

CITY OF BOSTON



OFFICE USE ONLY:

☐ Approved Permit # _____
☐ Denied Reason _____
 Staff: _____ Date: _____

PCA Parking Permit Program

APPLICATION

A Program for PCA Consumers who are Disabled Residents of Boston

RETURN COMPLETED APPLICATIONS TO:

Mayor's Commission for Persons with Disabilities

Boston City Hall, One City Hall Square – Room 967, Boston, MA 02201

Phone: 617-635-3682 Fax: 617-635-2726 TTY: 617-635-2541

Today's Date: _____ Would You Like to Join Our Email List? Yes ☐ No ☐

1. **APPLICANT INFORMATION** (APPLICANT refers to the Disabled Resident – NOT to individual PCAs)

Last Name _____ First Name _____ Middle _____
 Address _____ Neighborhood _____ Zip _____
 Unit # _____ Date of Birth _____ Age _____
 Phone _____ Email _____

2. **PROPERTY INFORMATION**

Is there ANY off-street parking at this address, such as a driveway, parking lot, or garage? Yes ☐ ↓ No ☐

*** NOTE: You must report ALL existing off-street parking at this address even if your PCAs cannot use it ***

→ If you answered "Yes," are your PCAs able and/or allowed to use the off-street parking? Yes ☐ No ☐ ↓

If your PCAs CANNOT use the off-street parking, explain why: _____

Are you a full time resident of the City of Boston? Yes ☐ No ☐

Does your neighborhood have Resident Only Parking? Yes ☐ No ☐

What Days and Hours is Resident Only Parking in your neighborhood:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

Between the Hours of: _____ and _____ – OR – Is it All Day and All Night (24 hours day / 7 days per week) ☐

Please provide a copy of ONE of the following as proof of residency:

Utility Bill (cell phone bill not accepted) ☐ Proof of home ownership ☐ Bank Statement ☐
 Current Lease/Rental Agreement ☐ Vehicle Registration ☐ Other ☐ _____

3. DISABILITY INFORMATION

What is the medical DIAGNOSIS causing your disability? _____

How long is your disability expected to last? Permanently ☐ Temporarily ☐ → (how long? _____)

Does this disability cause severe FUNCTIONAL limitations in your mobility? Yes ☐ ↓ No ☐

→ If you answered "Yes," what are your limitations? walking ☐ independent transfers ☐ climbing stairs ☐
(Check ALL that apply)

Are you dependent on any mobility devices? Yes ☐ ↓ No ☐

→ If you answered "Yes," which ones? wheelchair ☐ oxygen ☐ prosthesis ☐ walker ☐ cane ☐

4. PCA SERVICES

Are you dependent on PCAs for your Activities of Daily Living (ADLs)? Yes ☐ No ☐

Are you CURRENTLY a PCA Consumer? Yes ☐ ↓ No ☐

→ If you answered "Yes," do you receive PCA Services through BCIL? Yes ☐ No ☐

Approximately when did you begin using PCA Services?

Within the last year ☐ Within the last five years ☐ Longer than five years ago ☐

How many hours of PCA Service to you require per WEEK?

1 – 10 hours / week ☐ 10 – 25 hours / week ☐ 25 – 50 hours / week ☐ 50 or more hours / week ☐

How many hours of PCA Service do you require per DAY?

1 – 5 hours / day ☐ 5 – 10 hours / day ☐ 10 – 20 hours / day ☐ 24 hour continuous care ☐

Which days of the week do you require PCA assistance? (Check all that apply)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

During which times of the day do you require PCA Services?

Daytime Hours (between 6 a.m. – 6 p.m.) ☐ Evening Hours (between 6 p.m. – 12 midnight) ☐

Overnight Hours (between 12 midnight – 6 a.m.) ☐ I require PCAs at all times ☐

How many PCAs do you currently have working for you? 1 PCA ☐ 2 PCAs ☐ 3 PCAs ☐ 4 or more PCAs ☐

5. AUTHORIZATION BY APPLICANT

I certify that the above information is true and accurate. I fully understand that I am responsible for managing the PCA Parking Permit Program, and I agree to release this permit ONLY to my PCAs during the hours that they are working for me in my home. I understand that misuse or violation of this permit may result in temporary or permanent suspension of use.

Applicant Signature

Date

CITY OF BOSTON



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APPLICANT AGREEMENT

RETURN COMPLETED AGREEMENTS TO:

Mayor's Commission for Persons with Disabilities

Boston City Hall, One City Hall Square – Room 967, Boston, MA 02201

Phone: 617-635-3682 Fax: 617-635-2726 TTY: 617-635-2541

INSTRUCTIONS:

This agreement form must be filled out by the PCA Consumer (Disabled Resident) and returned along with the application to the address above.

Today's Date: _____

Last Name _____ First Name _____ Middle _____

Address _____ Neighborhood _____ Zip _____

Phone: _____ E-mail: _____

Applicant Agreement

I, _____, am a PCA Consumer who employs PCAs (Personal Care
Applicant Name

Attendants) for my Activities of Daily Living (ADLs). I agree to let PCAs use this Permit at my home,

_____, only during the hours that I receive PCA
House Number, Street Name, Neighborhood

services at my residence. I agree to adhere to the PCA Parking Permit Program Rules & Regulations

and will not duplicate or misuse the Parking Permit in any manner. I understand that the PCA Parking

Permit Program is not governed or mandated by any federal, state, or city laws/ordinances and that the

City's Disability Commissioner has the ultimate authority to approve, deny, or revoke use of Permit if

misuse is found.

Applicant Signature

Date

CITY OF BOSTON



PCA Parking Permit Program

INFORMATION RELEASE – CONSENT FORM

RETURN COMPLETED FORMS TO:

Mayor's Commission for Persons with Disabilities

Boston City Hall, One City Hall Square – Room 967, Boston, MA 02201

Phone: 617-635-3682 Fax: 617-635-2726 TTY: 617-635-2541

INSTRUCTIONS:

This Consent Form must be filled out by the PCA Consumer (Disabled Resident)
and returned along with the application to the address above.

Today's Date: _____

Last Name _____ First Name _____ Middle _____
Address _____ Neighborhood _____ Zip _____

Date of Birth: _____ Social Security #: _____

Phone: _____ E-mail: _____

Consent to Release Information about PCA Services to The City of Boston - Mayor's Commission for Persons with Disabilities

I, _____, voluntarily consent to the release of my information

Name of Applicant

(Including paper and verbal interchange) pertaining to my usage of Personal Care Attendant (PCA)

Services through _____ I grant permission to the Mayor's

Personal Care Management (PCA) Agency

Commission for Persons with Disabilities to validate my enrollment as a PCA Consumer through this

organization. This Authorization DOES NOT include permission to release any medical information. It

ONLY allows for confirmation that I am currently approved as a PCA Consumer to receive PCA

Services at my own home through the Personal Care Management Service Agency listed above.

Applicant Signature

Date