

University of Rochester

University Health Service

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

1. Print 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 pages 1 of the **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: UHS Directors Office** or email it to **uhsdirectoroffice@uhs.rochester.edu**.
3. Send page 2, the **Medical Documentation Request**, to your healthcare provider after completing the top portion of the page, with a request that they fax or email the pertinent medical information about the nature and the length of your impairment to: **585-756-0263 ATTN: UHS Directors Office** or email **uhsdirectoroffice@uhs.rochester.edu**

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 lot near your destination or in a disability parking area, a temporary permit will be issued. When the period of eligibility for a 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 Permit designator through your local municipality (County Building). 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 the Department of Transportation and Logistics.

The Department of Transportation and Logistics 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 who 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 or email it to the University Health Service contact listed above. The applicant's doctor will need to fill out page 2 and fax or email it to the same UHS contact. When a determination is made that a student needs on-campus transportation, the student will be contacted, and arrangements will be 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.

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

- Medical Center River Campus RTP – Rochester Tech Park
 Initial Request Renewal

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 Placard 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

(If yes, 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.

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** or **emailed to or email it to uhsdirectorsoffice@uhs.rochester.edu**, ATTN: UHS Directors Office.

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 the 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: UHS Directors Office
or email uhsdirectorsoffice@uhs.rochester.edu**