



**Cambridge Commission for Persons with Disabilities**

Rachel Tanenhaus, *Executive Director / ADA Coordinator*

Kate Thurman, *Deputy Director / Assistant ADA Coordinator*

**Phone** (voice): 617-349-4692 • **Relay via 711** • **Fax**: 617-349-4766

CCPD@CambridgeMA.Gov

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Dear Cambridge Resident:

Enclosed you will find an application for the Temporary Disability Parking Permit, which you recently requested from our office. The Cambridge Commission for Persons with Disabilities (CCPD) offers the Temporary Disability Parking Permit program so Cambridge residents with disabilities have equal opportunities to use public parking facilities and on-street parking throughout the City of Cambridge.

On the reverse of this page, you will find a copy of our Guidelines for Temporary Disability Parking Permits. Please read these guidelines carefully to make sure you understand them. Should you have any questions or need further information, please do not hesitate to contact us.

Sincerely,

Rachel Tanenhaus  
Executive Director

Kate Thurman  
Deputy Director

Enclosure

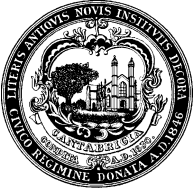
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Office location: 51 Inman St., 2<sup>nd</sup> Fl., Cambridge, MA 02139

**Monday:** 8:30 a.m. – 8 p.m. • **Tuesday – Thursday:** 8:30 a.m. – 5 p.m. • **Friday:** 8:30 a.m. – 12 p.m.

 Elevator access on Basement Floor level



# Cambridge Commission for Persons with Disabilities

## Guidelines for Temporary Disability Parking Permits

### DO

- **DO** hang your **TEMPORARY PERMIT** from the rearview mirror of your vehicle, and make sure that the permit number and expiration date are clearly visible from the outside.
- **DO** use your **TEMPORARY PERMIT ONLY** in an authorized vehicle.
- **DO** use your **TEMPORARY PERMIT** to park in designated accessible disability parking areas and metered parking spaces throughout **THE CITY OF CAMBRIDGE ONLY**.
- **DO** lock your vehicle and close its windows when using your **TEMPORARY PERMIT**.
- **DO** call the Commission **at least ten days prior** to your permit expiration date if you need to renew your **TEMPORARY PERMIT**.
- **DO** be prepared to provide updated medical information if you need to renew your **TEMPORARY PERMIT**.
- **DO** apply for state Registry of Motor Vehicles (RMV) disability plates or placard if your disability becomes permanent. RMV permit applications are available from the Commission or from the RMV website at: **[www.mass.gov/rmv/medical](http://www.mass.gov/rmv/medical)**
- **DO OBEY ALL PARKING RULES AND REGULATIONS.**

### DO NOT

- **DO NOT** loan or otherwise let any other person use your **TEMPORARY PERMIT**.
- **DO NOT** use your **TEMPORARY PERMIT** in any unauthorized vehicle.
- **DO NOT** use your **TEMPORARY PERMIT** after it has expired.
- **DO NOT** use your **TEMPORARY PERMIT** if you, the recipient, are not either entering or exiting the vehicle.
- **DO NOT** park illegally -- do not block curb ramps, fire hydrants, etc. You **must obey** all parking rules and regulations or be subject to the fines imposed.
- **DO NOT** park in or on the striped access aisles adjacent to accessible disability parking spaces.
- **DO NOT** display your **TEMPORARY PERMIT** when your vehicle is in motion.
- **DO NOT** use your **TEMPORARY PERMIT** outside of the City of Cambridge.
- **DO NOT** alter your **TEMPORARY PERMIT** in any way.
- **DO NOT** use a photocopy of your **TEMPORARY PERMIT**.

**Important: Violation of any of these guidelines may result in loss of parking privileges and/or revocation of your permit.**



**Access Notice:** The Cambridge Commission for Persons with Disabilities (CCPD) does not discriminate, including on the basis of disability. CCPD will provide auxiliary aids and services, written materials in accessible formats and reasonable modifications in policies and procedures to persons with disabilities upon request, when necessary to provide access to our programs and activities.

