of my property at the above address.

Adjacent Property Owner signature Phone # Date

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 Reading installing a handicap sign for my tenant along the public sidewalk in front of the property at the above address.

Landlord or property manager signature Phone # Date

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

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 City of Reading 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: _____ Zip Code: _____

Home Phone: _____

The undersigned hereby certifies as follows:

1. I examined the above named application on the ____ day of _____, _____.
2. Disability Status (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 the date of onset of applicant's disability: _____

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

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

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

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: _____

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

Wheelchair Crutches Scooter Cane(s) Walker

Braces Other _____

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

No Yes If YES, please describe in detail: _____

11. Does the applicant require assistance in entering or exiting his/her home?
 No Yes If **YES**, please describe in detail: _____

12. Is the applicant capable of driving? No Yes If YES, is the applicant the principal driver of the vehicle? ? No Yes

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

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: _____

Telephone Number: _____

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 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 sever 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 or 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 conditions, 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 with 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 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 or 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.