

APPLICATION FOR RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

PHILADELPHIA PARKING AUTHORITY

701 Market Street, Suite 5400, Philadelphia, Pa. 19106

215-683-9736 • 215-683-9746 • Fax: 215-683-9809

\*If a parent, guardian or spouse is filling out this application for a child or relative, please list the child or relative as the applicant.\*

Please print all information clearly and include a copy of your vehicle registration and driver's license with the application. Also, please make a copy for your own records.

Applicant's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please answer all of the following questions completely. Failure to do so will result in the return of your application in order to complete all omissions.

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

\_\_\_\_\_

2. Explain why you are in need of a physically disabled parking space in front of your home: \_\_\_\_\_

\_\_\_\_\_

3. Do you have a garage or other off street parking available? (circle one) Yes No

4. Pennsylvania physically disabled license plate number of the vehicle you use (HP/PD/DV ONLY): \_\_\_\_\_

5. Are you the property owner of the address given on the application? (circle one) Yes No

If the answer to #5 is "No," please have your property owner read and complete the "Notice to Property Owner" portion on the attached "Notice of RPPD Installation Form" section of this application

6. Please attempt to get your neighbors to sign the "Notice to Adjacent Property Owner" portion on the attached "Consent Form" section of this application. If you are unable to obtain this, please sign below to prove that you have attempted to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Installation Agreement: I understand that if the front of my home is not 20 – 22 feet, from property line to property line, it is my responsibility to obtain the signature of the owner of the adjacent property indicating that they have no objections to the installation of this zone. I further agree that if I use this zone for any purpose other than that which I described in this application, the zone will be removed. I also agree that the Philadelphia Parking Authority retains the right to remove this zone at any time.

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 further agree to submit to an independent examination by a physician from the City of Philadelphia's Department of Health if required.

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.

Executed on \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## POLICY STATEMENT

A reserved physically disabled parking space in front of a residence is a special privilege granted by the City of Philadelphia 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. However, this reserved parking zone does not solely belong to the applicant. Anyone with a physically disabled license plate or physically disabled parking placard is eligible to park in the zone. These zones will be reviewed at least once every three years.

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## PHYSICIAN'S LIST

Please provide us with the name of the physician most familiar with your physical disability. You will need to take the attached "Physician's Certification of Disability" form to this physician and have them complete it. Once they have completed the form and you have returned it to the Philadelphia Parking Authority, it will be reviewed and either approved or denied by a panel of physicians from Moss Rehabilitation, Inc. Moss Rehabilitation, Inc. is under contract to the City of Philadelphia and the Philadelphia Parking Authority to provide this service.

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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## APPLICATION CHECK LIST

Did you include all of the following?

- Physician's Certification of Disability
- Copy of Vehicle Registration showing a Physically Disabled Plate
- Copy of Driver's License

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## FREQUENTLY ASKED QUESTIONS

- Are other vehicles permitted to park in this zone?
  - Yes. Any vehicle with a HP, DV, PD license plate or handicapped parking placard is allowed to use this zone.
- If the vehicle is not registered in my name, can I still obtain a Reserved Residential Parking for People with Disabilities zone?
  - No, the vehicle must be registered to the applicant.
  - Exceptions will only be made for those who are under the age of 18.
- Who is responsible for repair of the zone?
  - The Philadelphia Parking Authority is responsible for all repairs of the parking poles that will be installed. If a pole/sign is loose or knocked down, please contact us at 215-683-9736 or 215-683-9746 in order for necessary repairs to be completed.
- Who is responsible for removing the zone?
  - The Philadelphia Parking Authority is responsible for removing the zone. If the zone is no longer needed, please contact us at 215-683-9736 or 215-683-9746 and the zone will be removed. We will not know if the zone should be removed unless we are contacted and informed to do so.
  - Furthermore, if the Philadelphia Parking Authority receives reports of zone abuse (i.e. cones or other objects saving the zone, jockeying of cars to save a spot on the street, etc.) a parking investigator will verify the evidence that has been obtained. Once the evidence is corroborated, the zone can and will be removed.
- How do I obtain consent for an abandoned property or lot located next to my home?
  - This property is technically owned by the City of Philadelphia. Contact your local City Councilperson and have them write you a letter stating that you are allowed to have a Residential Parking for People with Disabilities Zone infringe on this property.

NOTICE OF RPPD INSTALLATION FORM  
RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES  
PHILADELPHIA PARKING AUTHORITY  
701 Market Street, Suite 5400, Philadelphia, Pa. 19106  
215-683-9736 • 215-683-9746 • Fax: 215-683-9809

Applicant's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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**NOTICE TO PROPERTY OWNER (Please read carefully and complete fully)**

I, (print name) \_\_\_\_\_, certify that I am the owner of

(address) \_\_\_\_\_.

