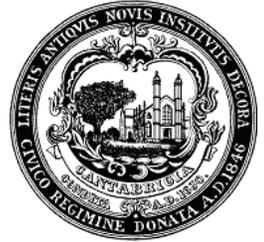


City of Cambridge

Commission for Persons with Disabilities

51 Inman Street · Cambridge, MA · 02139-1732

617-349-4692 voice · 492-0235 tty · 349-4766 fax



Michael Muehe
Executive Director/ADA Coordinator

Kate Thurman
Disability Project Coordinator

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 offers the Temporary Disability Parking Permit program in order to afford Cambridge residents with disabilities equal opportunities to avail themselves of 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,

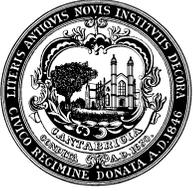
Michael Muehe
Executive Director

Kate Thurman
Disability Project Coordinator

Enclosure

(Over)





Cambridge Commission for Persons with Disabilities

Guidelines for Temporary Disability Parking Permits

DO

- **DO** display your **TEMPORARY PERMIT** on the driver's side of the dashboard of your vehicle.
- **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
- **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 does not discriminate on the basis of disability. The Commission 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 (voice) or 617-492-0235 (TTY).

**CITY OF CAMBRIDGE -- COMMISSION FOR PERSONS WITH DISABILITIES
TEMPORARY DISABILITY PARKING PROGRAM**

51 Inman Street, Cambridge, MA 02139
617-349-4692 (voice) 617-492-0235 (TTY/TDD) 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 physician **must either 1)** complete and sign Part B (on the back of this sheet); **or 2)** provide a written diagnosis, including the nature and severity of the temporary disabling condition, and a written prognosis as to its expected duration (either one, two, or three months). 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 physician's questionnaire (Part B of the RMV application) may, at the discretion of the Commission for Persons with Disabilities, fulfill the requirements for medical approval.

Eligibility Requirements: In order 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; vision impairment; knee or ankle dysfunction; or respiratory, heart or circulatory disorder. 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, either RMV disability plates or placard or 2) an individual who has RMV disability plates or placard, but whose vehicle is inoperative for a prolonged period of time.

Access Notice: The Cambridge Commission for Persons with Disabilities does not discriminate 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.

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

1. NAME: _____

2. ADDRESS: _____
(Street) (City/Town) (Zip)

3. PHONE: _____ 4. DATE OF BIRTH: _____

4. DRIVER'S LICENSE NUMBER: _____ CHECK IF NONDRIVER _____

5. VEHICLE LICENSE PLATE NUMBER(S): _____

6. 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 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 days prior to the permit expiration date, and I will be prepared to provide updated medical information.

Signed: _____ Date: _____

----- Office Use Only Below This Line -----

Date Effective: _____ Expiration Date: _____ Permit #: _____ Staff: _____

PART B -- PHYSICIAN'S QUESTIONNAIRE

(To be completed by physician -- please print clearly or type)

1. APPLICANT'S NAME: _____
2. ATTENDING PHYSICIAN'S NAME: _____
3. MEDICAL SPECIALTY: _____
4. ADDRESS: _____
(Street) (City/Town) (Zip)
5. TELEPHONE: _____
6. LAST EXAMINATION DATE: _____
7. NATURE OF DISABILITY: _____

8. EXPECTED DURATION: 1 MONTH _____ 2 MONTHS _____ 3 MONTHS _____
9. PLEASE NOTE WHICH, IF ANY, OF THE FOLLOWING DISABILITIES IS ATTRIBUTABLE TO THE APPLICANT:
 - a. Loss of use of one or more limbs _____
 - b. Vision impairment _____
 - c. Knee or ankle dysfunction _____
 - d. Respiratory, heart or circulatory disorder _____
10. PRESCRIBED MOBILITY AID(S) USED: YES _____ NO _____
SPECIFY MOBILITY AID(S) USED: _____
11. ATTENDING PHYSICIAN'S SIGNATURE: _____
12. PHYSICIAN'S REGISTRATION NUMBER: _____
13. DATE: _____
14. APPLICANT'S NEXT APPOINTMENT: _____

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.

If you need further information, please call: 617-349-4692 (voice) or 617-492-0235 (TTY/TDD)

Please return completed form to:

Cambridge Commission for Persons with Disabilities, 51 Inman Street, Cambridge, MA 02139