



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: _____

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 _____

DOCUMENTATION OF MEDICAL NECESSITY

PLEASE DESCRIBE THE SUBSTANCIAL LIMITATIONS THAT SUPPORT THE PERMANENT CONDITION (S)

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 if the physician views this as a **PERMANENT CONDITION**. This DOES NOT guarantee the establishment of the sign. You may attach any additional information with this application.

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 be in effect in the same block. Please Note: **If you are approved for residential signage it is your responsibility to notify our office of any changes to your residential status.**

Applicant's Signature: _____

Date: _____

RETURN TO:

HUMAN SERVICES DEPARTMENT

701 N. 7th Street Room 346

KANSAS CITY, KS 66101-3035

Staff Contact:

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