I understand that my tenant is applying for a reserved physically disabled parking zone. If approved, I have no objections to the Philadelphia Parking Authority installing a sign on the sidewalk in front of my property in order to designate such a zone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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**NOTICE TO ADJACENT PROPERTY OWNER (Please read carefully and complete fully)**

I, (print name) \_\_\_\_\_, certify that I am the owner of

(address) \_\_\_\_\_.

I understand that my neighbor is in need of additional footage in order to install a reserved physically disabled parking zone on the street. I have no objections to the Philadelphia Parking Authority installing a sign on the sidewalk in front of my property. I am aware that the footage required may be as little as 2 feet to a maximum of 15 feet depending on the width of my neighbor's home. **THE FOOTAGE IS NOT NEGOTIABLE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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**NOTICE TO ADJACENT PROPERTY OWNER (Please read carefully and complete fully)**

I, (print name) \_\_\_\_\_, certify that I am the owner of

(address) \_\_\_\_\_.

I understand that my neighbor is in need of additional footage in order to install a reserved physically disabled parking zone on the street. I have no objections to the Philadelphia Parking Authority installing a sign on the sidewalk in front of my property. I am aware that the footage required may be as little as 2 feet to a maximum of 15 feet depending on the width of my neighbor's home. **THE FOOTAGE IS NOT NEGOTIABLE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION OF DISABILITY  
RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES**

The purpose of this program is to provide reserved residential on street parking to applicant's whose mobility is limited to such a degree, by one or more medical conditions, that parking is required to allow the applicant to continue to function independently. The treating physician may be contacted by a physician from the City of Philadelphia's Department of Health. All descriptions and explanations concerning the applicant's level of disability, diagnosis and prognosis must be **MEDICALLY EXPLICIT**. Applications will be reviewed by a City of Philadelphia physician.

Please return the completed Certification of Disability to the Philadelphia Parking Authority in the enclosed, self-addressed envelope.

**ANY QUESTIONS NOT ANSWERED ON THIS APPLICATION MAY RESULT IN IT BEING RETURNED TO THE APPLICANT OR DENIED.**

**PLEASE TYPE OR PRINT CLEARLY**

Name of Applicant: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**The undersigned hereby certifies as follows:**

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

2. Disability Status

**Please refer to functional guidelines which is enclosed. Please complete all that apply.**

\_\_\_\_ Impaired or Non Ambulatory Disability (Sec. 1 and 2)

\_\_\_\_ Neurological (Sec. 8)

\_\_\_\_ Amputation/Level and Site (Sec. 4)

\_\_\_\_ Cerebrovascular Accident (Sec. 5)

\_\_\_\_ Cardiovascular (Sec. 7)

\_\_\_\_ Arthritis (Sec. 3)

\_\_\_\_ Pulmonary (Sec. 6)

\_\_\_\_ **Functional Class (Required)**

\_\_\_\_ **Functional Class (Required)**

\_\_\_\_ **(A) (Required)**

\_\_\_\_ **Mobility Grade (Required)**

\_\_\_\_ **(B) (Required)**

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

4. Please describe **in detail** the nature and extent of the applicant's disability; "**FOCUS ON MOBILITY LIMITATION.**"

\_\_\_\_\_

5. **Physical** examination findings pertinent to the applicant's mobility:

\_\_\_\_\_

6. I performed the following test(s)/procedures diagnosing the applicant's disability (***include date performed and results:***)

\_\_\_\_\_

7. Please specify the prognosis:  Permanent or  Temporary

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8. Will applicant's current level of disability (circle one):            Improve?            Remain the same?            Deteriorate?

9. Does the applicant require the use of any of the following mobility aids? (Check all that apply)

Crutches             Scooter             Cane(s)             Walker             Braces (Type of Brace)

Artificial Limbs     Oxygen             None

Other \_\_\_\_\_  
(Please Specify)

10. Is the applicant able to walk one half block without assistance or help from another person?     Yes             No

If no, please explain why? \_\_\_\_\_

11. Has the applicant undergone a joint replacement or any other corrective procedure in the last 24 months?

Yes             No    If yes, please explain: \_\_\_\_\_

\*Please note that undergoing a corrective medical procedure will result in a 12 month reevaluation to determine eligibility.\*

12. Does applicant require assistance in entering or exiting vehicle or residence?     Yes             No

If yes, please describe in detail: \_\_\_\_\_

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13. Is the applicant capable of driving?             Yes             No

If yes, is the applicant the principle driver of the vehicle?             Yes             No

If no, please explain why not? \_\_\_\_\_

I am a board certified physician in the following areas (please list and explain): \_\_\_\_\_

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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.** You may be contacted by a physician representing the City of Philadelphia.*

Executed on: \_\_\_\_\_ at \_\_\_\_\_

By (signature): \_\_\_\_\_ Please Print: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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 an 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 interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

PHILADELPHIA HEALTH DEPARTMENT

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 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 routing 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 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 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 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.

