

UNIVERSITY OF ROCHESTER

University Health Service

Instructions for Requesting Temporary or Permanent Closer-In Parking or Student Disability Transportation

1. Print off this application and fill out the last two pages. Application forms are also available at the Parking Management Center or at the University Health Service offices.
2. Complete page 1 of the application form - ***Application for Temporary or Closer-In Parking or Student Transportation***. 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 or transportation arrangements. Fax to **585-756-0263, ATTN: Michelle Livingston**.
3. Send the ***Medical Document Request*** form (page 2) to your healthcare provider with a request that they fax the pertinent medical information about the nature and the length of your impairment to: **585-756-0263 ATTN: Michelle Livingston**.

Temporary or Closer-In Disability Parking Assignments

Approval for temporary or permanent closer-in parking or transportation assignments will be based on a review of medical documentation that establishes the existence of a temporary or permanent ambulatory impairment. Should approval be granted, the individual will be assigned a mobility accommodation consistent with the University of Rochester Equal Opportunity Compliance Office and Department of Transportation and Parking Management policies. Should you be approved to park in a parking lot that is close to your destination or in a disability parking area, a temporary permit will be issued. When the period of eligibility for temporary parking assignment has expired, the individual is required to return to their original parking assignment.

Disability Parking

If you are requesting authorization to park in a University designated disability parking space, it is your responsibility to obtain a New York State Handicapped Parking designator through your local municipality. Failure to do so may result in a parking citation if you park in a designated disability parking space in an employee or student parking lot without both a municipality issued Disability Parking placard and a parking

permit from Department of Transportation and Parking. The Department of Transportation and Parking reserves the right to confirm that the state issued disability parking handicapped placard is assigned to the individual requesting the disability handicapped parking. Only those with a NYS Handicapped Parking permit will be permitted to park in Handicapped Designated Spaces.

Student Disability Transportation

The University of Rochester provides on-campus transportation for enrolled students that need transportation while on-campus. Any student with a permanent or temporary disability will need to follow the same assessment process indicated above for disability parking. Please fill out page 1 of the form and fax it to the University Health Service contact. The applicant's doctor will need to fill out page 2 and forward via fax to the same UHS contact. When a determination is made that a student needs on-campus transportation, the student will be contacted and arrangements made to provide pick-up and drop-off at designated stops and times. Off-campus transportation can be arranged through the [Rochester Genesee Regional Transportation Authority](#) (RTS) using either fixed route service, or paratransit service offered by the RTS – [Lift Line](#) at or through the [University Bus Service](#) at designated stops on and off campus.

University Health Service
Application for Temporary or Closer-In Disability Parking or Student Transportation

IMPORTANT! -IF APPROVED FOR PARKING, YOU MUST STOP BY THE PARKING OFFICE TO BE ISSUED A PERMIT FOR THE APPROVED PARKING LOT

- | | |
|--|--|
| <input type="checkbox"/> Medical Center | <input type="checkbox"/> Initial Request |
| <input type="checkbox"/> River Campus | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> RTP – Rochester Tech Park | |

Name _____ Work/School Tel: _____ Date _____
Empl/Student ID #: _____ Status: Faculty Staff TSP Student Volunteer
E-mail Address _____
Intramural/Home Address _____
Work location/Building: _____ Room # _____ Department _____
Entrance you use to enter your building _____
Student Information: Residence Hall _____ School _____
Buildings frequented _____
Current Parking Assignment, Area or Zone: Lot Name _____

I am requesting:

- A temporary closer-in parking space** **A permanent closer-in parking space**
***PLEASE NOTE: NYS Issued Handicap Permit will be required for permanent parking assignments and assignments needed longer than 6 months.**

- Student disability transportation** – My needs include:
 Wheelchair Access Van Access Other _____

Do you currently have a municipality-issued disability placard?
 Yes (Placard # _____ Expiration Date _____) No
(Please include a photocopy of your municipality-issued disability placard)

Authorization for Review of Medical Information for Parking or Transportation Eligibility Determination

I authorize University Health Service to review medical information provided by my healthcare provider regarding parking or transportation eligibility determination:
Provider Name _____ Tel. _____
Address _____

I understand that this authorization is valid for the duration of my need for a temporary or permanent disability parking assignment or student transportation. 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:** _____

**UNIVERSITY HEALTH SERVICE
MEDICAL DOCUMENTATION REQUEST**

To be completed by applicant:

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

I authorize my healthcare provider to release medical documentation regarding my disability or ambulatory impairment to the University of Rochester University Health Service to determine my eligibility for temporary or permanent disability parking or student transportation for the duration of my need. Documentation should be faxed to **585-756-0263, ATTN: M. Livingston**

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

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. Is condition permanent? Yes No

If No, Expected Date of Recovery, if ambulatory impairment is temporary or seasonal:

Comments _____

Provider Signature: _____ **Date:** _____

Please fax to: (585) 756-0263 ATTN: M. Livingston