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 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? _____

****

Do you rent the property where you are residing? No Yes

****

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

****

Office Use only

□ Permanent □ Short-Term □ To Be Determined

Comments: _____

_____

_____

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 the 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) Sever 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 presnt 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.