



Dear Applicant,

Enclosed you will find an application for Residential Parking for People with Disabilities (RPPD). Please do not separate these forms. It is very important that this application be filled out completely and legibly. An application which is incomplete, illegible, or otherwise not filled out in compliance with the explicit Instructions given on the application will be returned without action taken.

It is important that you (the applicant) provide your physician with the Physician's Certification of Disability form. Upon completion, you (the applicant) will be required to return the completed forms and additionally a copy of a valid driver's license, Disabled Person Placard ID card, and valid vehicle registration, displaying a disabled license plate, to the Philadelphia Parking Authority.

Once received, we will then evaluate and verify that the information provided has been completed correctly. After a medical evaluation, by an independent third-party physician, an on-street investigation will be done to ensure that traffic restrictions do not prohibit installation of a RPPD zone at the location provided to the Philadelphia Parking Authority.

Be advised that the general time frame for completion of this process is two (2) to four (4) months. You will be notified in writing if your application has been denied.

If you have any questions, please feel free to contact Susan at 215-683-9746.

Thank you,

Philadelphia Parking Authority

Residential Parking for People with Disabilities Unit

PD License Plate Requirements

§ 12-1117 (4) (a) of the Philadelphia Code Provides “the Department of Streets may promulgate such rules and regulations which are necessary or desirable to effectuate the purpose of this section.”

Under the Authority granted in this section, the Authority determined that the requirement that an applicant have a PD license plate is consistent with the purpose of the Code. It, along with the other application requirements, demonstrates that the zone is for a person with significant mobility impairment and that the applicant is the primary operator or user of the vehicle. Because on-street parking is a scarce resource, the management of the use of that space is important to ensure that reserved spaces for people with disabilities are installed in a manner that ensures access for those individuals with mobility impairment while balancing the demand for curbside parking in neighborhoods.

The Philadelphia Parking Authority Reserved Residential Parking Misuse Complaint Procedure

1. Each Reserved Residential Parking Zone ("Zone") in Philadelphia is issued pursuant to Section 12- 1117(3)(a-d) & (5) of the Philadelphia Traffic Code ("Code").
2. Beginning one year after the date of the installation of a Zone, the Philadelphia Parking Authority ("PPA") will accept third party objections related to the use, or misuse, of the Zone, initiated through completion of the attached Complaint Form.
3. In order to initiate a review of the use or misuse of a Zone, the Complaint Form must be filed with Susan Ebsworth, PWD Coordinator, PWD, 701 Market Street, Suite 5400, Philadelphia, PA 19107, 215-683-9746, SEbsworth@philapark.org.
4. Upon receipt of the Complaint, the PPA will contact Complainant gathering relevant information (pictures, videos, police reports, etc.)
5. The PPA will promptly assemble the Complaint, relevant information on file about the Zone, and all information received in support of the Complaint ("Complaint File").
6. The PPA will then make an administrative decision about the Zone after review of the Complaint File.
7. In the event the PPA issues an administrative decision directing the removal of a Zone, the PPA will initiate standard removal procedures unless the decision is appealed to the OAR within 30 days.
8. The Applicant for the Zone or the Complainant may appeal the PPA's administrative decision to the Office of Administrative Review ("OAR") within 30 days.
 - Potential examples of misuse may include but are not limited to the following:
 - Blocking the Zone with a cone or other objects.
 - Jockeying vehicles to permanently occupy the Zone.
 - Damaging other vehicles parked in the Zone.
 - Zone not being used by an eligible (disabled) person.
 - Vehicle must only park in the designated space unless space is illegally occupied.
 - Please contact our communications line at 215-683-9773 or your local police district to report someone parked in your zone.

**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 records.

Applicant's Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Select One: ☐ New Applicant ☐ 5-year PWD Conversion

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

1. What is the nature of your disability? _____
2. Explain why you need a physically disabled parking space in front of your home: _____

3. Do you have a garage or other off-street parking available? ☐ Yes ☐ No
4. Pennsylvania physically disabled license plate number of the vehicle you use (HP/PD/DV ONLY): _____
5. Person With Disability Placard Number (if applicable): _____
6. Are you the property owner of the address given on the application must provide proof of residency? ☐ Yes ☐ No
 - a. If the answer to #6 is "Yes" please provide proof of residency. (Gas, Water, or Electric bill)
 - b. If the answer to #6 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
7. What is the nature and use of adjacent buildings? _____

8. 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 _____ by _____
Date 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. These zones will be reviewed at least once every three years.

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 Number: _____ Fax Number: _____

Application Check List

Did you include all the following?

- ☐ Physician's Certification of Disability
 - ☐ Copy of Driver's License
 - ☐ Copy of Vehicle Registration showing a Physically Disabled Plate
 - ☐ Copy of Disabled person Placard identification Card
 - ☐ Copy of Person with Disability Placard (if applicable)
 - ☐ Proof of Residency
-

FREQUENTLY ASKED QUESTIONS

- Are other vehicles permitted to park in this zone?
 - No. These spots are license plate specific and only for the applicant who resides on the block.
- Can the applicant park in other spaces on their residential block?
 - The applicant can only park in this designated PWD zone, unless the space is illegally occupied by another vehicle illegally.
- 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 215-683-9746 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 PERSON WITH DISABILITIES PARKING INTSTALLATION 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: _____

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 to designate such a zone.

Signature: _____ Date: _____

Telephone Number: _____

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 needs additional footage to install a license plate specific reserved physically disabled parking zone on the street strictly for their vehicle. 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 Number: _____

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 needs additional footage to install a license plate specific reserved physically disabled parking zone on the street strictly for their vehicle. 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 Number: _____

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 whose mobility is limited to such a degree, by one or more medical condition, 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

8. Will applicant's current level of disability: ☐ 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 ☐ Artificial Limbs ☐ Oxygen ☐ Cane(s) ☐ Braces (type) _____

☐ Walker ☐ 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: _____

13. Is the applicant capable of driving? ☐ Yes ☐ No

If yes, is the applicant the principal 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): _____

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 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 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 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 crossroads.

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 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 (angina) pain

Class IV - Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or (angina) 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 evaluation 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 because 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 criteria.

Application Check List

Did you include all the following?

- ☐ Physician's Certification of Disability
- ☐ Copy of Vehicle Registration showing a
Physically Disabled Plate
- ☐ Copy of Disabled Person Placard
identification Card
- ☐ Copy of Person with Disability Placard (if
applicable)
- ☐ Copy of Driver's License
- ☐ Proof of Residency