For more information, please call 617-349-4692 (Relay via 711)  
or e-mail [ccpd@cambridgema.gov](mailto:ccpd@cambridgema.gov).

# City of Cambridge Commission for Persons with Disabilities (CCPD) Temporary Disability Parking Permit Program

51 Inman Street, 2<sup>nd</sup> Floor, Cambridge, MA 02139

[ccpd@cambridgema.gov](mailto:ccpd@cambridgema.gov) | 617-349-4692 (voice) | Relay via 711 | 617-349-4766(fax)

**Instructions:** An applicant for a temporary parking permit must complete Part A of this form and provide medical documentation regarding his or her temporary disability. The applicant's healthcare provider must complete and sign Part B of this application (next page). If the applicant has applied for but not yet received disability plates or a disability placard from the Massachusetts Registry of Motor Vehicles (RMV), a copy of the healthcare provider's form (Parts D and E of the RMV application) may, at the discretion of the Commission for Persons with Disabilities, fulfill the requirements for medical approval.

**Eligibility Requirements:** To qualify for a temporary disability parking permit, one must meet eligibility requirements comparable to the RMV's requirements for disability parking plates or a placard. These requirements include the following disabling conditions: loss of use of one or more limbs; legal blindness; knee or ankle dysfunction; chronic lung disease; or cardiovascular disease. However, the disability must be expected to be temporary, rather than permanent. Exceptions to this requirement may be made for 1) an individual who has applied for, but not yet received, an RMV disability parking plate or placard or 2) an individual who has an RMV disability parking plate, but whose vehicle is inoperative for a prolonged period of time.

**Access Notice:** The Cambridge Commission for Persons with Disabilities does not discriminate, including on the basis of disability, and will provide auxiliary aids and services, written materials in accessible formats, and reasonable modifications in policies and procedures to qualified applicants and program participants upon request.

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## PART A -- To Be Completed By Applicant (Please print clearly or type)

1. Name: \_\_\_\_\_ 2. Email: \_\_\_\_\_

3. Address: \_\_\_\_\_  
(Street) (City/Town) (Zip)

4. Phone: \_\_\_\_\_ 5. Date of birth: \_\_\_\_\_

6. Applicant's Driver's License: \_\_\_\_\_ Check box if nondriver: ☐

7. Vehicle License Plate Number(s): \_\_\_\_\_

8. Applicant Signature - I certify that the information contained in this application is correct, and that I have read and agree to abide by the Guidelines for Temporary Disability Parking Permits. I understand that, once this application is complete, it may take up to five (5) business days to be processed by the Commission for Persons with Disabilities. I further agree that, if I need to renew my permit, I will notify the Commission at least ten (10) days prior to the permit expiration date, and I will be prepared to provide updated medical information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B -- Medical Documentation**

Must completed by treating medical or osteopathic doctor, podiatrist,  
nurse practitioner, physician assistant, chiropractor, or registered nurse

1. Applicant's Name:
2. Attending Provider's Name:
3. Medical Specialty :
4. Address:
5. Telephone:
6. Date of Last Examination:
7. Nature of Disability:
8. Expected Duration (check one):      1 Month                      2 Months                      3 Months
9. Please note which, if any, of the following functional limitations is attributable to the applicant:
  - a. Loss of use of one or more limbs      Explain:
  - b. Legally Blind      Explain:
  - c. Knee or ankle dysfunction      Explain:
  - d. Chronic Lung or Cardiovascular Disease      Explain:
9. Prescribed Mobility Aid(s) Used: YES      NO  
Specify Mobility Aid(s) Used:
11. Attending Provider's Signature:
12. NPI or Medical Board Registration #:
13. Date:

If you wish to provide additional medical information or clarification that would impact the applicant's eligibility for a temporary disability parking permit, please submit an addendum on a separate sheet.

Contact us if you need more information: 617-349-4692 (Relay via 711) or [ccpd@cambridgema.gov](mailto:ccpd@cambridgema.gov)

**Please return completed form to:**

Cambridge Commission for Persons with Disabilities, 51 Inman St., 2nd Floor, Cambridge, MA 02139  
or [ccpd@cambridgema.gov](mailto:ccpd@cambridgema.gov)