

EAST CAROLINA UNIVERSITY

Disability Parking Permit Policy

Access to East Carolina University for individuals with disabilities is as essential as it is for any member of the University community. The Disability Parking Permit Application assists the University in determining whether those with physician–documented disabilities are eligible for reasonable parking accommodations. Any individual who falsifies or misrepresents their medical condition or misuses the ECU disability permit will lose parking privileges and may be subject to disciplinary action. Due to the limited availability of parking in specific zones on campus, it is essential that disability parking permits be issued to individuals with a qualifying disability as determined by the ADA Coordinator and/or the Parking Accessibility Review Committee (PARC).

Eligibility

The American with Disabilities Act defines a disability as: A physical or mental impairment that substantially limits one or more of the major life activities of an individual.

For the purpose of parking, potential examples of disabilities (as determined by a licensed physician) for which a disability parking permit may be a reasonable accommodation include: 1) An obvious physical disability that results in the need for a wheelchair, brace, walker or other supporting device, and 2) mobility that is **severely** restricted by pulmonary or cardiovascular disease, debilitating arthritic conditions, orthopedic and neurological conditions. In accordance with NC General Statute 20-37.5, severely restricted indicates the inability to walk **200 feet** without assistance or stopping to rest. The restriction should not be for parking purposes only; the limitation should apply equally to activities of daily living including work.

Individuals requesting accessible parking must have a placard or license plate issued by the Department of Motor Vehicles. However, the possession of such, does not guarantee approval of accessible parking on campus.

Accommodations

Reasonable accommodations for accessible parking may include the following: 1) the use of campus designated disability spaces, and 2) campus transportation (Transit Authority). Please note that additional time may be required to get to work or school.

Application Review Process

Individuals requesting disability parking accommodations on campus must complete a Disability Parking Permit Application and submit it to The Department for Disability Support Services, 138 Slay, Greenville, NC 27858. Completed applications will be reviewed by the ADA Coordinator and/or PARC.

Please note the following information:

- Mobility limitations cited on the disability parking permit application cannot exceed those noted as limitations affecting daily activity, including work.
- Applicants with temporary disabilities less than six months in duration (which may include post-surgical applicants, as well as others) will be reviewed and considered on a space availability basis and as individual circumstances warrant.
- Due to variations in parking availability and the changing nature of some conditions, East Carolina University reserves the right to review applications annually during the permit renewal period.

Questions about the Disability Parking Application should be addressed to The Department for Disability Support Services, (252) 737-1016 v/tty.

Accessible Parking Permit Application East Carolina University

This application aids the ADA Coordinator and/or PARC in determining whether those with physician-documented disabilities are eligible for reasonable parking accommodations. Individuals who have questions or concerns regarding the submission of the following information to PARC should contact Liz Johnston at The Department for Disability Support Services, (252) 737-1016.

To be completed by the APPLICANT:

Name: _____ Daytime Telephone Number: _____

Home Address: _____

City _____ State _____ Zip _____

Campus Address: _____

Please Check Status: () Student () Faculty () Staff: Please include job title and name of supervisor:

Do you currently have an ECU parking permit? YES NO If so, for what zone? _____

Please list vehicles registered at ECUParking & Transportation:

| License Plate # | State | Vehicle Make | Color |
|-----------------|-------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Current NC or other state HC placard number _____

Zone in which you are requesting accessible parking: _____

Are you requesting a temporary or permanent disability permit? **temporary** (circle one) **permanent**

If permanent, are you registered with The Department for Disability Support Services? _____

If an employee, what accommodations have been made available to you in your work setting?

By my signature, I voluntarily authorize my physician to release the information requested to East Carolina University. Additionally, I certify that I have read the Disability Parking Permit Policy.

Signature

Date

ACCESSIBLE PARKING PERMIT APPLICATION
East Carolina University

By my signature below I voluntarily authorize my physician to release the information requested on this form and to speak with a representative East Carolina University for clarification if needed.

Printed patient name & date of birth

Signature

Date

A Note To Medical Professionals

East Carolina University is committed to compliance with State and Federal statutes as they apply to individuals with disabilities. As part of that commitment, the Parking and Transportation Office works closely with The Department of Disability Support Services to assure that individuals who qualify receive accommodations for parking.

With minimal changes, the form below has been adapted from the NC General Statute 20-37.5. Please help us to assure that only qualified individuals are certified under these guidelines. In particular, please consider the severity of the impairment as outlined by the Statute.

To be completed by a LICENSED PRACTITIONER (unrelated to the applicant).

Physician's Printed Name _____

Specialty _____

Address _____

Telephone Number _____ Fax Number _____

Date of last visit _____

1. Please give specific diagnosis (include ICD-9-CM codes) : _____

2. Is condition temporary or permanent? _____ If temporary, anticipated length of recovery _____

3. Please indicate which of the following criteria (adapted from NC General Statute 20-37.5) qualify this applicant for accessible parking.

Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume of one second, when measured by spirometry, is less than one liter, or the arterial oxygen is less than 60mm/hg on room air at rest.

Uses portable oxygen.

Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.

Is severely limited (cannot walk 200 ft) in their ability to walk due to an arthritic, neurological, or orthopedic condition. **(limitation should not be for parking purposes only, restriction should apply equally to activities of daily living including work).**

Cannot walk 200 feet without the use or assistance from a brace, cane, crutch, another person, wheelchair, prosthetic device or other assistive device. **(limitation should not be for parking purposes only, restriction should apply equally to activities of daily living including work).**

The applicant cannot walk 200ft without stopping to rest **(limitation should not be for parking purposes only, restriction should apply equally to activities of daily living including work).**

Is totally blind or whose vision with glasses is so defective as to prevent the performance of ordinary activity for which eyesight is essential.

4. Does the impairment prohibit the individual from utilizing a transit system? _____

Physician's Signature: _____
(original signature required) Date

Return to: The Department for Disability Support Services, East Carolina University, 138 Slay, Greenville, NC 27858
Questions may be directed to (252) 737-1016 (v/tty).