



DEPARTMENT OF
HEALTH & HUMAN
SERVICES

SENIOR &
EMERGENCY
SERVICES



2011

Re: Residential Handicap Parking

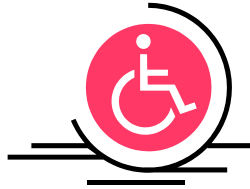
The enclosed questionnaire is being sent to you as a result of your having expressed an interest in obtaining Handicap Parking for your residence. We ask that you please be mindful of the following points as you move through the process:

- New guidelines for obtaining a Residential Handicap space have been instituted; we ask that you return all documentation as requested.
- Please note that it will be necessary for your physician to complete a portion of the paperwork.
- Also, there are fees associated with the award of a Handicap parking space. **PLEASE do not send any fees until you are asked to do so.**
- As part of the process, it will be necessary for you to meet with the Review Committee. You will be contacted relative to scheduling an appointment when necessary.
- We are working based on a Waiting List therefore, at this juncture your name has been placed on the Waiting List. Be assured that we are moving through the list as quickly as possible; your request will not be overlooked and we will be in contact again as soon as is humanly possible.

Please continue to be patient with us and be assured that we are working diligently to improve 'the system'.

Should you have any questions in the interim, telephone 856.757.9300 and leave a message at either extension 10 or 23.

~ Parking Authority of the City of Camden ~



DEPARTMENT OF
HEALTH & HUMAN
SERVICES

SENIOR &
EMERGENCY
SERVICES



(PLEASE PRINT) Name of H/C Applicant



CITY OF CAMDEN
HANDICAP REVIEW COMMITTEE
APPLICATION FOR ON-STREET HANDICAPPED PARKING

The applicant must be handicapped in such a manner that he or she has been prescribed a mobility aiding device. This device can include a cane, walker, wheelchair, crutches, and/or artificial limb.

1. A professional medical doctor must certify the condition of the applicant using this application form.
2. A copy of the following must be submitted:
 - a. Handicapped Person Identification Card
(Issued by the State of New Jersey, Division of Motor Vehicles, 609.292.6500) issued to the address of application
 - b. N.J.D.M.V. Driver's License *issued to the address of application*
 - c. N.J.D.M.V. Vehicle Registration *issued to the address of application*
 - If you do not drive then, photocopies of the license and registration of another adult living in the household should be submitted.
3. A description of vehicle trips made with your vehicle or designated driver during an average week must be submitted using this form.

- 4. The handicapped parking space may be in front of one or two houses. Affected property owners should give their permission by completing this form.
- 5. The applicant must attend a scheduled meeting of the City's Handicapped Review Committee.

PLEASE PRINT CLEARLY - *Thank You* -

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

-> Complete this section only if you do not drive. <-



Driver's Name: _____

Driver's Relationship to Applicant: _____

Driver's Address: _____

Driver's Telephone Number(s): _____



DEPARTMENT OF
HEALTH & HUMAN
SERVICES

SENIOR &
EMERGENCY
SERVICES



**CITY OF CAMDEN
HANDICAP REVIEW COMMITTEE
APPLICATION FOR ON-STREET HANDICAPPED PARKING**

(PLEASE PRINT) Name of H/C

Applicant _____

Dear Doctor:

By virtue of the numerous applications for curbside handicapped parking privileges and our very limited facilities in certain neighborhoods, it is necessary for the City of Camden to review all applications initially and periodically thereafter to determine whether a reserved parking space is justified.

To this end, we are obligated to request that your initial certification of need on

(PLEASE PRINT) Name of H/C Applicant

behalf of _____ be

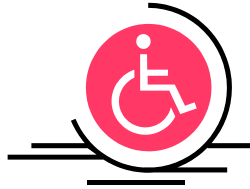
elaborated. The Applicant must be ambulatorily challenged and use a device such as a wheelchair, crutches, walker, or cane prescribed by a physician for a permanent handicap condition. We will also require that your certification be renewed from time to time and/or that you be willing to discuss the matter with us.

The applicant has authorized you to provide the following information in clarification of your opinion.

2. What assistive devices does the patient use, if any? (i.e., cane, walker, etc.)

3. What are the patient's physical limitations, if any? (i.e., walking distances)

4. What is the prognosis regarding the patient's condition?



DEPARTMENT OF
HEALTH & HUMAN
SERVICES

SENIOR &
EMERGENCY
SERVICES



(PLEASE PRINT) Name of H/C Applicant



**CITY OF CAMDEN
HANDICAP REVIEW COMMITTEE
APPLICATION FOR ON-STREET HANDICAPPED PARKING**

Please provide information concerning your trip frequency. Include how many times a day, week, or month you make the following trips:

What is the nature of the applicant's travels?, e.g.,

	M	T	W	TH	F	SAT	SUN
Work							
Church							
Doctor							
Physical Therapy							
Recreation							
Shopping							

How many times throughout the week and for what duration of time?

WORK

_____time(s) _____day _____week _____month

CHURCH

_____time(s) _____day _____week _____month

DOCTOR

_____time(s) _____day _____week _____month

