

NYS Office of General Services Medical Parking Permit Program **Information for Applicants**

Policy: It is the policy of OGS to centrally manage all medical parking permits in the Albany parking area. The goal is to facilitate an understanding of the underlying law, regulations, and procedures that OGS must follow in evaluating employee applications for medical parking permits for vehicle parking at its downtown Albany parking facilities and Harriman Campus managed lots.

Requirements: In order to qualify for medical parking, the applicant must meet the standards set forth in law (VTL 404-a(4)) and regulations, which state that he or she is “unable to ambulate without the use of an assisting device”, and this must be certified by their medical provider.

Accommodations: Medical parking accommodations may include surface lots served by shuttle buses, and both unreserved and reserved garage lot spaces, based on the needs of the applicant and the availability of such spaces at the time of their application.

***Harriman Campus Employees:** Medical parking accommodations can either be medical reserved parking spots or general medical parking spots.

Medical Parking Governance

OGS operates a network of garage, surface and peripheral lots which provide employee parking within the Albany area. OGS has established a Medical Parking Application Review Committee (MPARC) which consists of the Director of Parking Services, or designee, and a representative from the Office of Legal Services and the Diversity and Equal Employment Opportunity offices. The MPARC will meet regularly with a member of the Employee Health Service (EHS) nursing staff to review selected applications. Applicants can also contact the EHS nursing staff with questions about their applications.

In addition, OGS has established a Medical Parking Appeals Committee which consists of a senior staff member of the OGS Legal Services Office, a senior staff member from the Employee Health Service, and a senior staff member from the OGS Bureau of Real Property Services.

How to Apply for a Medical Parking Permit

Please note: Paperwork must be brought to the Agency Parking Coordinator sealed in the OGS medical envelope. Which will be provided to you by your agency or directly from OGS Parking Management (upon request). Applicants must submit an application for medical parking with a detailed assessment of their medical condition from their medical provider, including capabilities and restrictions as they pertain to parking and building access. To obtain a medical parking permit application, please contact OGS Parking Management.

*Note that Harriman Campus Employees will drop off their Medical Application with their designated Parking Coordinator

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What Happens After You Apply

Once an application is received, MPARC will meet to determine the employee's eligibility for medical parking. If the application is approved, MPARC will recommend the most appropriate parking location. MPARC's review of the application consists of two parts, as required by federal and state law:

The first part determines whether the applicant has a disability as defined federal or state law.

1. If a recognized disability is identified, the second part determines whether a reasonable accommodation with respect to parking is necessary and, if so, what that accommodation will be.

In the event that applicants are not granted their requested medical parking accommodation, they may file an appeal, providing it includes additional documentation from their physician, which will be reviewed by the Medical Parking Appeals Committee.

What if You Have a DMV-Issued Permit

Employees who have a NYS Department of Motor Vehicles handicapped parking hang tag (blue tag) may pay to park in medical reserved spaces in OGS-managed VISTOR LOTS, and be subject to visitor parking fees. In order to park in employee permit lots, the employee must apply for and receive a permit in accordance with the OGS medical parking permit evaluation procedures.

NYS Office of General Services Medical Parking Application

Part 2: Medical Provider Checklist for Medical Parking

To be completed by applicant and medical provider

Applicant Permission:

I _____ (applicant name), do hereby give my permission to _____ (medical provider), MD, DO, DPM, NP or PA to provide medical information concerning my application to NYS OGS, for medical parking, and to discuss this information with the NYS Employee Health Service and the OGS medical parking review committee, if requested. I further certify that to the best of my knowledge, all required information has been included, and that if it is not, I understand that the packet will be returned to me for completion and resubmittal.

Applicant Signature _____

Date _____

Medical Provider:

This form must be completed ONLY BY a medical doctor (MD), doctor of osteopathy (DO), doctor of podiatric medicine (DPM), optometrist (OD), nurse practitioner (NP), or physician assistant (PA), as defined in VTL Section 404-a.

The above state employee is applying for a medical parking permit because of a disability. This application will be reviewed pursuant to all applicable federal and state laws to determine whether medical parking is appropriate. Your diagnosis, assessment, supporting documentation, and prognosis provides the KEY input to the review process which is responsible to provide a reasonable accommodation that meets the employee's needs without creating an undue hardship on the employer.

Please indicate disability type: Long Term Temporary (How Long is the disability expected to last?) _____

Diagnosis (Provide detailed information): In addition to this form, separate supportive documentation from your medical provider MUST be included for requests involving both Long Term and Temporary disabilities. All documentation must be dated within 6 months of application date.

Medical documentation may include the following: Medical assessment of the condition you are applying for, imaging, physical therapy notes etc.

FOR LONG TERM DISABILITY: A person with one or more of the permanent impairments, disabilities or conditions which limit mobility, as listed below (check all that apply):

- Uses portable oxygen Legally Blind Limited or no use of one or both legs
- Neuromuscular dysfunction that severely limits mobility
- Class III or IV cardiac condition (Am Heart Assn standards) Severely limited in ability to walk due to arthritic, neurological or orthopedic

- Other (explain below)

FOR BOTH LONG TERM AND TEMPORARY DISABILITY:

- Patient **CANNOT** board a handicapped accessible transit bus
- Patient **CANNOT** climb 3-4 steps. Reason: _____ Patient
- CAN** walk, or travel 200 feet with assistive device
- Patient is certified by the medical provider to have an impairment of vision

Medical Provider Name	Medical Provider Address
Medical Provider Phone	Medical Provider Professional License #
Medical Provider Signature	Date

***** Faxed documents and emails will not be accepted. Packets must be submitted to your Parking Coordinator*****