

Parking Department • Building 19, Room 269 • Phone (413) 755-4238 • Fax (413) 755-6304

## SPECIAL MEDICAL PARKING PERMIT - INFORMATION

**ATTENTION: Anyone applying for Special Medical Parking on campus MUST complete the attached application form and submit BOTH the completed application AND the attached medical certification from a healthcare provider. If BOTH documents are not submitted, the request will not be processed.**

The issuance of Special Medical Parking Permits is an optional service that Springfield Technical Community College provides for a limited number of circumstances.

- For community members who have a short-term, qualifying **PHYSICAL MOBILITY** issue and:
  - Do not qualify for a state-issued handicapped license plate or placard, or
  - Who may qualify for a state-issued handicapped license plate or placard but, due to the short length of time of their mobility issue, it would not be feasible to apply for state handicapped parking status.
- For community members who have a long-term, qualifying physical mobility issue and are awaiting a decision from the state.

### Notes:

1. The definition of a “qualifying physical mobility issue” is narrowly defined and, therefore, not all mobility issues will qualify a person for Special Medical Parking permission.
2. Those who know in advance that they will have a short-term or long-term mobility issue in the near future (such as scheduled surgery and a subsequent period of rehabilitation) are encouraged to make application to the state for handicapped parking privileges in advance of their surgery.
3. Mental health diagnoses or issues are not qualifying physical mobility issues and will not qualify for a permit.

Special Medical Parking Permits (displayed on vehicle dashboard) allow for parking as follows:

- In any STCC parking space designated for “Special Medical Parking Permits”.
- In any parking space on campus EXCEPT as stated below.

Special Medical Parking Permits do **NOT** allow parking in the following spaces/areas:

- Handicapped parking spaces (\$100 state-wide fine), visitor parking spaces, or any other reserved spaces.
- Any roads, lands, or grassy areas where there is not a marked employee/student parking space.

### Applications for:

- Special Medical Parking Permits are available at the Parking Office in Building 19 or at the following webpage:  
<http://www.stcc.edu/police/parkingtransportation.asp>
  - **Students or members of the public:** The application must be submitted to the Parking Office or the Office of Disability Services. Information submitted as part of the application is confidential and the applicant understands that a limited number of staff members and the review committee will have access to it.
  - **Employees: The application must be submitted directly to Human Resources, Building 16.** Information submitted as part of this application is confidential and secured in personnel file.
    - Complete all sections of the application; ensure that appropriate documentation from medical personnel is (Special Medical Parking Permit – Certification form.)
    - Sign the Patient Authorization section of the Medical Certification form before giving it to your healthcare provider.
  - The application will be reviewed and, generally, the applicant will be notified within 5 business days.
  - In cases where there is an immediate need, a temporary Special Medical Parking Permit may be issued until the application is formally reviewed.
- State-issued handicapped placards are available from the state Registry of Motor Vehicles in which the vehicle is registered. Forms for Massachusetts, Vermont, and New Hampshire are available at the Public Safety Office. Forms and more specific information for each state can be found as follows:
  - Massachusetts: <https://www.mass.gov/how-to/apply-for-a-disability-placard-or-license-plate>
  - Connecticut: <https://www.dmv.org/ct-connecticut/disabled-drivers.php>

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## SPECIAL MEDICAL PARKING PERMIT – APPLICATION

**Instructions:**

1. Complete all portions of this form and submit it to the STCC Parking Office.
2. Sign the Patient Authorization section of the Medical Certification form before giving it to your healthcare provider.
3. Both this form and the Medical Certification form must be received before the application is reviewed.
  - **Incomplete applications will not be reviewed.**
  - The application will be reviewed and, generally, the applicant will be notified within 5 business days.
  - In cases where there is an immediate need, a temporary Special Medical Parking Permit may be issued until the application is formally reviewed.
  - Information submitted as part of this application is confidential and the applicant understands that a limited number of staff members, and the review committee, will have access to it.

For more information see the form Special Medical Parking Permit – Information at:  
<http://www.stcc.edu/police/parkingtransportation.asp>

<b>Applicant's Name:</b> _____		<b>Date of Birth:</b> ____/____/____	
<b>Home Address:</b>			
_____		_____	
Street / P.O. Box:	Town/City	State	Zip Code
<b>STCC Email Address:</b> _____			
<b>STCC Relationship:</b> (check one)	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other	<b>Phone(s) where you can be reached</b> (list in order of preference):	
		( ____ ) _____ home – work - cell (circle one)	
		( ____ ) _____ home – work - cell (circle one)	

<b>Your Vehicle Information:</b>		
_____		
State & Plate:	Make & Model:	Color:

*By signing this application, you are attesting that all of the information is true to the best of your knowledge.*

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For official use only - Do not write in this box.</b>	
Date of Review: ____/____/____	By: _____
<input type="checkbox"/> Approved	Permit #: _____ Expiration Date: ____/____/____
<input type="checkbox"/> Declined	Date Issued: ____/____/____

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## SPECIAL MEDICAL PARKING PERMIT - MEDICAL CERTIFICATION

### Patient's Authorization to Release Medical Information

I, \_\_\_\_\_, hereby give permission to \_\_\_\_\_ to provide the STCC Special Medical Parking Permit Review Committee with medical information and documentation to support my request for Special Medical Parking consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Information for the Medical Professional:

- STCC is a large urban campus with dozens of buildings. Typically students will walk several hundred feet within a building, and several thousand feet between buildings, to travel between classrooms. STCC maintains four exterior student parking lots, all lit with on-duty attendants. Lots 1 & 2 are adjacent to campus, lots 3 & 4 have shuttle service to and from campus.
- STCC strongly encourages those with qualifying mobility conditions to seek a state-issued handicapped parking plate or placard.
- In addition to handicapped parking spaces, the college has limited parking close to buildings for those who have a "qualifying physical mobility issue." Issuance of Special Medical Parking Permits is guided by the following:
  - For community members who have a short-term qualifying physical mobility issue OR
  - For community members who have a long-term qualifying physical mobility issue, have applied for a state-issued handicapped license plate or placard, and are awaiting a response from the state.
- The application will be reviewed by a committee consisting of representatives from Health Services, Disability Services, & Public Safety. All application information is treated as confidential.

### Medical Information Needed to Process Application:

Patient's Name: \_\_\_\_\_ Patient's D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of Mobility Impairment:

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Anticipated Duration of Impairment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

I hereby certify that this patient has a physical mobility issue that requires parking close to college buildings.

Healthcare Provider's Name (printed): \_\_\_\_\_ Credentials : \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_