TEMPORARY ACCESSIBLE PARKING AT UMASS BOSTON

Date Issued: January 12, 2024

# Accessible Parking Policy

The University of Massachusetts Boston provides accessible parking for individuals with disabilities and recognizes that individuals with temporary medical conditions may need short-term parking-related accommodations to facilitate access to campus.

Individuals with a temporary medical condition or disability that limits mobility may obtain a temporary permit that will provide accessible parking privileges for a limited period of time. Individuals with a medical condition or disability that is expected to limit mobility for more than eight (8) weeks should consider obtaining a state-issued disability placard (and/or state-issued disability parking license plate).

Accessible parking is available in all UMass Boston parking structures and lots. Accessible parking spaces are marked with an accessible parking sign in front of the parking space and/or indicated by blue stenciling on the ground surface of the parking space. Parking in an accessible parking space without a valid state-issued disability placard, a disability parking license plate, or a Temporary Accessible Parking Permit may result in a parking citation.

To ensure authorized and equitable access to accessible parking the UMass Boston Police Department and the Office of Transportation Services reserve the right to monitor the usage of accessible parking spots on campus and confirm that any individual utilizing an accessible parking placard, plate, or pass is the authorized user of that placard, plate, or pass.

Individuals with extremely limited mobility for whom existing accessible parking spots are insufficient to permit reasonable access to campus facilities should contact CRTIX at CivilRights.TitleIX@umb.edu to explore alternative options.

# Types of Accessible Parking at UMass Boston

## Parking with State-Issued Disability Placard/License Plate

Vehicles displaying a state-issued disability placard or license plate may park in any marked accessible parking space on campus. Individuals with a state issued disability parking permit must comply with all other UMass Boston policies and procedures and pay all applicable daily parking fees or hold a parking pass.

Individuals who have been issued a state-issued disability placard and/or disability license plate do not need to request any specific campus-based disability parking authorization.

For more information regarding obtaining a Massachusetts RMV Disability Parking Placard/License Plate visit <https://www.mass.gov/disability-plates-and-placards>

## Parking with UMass Boston Temporary Accessible Parking Permit

Individuals with a temporary medical condition or disability that restricts mobility and individuals who have applied for a state issued disability placard or license plate and are awaiting approval may be eligible for a Temporary Accessible Parking Permit from the Office of Transportation Services (OTS). Temporary Accessible Parking Permits are valid for up to eight (8) weeks.

To request a Temporary Accessible Parking Permit submit a completed application to the Office of Civil Rights and Title IX (CRTIX) along with a current medical certification of the medical condition or disability from a personal health care provider. Medical certifications should include the expected duration of the medical condition or disability.

Approval of applications will be based on review of the health care provider’s certification indicating a direct connection between the medical condition or disability and the severity of the applicant’s mobility limitations. CRTIX reserves the right to seek additional or clarifying information from the health care provider and/or applicant prior to granting approval.

Individuals with a Temporary Accessible Parking Permit must comply with all other UMass Boston policies and procedures and pay all applicable daily parking fees or hold a parking pass. A UMass Temporary Accessible Parking Permit does not grant the holder accessible parking privileges beyond the UMass Boston campus.

# Applying for UMass Boston Temporary Accessible Parking Permit:

1. Obtain an application online (page 3 and 4 of this document): at <https://www.umb.edu/crtix/policies-forms/>. If assistance is required obtaining or completing the Temporary Accessible Parking Application contact CRTIX at CivilRights.TitleIX@umb.edu.
2. Complete the application and have a personal healthcare provider complete the medical certification. Provide the completed documents to CRTIX via email (CivilRights.TitleIX@umb.edu) or fax to 617-287-5179.
3. If CRTIX approves or denies an application the applicant will be notified via email. CRTIX may also request additional information from the applicant or medical provider.

Following approval, the OTS may require up to five (5) days to issue a permit. After receiving notification from OTS that an approved pass is ready for pickup passes can be collected directly from OTS (Quinn Administration Building, 2nd floor). If assistance is required collecting a pass contact CRTIX at CivilRights.TitleIX@umb.edu.

CRTIX’s determination with regard to a temporary parking accommodation may be further reviewed by the Vice Chancellor for Human Resources.

UMass Boston Temporary Accessible Parking Application

# Applicant’s Request for UMass Boston Temporary Accessible Parking Permit

Instructions: Complete and provide this application and a completed healthcare provider’s certification form to CRTIX by email (CivilRights.TitleIX@umb.edu) or fax (617-287-5179).

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE/ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE PLATE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISSUING STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES PARKING NEEDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ (**MAXIMUM 8 WEEKS**)

I am aware that any request for an extension of this Temporary Accessible Parking Permit may be denied and acknowledge that I can consider obtaining a state-issued disability parking placard/ license plate.

I have attached my health care provider’s current certification for this Temporary Accessible Parking Permit request. I am aware that the medical information provided by my healthcare provider in support of my application must demonstrate a connection between the underlying condition and the requested accommodation and specify the expected duration of the temporary medical condition or disability.

I agree to comply with all policies and procedures related to parking on the UMass Boston campus, including paying all applicable parking charges.

I am aware that all of the UMass Boston transportation shuttles are accessible and equipped with a wheelchair lift. The larger shuttles are outfitted with low floors and have the ability to “kneel” to allow accessible access. The accessibility lift can also be activated by each shuttle driver upon request to assist with boarding and un-boarding of the shuttle without climbing or descending stairs.

APPLICANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Healthcare Provider’s Certification of Applicant’s Medical Condition/ Disability

This form is required in conjunction with a completed Applicant’s Request for UMass Boston Temporary Accessible Parking Permit.

To be completed by personal health care provider. Please print.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of applicant’s medical condition or disability as directly related to their request for accessible parking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Duration of need for accessible parking (maximum 8 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribed Ambulatory Aid(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Examples: cane, brace, crutch, wheelchair, walker, prosthetic device*)

Walking distance ability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this document, I authorize the University of Massachusetts Boston Office of Civil Rights and Title IX to contact me to obtain further patient information if needed.** **I certify that the above information is accurate to the best of my knowledge.**

Health Care Provider’s Signature:

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

Provider Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional License Number and Issuing State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_