

APPLICATION FOR PERSONS WITH SEVERE DISABILITIES
ACCESSIBLE PARKING SIGNS

The City of Rensselaer participates in two parking programs to assist people with severe disabilities.

The first program is offered in part with the New York State Department of Motor Vehicles, which authorizes local municipalities to issue accessible parking permits to people with Severe Disabilities. A valid permit entitles people with disabilities to park in any space within a city, town or village of New York State, which has been designated as a handicapped accessible parking place. These permits may be obtained, without any fee, in the City Clerk's Office.

The other program is the City of Rensselaer Handicap Accessible Parking Signs Program for People with Severe Disabilities, available in the City Clerk's Office. The intent of this program is to provide applicants with reserved parking near the residence. The City of Rensselaer, in accordance with New York State Manual of Uniform Traffic Control will install Handicap Accessible Parking Signs in the approximate location of the applicant's residence. To qualify for the program the applicant must be defined as a severely disabled person (see definitions on page 3), and meet the requirements listed below, set forth by the City of Rensselaer.

If you feel you may qualify, please fill out Parts 1 & 2 of the attached application form after reviewing the list. Part 3 is to be completed by a Physician and Part 4 is for our internal use.

Please be aware that while normally the installation of these signs would provide you with a reserved parking space, there is, however, no guarantee of its fulltime availability. New York State law allows that anyone with a valid handicap permit or handicap plates may utilize any designated handicap accessible parking space. You may not harass nor have anyone with a vehicle with a valid permit tag/license plate removed. Violation of this policy could result in the revocation and removal of your signs without a refund.

In addition to the New York State requirements, all applicants must comply with the following stipulations established by the City of Rensselaer.

1. A onetime fee of \$100.00 non-refundable at time of application.
2. Each applicant will be required to submit a **recertification** of the doctor's diagnosis and demonstrate the continued need for the signs every two years, or the signs will be removed.
3. Application **must** include a copy of a valid New York State Motor Vehicle Registration. (Applicant may request assessable signage if they do not operate a motor vehicle, provided that the owner of the vehicle **permanently** resides with the applicant and the vehicle is used to routinely transport the applicant.)
4. No access to a driveway. The determination whether or not a driveway exists will be verified by an on-site inspection by personnel from the Handicap Committee.
5. If the applicant is a tenant, then a letter from the property owner granting permission to install the handicap parking sign is required.
6. Applicant must notify City Clerk if out of town for more than 2 months.
7. If applicant does not comply with all of the above guidelines they will be subject to removal of sign.

PART IV. TO BE COMPLETED BY ISSUING AGENT

[] Copy of DMV Registration

[] Letter from Landlord, if needed

[] Site Inspection, By _____ Date: _____

Driveway Exists: Yes No

[] Medical Certification

[] \$100.00 Non-refundable Fee

[] Application Approved

[] Application Denied

Reason Denied:

Issuing Agent Signature: _____

Date:

Return Completed Application to:

Rensselaer City Clerk

Rensselaer, New York 12144

518-462-4266

**Application for
City of Rensselaer Accessible Parking Sign Program
For People with Severe Disabilities**

PARTS I & II TO BE COMPLETED BY APPLICANT

PART I. NAME:

ADDRESS: _____

TELEPHONE:

DRIVEWAY EXISTS: YES NO

PROPERTY OWNER

(If the owner is not the applicant, a letter from landlord must also be supplied, see below).

PART II. The applicant must submit the following with the completed application:

1. If the applicant is a tenant, then a letter from the property owner granting permission to install the accessible parking signs required.
2. A copy of a valid New York State Motor Vehicle Registration. Applicant may request accessible signage if they do not operate a motor vehicle, provide that the owner of the vehicle permanently resides with the applicant and the vehicle is used to transport the applicant.

PLEASE CHECK WHAT APPLIES; A OR B:

Applicant can operate motor vehicle and has a valid registration A

Vehicle owner permanently resides with applicant at address of installation B

3. A onetime fee of \$25.00 at time of applicant ton.

I hereby attest that all the information provided with this application is true:

Applicant Signature: _____

Date: _____

PART III. TO BE COMPLETED BY THE PHYSICIAN

PHYSICIAN'S NAME:

ADDRESS: _____

LICENSE No. PHONE:

Dear Physician:

Please specify (in layman's term as much as possible) how the applicant's disability limits or impairs their ability to walk. If the applicant is limited in the distance he or she is able to walk, please specify distance. If appropriate, specify any aids to walking that you have prescribed, such as cane, crutches, walker, braces, wheelchair, prosthesis, portable oxygen or other. Please explain why the applicant's impairment is permanent. Explain how the patient's mobility impairment is similar to one of the five definitions of a "severely disabled person", listed below:

This diagnosis information must be typed or printed legibly on your letterhead.

Definition of Severely Disabled Person (VTL Section 404a-(4) and Edd. Reg. 23 CFR 1235.2)

A "severely disabled person" is an individual with one or more of the following impairments, disabilities or conditions which affect mobility and which are PERMANENT in nature.

PLEASE CIRCLE THE NUMBER OF ALL THAT APPLY:

- 1. uses portable oxygen;
- 2. legally blind;
- 3. limited or no use of one or both legs;
- 4. a neuro-muscular dysfunction which severely limits mobility
- 5. an arthritic, neurological, orthopedic or another physical/mental condition which severely limits mobility and/or requires the use of crutches, a walker, braces, wheelchair or prosthesis.

Physician's Signature: _____

Date: _____