



WYANDOTTE COUNTY HUMAN SERVICES DEPARTMENT

PH: (913) 573-5460 Email: humanservices@wycokck.org Fax: (913) 573-5511

APPLICATION FOR DISABLED PARKING SIGNS ON RESIDENTIAL STREETS KANSAS CITY, KANSAS

Applicant's Name: _____

Name of Disabled Individual: _____

Address: _____

Telephone number: () _____ Cell: () _____

Email: _____

Kansas Disabled License Plate Number: _____

LOCATION FOR THE REQUESTED SIGN

Name of Street: _____

Address: _____

USE OF DISABLED PARKING SIGN

Will the primary use of space be for applicant's vehicle? Yes _____ No _____

Will the primary use of space be for applicant's visitors/clients? Yes _____ No _____

BARRIERS TO ACCESSIBILITY

Do you live on an incline? Yes _____ No _____

Do you have a driveway? Yes _____ No _____

Will you need a ramp? Yes _____ No _____

Are there obstacles such as steps, gutters, etc. that further prevents easy accessibility into your home? Yes _____ No _____

Do you use an assistive device (wheelchair, walker, crutch, prosthetic device, etc.)? Yes _____ No _____

PLEASE EXPLAIN THE REASON(S) WHY THE SPACE IS NECESSARY:

The applicant must also obtain a statement from their physician explaining the necessity of the disable parking sign. This statement should include such information as the type of disability and whether or not the physician views this as a PERMANENT CONDITION. This DOES NOT guarantee the establishment of the sign. As to above needed statement, it could be a Rx-pad type of "note," not a big, typed letter; or could be a copy of that KDOR from your doctor signed for the TAG in the first place, the one sent to Topeka or taken to the Courthouse for TAG.

Physician's name (print): _____

Date: _____

Physician's signature: _____

Date: _____

READ CAREFULLY

The applicant understands that if disabled parking signs are established: (1) the space may be used by any and all persons displaying the proper license or placard; and (2) the space remains subject to any parking prohibitions that may in effect in the same block.

Applicant's Signature: _____

Date: _____

RETURN TO:

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY KANSAS CITY, KS

HUMAN SERVICES DEPARTMENT

OFFICE OF DISABLED/DISPUTE RESOLUTIONS

ROOM 346

701 N. 7TH ST.

KANSAS CITY, KS 66101-3035

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