

UNIVERSITY OF ROCHESTER

University Parking and Transportation Services

Instructions for Requesting Handicapped, Seasonal, or Temporary Assignment to a Closer-in Parking Lot

Faculty, staff, students, and volunteers who wish to request handicapped, seasonal or temporary closer-in parking arrangements should:

1. Complete both sections of the included application form and fax (585-461-3055) or mail to:
Attn: M. Tanksley
University of Rochester
University Parking and Transportation Services, Box 270345
Rochester, NY 14627

Please be sure to provide the name of your health care provider on the Authorization portion of the application form. This information is necessary to determine eligibility for special parking arrangements.

2. Send the Medical Documentation Request form to your health care provider with a request that pertinent medical information about the nature of and the length of your impairment be sent to:
Attn: M. Tanksley
University of Rochester
University Parking and Transportation Services, Box 270345
Rochester, NY 14627

Both forms are available at the Medical Center and River Campus Parking Offices. Alternately, you may print a copy of the forms from the University Parking & Transportation Services Web site at: www.rochester.edu/parking.

The Parking Office will temporarily provide you with the requested parking arrangements **for two weeks** while you make arrangements for your health care provider to submit proper medical documentation.

Handicapped Parking Designator

Please note: If you are requesting authorization to park in a University handicapped parking space, it is your responsibility, if you have not already done so, to obtain a New York State Handicapped Parking designator through your local municipality. You will receive a ticket if you park in a designated handicapped space in an employee or student parking lot without both a municipality-issued Handicapped Parking designator and authorization from University Parking & Transportation Services. The Parking Office reserves the right to confirm that the handicapped designator is assigned to the individual requesting handicapped parking.

Criteria for Seasonal or Temporary Assignment to a Closer-in Parking Lot

Approval for seasonal or temporary assignment to a closer-in parking area will be based on a review of medical documentation that establishes the existence of a temporary or seasonal ambulatory impairment.

Cost of Seasonal or Temporary Assignment to a Closer-in or Handicap Parking

Once approval is granted, the individual will be assigned to a closer-in or handicapped area to park in. If that assignment is a higher priced area than their regular lot assignment, the individual will pay a transitional rate of 70% of the higher priced rate for six months.

After six months accumulate, the individual will begin to pay the going rate of that assigned area.

When approved to a closer-in or handicapped area, a temporary permit will be issued. When the period of eligibility for seasonal, temporary or handicap parking assignment has expired, the individual is required to return to their original parking assignment.

Appeal Process

Those who disagree with a decision regarding eligibility for seasonal or temporary closer-in parking arrangements should submit a written appeal to:

**ATTN: Director of University Parking & Transportation Services
University of Rochester
University Parking and Transportation Services, Box 270345
Rochester, NY 14627**

Frequently Asked Questions

Will I have to re-apply every year?

- ◆ If you are eligible for seasonal or temporary closer-in parking arrangements, you will be notified about the need to return to your usual parking assignment or apply for an extension when you reach the end of your period of eligibility for such arrangements.

Will my medical information be shared with my supervisor and/or the Office of Human Resources?

- ◆ No. Your medical information will Not be shared with your supervisor or HR.

Will all requests be approved?

- ◆ No. Everyone who applies may not meet the eligibility criteria. For example, pregnancy without documented medical complications will not likely be sufficient to substantiate eligibility for closer-in parking.

University Parking & Transportation Services
Application for a Handicapped Parking Space or
Temporary or Seasonal Assignment to a Closer-in Parking Lot

___ Medical Center, Box 621
___ River Campus, Fauver Stadium

___ Initial Request
___ Renewal

Name _____ Work/School Tel: _____ Date _____
Status: Faculty ___ Staff ___ TSP ___ Student ___ Volunteer ___ E-mail Address _____
Intramural or Home Address _____

Work location/building: _____ Room # _____ Department _____
Entrance you use to enter your building _____
Student Information: Residence Hall _____ School _____
Buildings frequented _____
Current Parking Assignment: Lot Name _____ Parking Area or Zone _____

I am requesting:

1. ___ A handicapped parking space.
My needs include: Wheelchair Access ___ Van Access ___ Other _____
Do you have a municipality-issued handicapped designator? Yes ___ No ___
If yes, expiration date _____
2. ___ Temporary or seasonal assignment to a closer-in parking lot.

Authorization for Review of Medical Information
for Parking Eligibility Determination

___ I authorize University Parking & Transportation Services to review medical information provided by my healthcare provider regarding parking eligibility determination:

Provider Name _____ Tel. _____
Address _____

This authorization is valid for:

1. ___ The duration of my need for a handicapped parking space or seasonal or temporary assignment to a closer-in parking lot.
2. ___ For a duration not to exceed 1 year from the date of my signature.

I understand that I may cancel this authorization at any time by submitting a written request to my health care provider, except where a disclosure has already been made in reliance on my prior authorization. I also understand that privacy rules do not protect against re-disclosure of this information.

Signature: _____ **Date:** _____

Please mail to: ATTN: M. Tanksley, University of Rochester, University Parking & Transportation Services, Box 270345, Rochester NY 14627, or fax to (585) 461-3055

UNIVERSITY PARKING & TRANSPORTATION SERVICES MEDICAL DOCUMENTATION REQUEST

To be completed by applicant:

Name _____ DOB _____ Empl ID# _____
Address _____ City, State, Zip _____ Tel # _____

I authorize my healthcare provider to release medical documentation regarding my disability or seasonal or temporary ambulatory impairment to University Parking & Transportation Services to determine my eligibility for handicapped parking or seasonal or temporary assignment to a closer-in parking lot. Documentation should be faxed (585-461-3055) or mailed to:

**Attn: M. Tanksley
University of Rochester
University Parking & Transportation Services
PO Box 270345
Rochester, New York 14627**

Health Care Provider _____ Tel. _____
Address _____ City, State, Zip _____

This authorization is valid for:

1. ___ The duration of my need for a handicapped parking space or assignment to a closer-in parking lot.
2. ___ For a duration not to exceed 1 year from the date of my signature.

I understand that I may cancel this authorization at any time by submitting a written request to my healthcare provider except where a disclosure has already been made in reliance on my prior authorization. I also understand that privacy rules do not protect against re-disclosure of this information.

Patient / client signature: _____ **Date:** _____

Medical Documentation

To be completed by the healthcare provider:

1. Diagnosis _____
2. Nature and severity of the impairment and its impact on the ability to ambulate:

3. If ambulatory impairment is temporary or seasonal, the expected duration of need for:
 handicapped parking or closer-in parking arrangements: _____

Comments _____

Provider Signature: _____ Date: _____