

# Health Care Provider Requirements and Issuing Guidelines

Person with Disability Temporary Placard  
Issuance Program

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## **OVERVIEW:**

This guide is intended to provide information to health care facilities about the Pennsylvania Person with Disability Temporary Parking Placard Issuance Program, and explain how such facilities can be approved to issue temporary placards directly to patients. This document, with completed checklist and approval, should be kept on file at the health care facility.

Qualified individuals are permitted to obtain a temporary parking placard for a period of up to 6 months. These individuals are required to either complete and mail an application to PennDOT and wait for the placard to be mailed to them, or if their health care provider is an approved issuing agent, complete the application and receive the temporary placard directly from the health care provider.

## **QUALIFYING HEALTH CARE PROVIDERS:**

PennDOT has authorized several types of health care facilities to enroll in the Temporary Placard Issuance Program. Currently, these are the types of facilities eligible to enroll:

- Hospitals
- Medical Specialist Centers
- Physical Therapy Centers

## **HOW TO ENROLL YOUR HEALTH CARE FACILITY:**

A health care facility begins the enrollment process by completing PennDOT's Form MV-145P, "Application for Enrollment/Change in Temporary Placard Program for Health Care Facilities," available on the PennDOT website. PennDOT reviews the application, which includes a certification statement by a designated employee of the facility, and then either approves or disapproves the application. Approved facilities are assigned a site number by PennDOT, and receive training and materials related to issuing, storing, ordering and returning placards.

## THE PLACARD ISSUANCE PROCESS:

After the facility is approved to participate in the Temporary Placard Issuance Program and receives a supply of temporary placards and applications, several simple steps are followed to issue placards to qualified patients.

1. Determine if the patient qualifies for a temporary placard, by reviewing the eligibility requirements on the back of Form MV-145H, "Temporary Persons with Disability Parking Placard Application," available only to authorized health care providers.
2. If the patient does qualify for a temporary placard, the health care provider follows these steps:
  - a. Complete Form MV-145H. Be sure to obtain the patient's information in Section A, and health care provider name and signature in Section B. Remember to enter placard information at the bottom of the form, including placard number and expiration date of the placard issued. The patient must sign the form after all information in Sections A and B are completed.

**NOTE:** Temporary placards are issued for a maximum of 6 months. The expiration month on the placard issued to the patient is determined solely by the month the placard is issued (see chart below). If the placard issued does not cover the full period of time needed by the patient, the customer must be advised to return to the health care facility to complete another Form MV-145H for the additional period of time.

<b>MONTH TEMPORARY PLACARD IS ISSUED</b>	<b>EXPIRATION DATE TO BE ISSUED</b>
DEC/JAN/FEB	JUNE
MAR/APR/MAY	SEPT
JUNE/JULY/AUG	DEC
SEPT/OCT/NOV	MARCH

- b. Hand the temporary placard to the patient with a copy of the completed Form MV-145H, which provides information about proper use (see back of Form MV-145H), and how to recertify if the placard is needed for a longer period of time. Let the patient know that an ID card will be mailed out from PennDOT the next business day.
  - c. Email a copy (scanned image) of the completed Form MV-145H to PennDOT at [researchandsupport@pa.gov](mailto:researchandsupport@pa.gov) in order for the placard and patient information to be immediately recorded in PennDOT's data base.

## **THE PLACARD ORDERING PROCESS:**

Each enrolled health care provider must maintain supplies of placards and Form MV-145H in a secure location. Expired placards must be returned to PennDOT immediately upon their expiration, and when additional placards are needed they must be ordered in accordance with PennDOT procedures using Form MV-180, "Assignment of PennDOT Request for Temporary Persons with Disability Parking Placards." Form MV-180 is available on PennDOT's website at [www.dmv.pa.gov](http://www.dmv.pa.gov).

## **OTHER REQUIREMENTS**

Any changes to the health care facility or the personnel responsible for operation of the Temporary Placard Issuance Program must be reported to PennDOT on Form MV-145P. Some changes, such as relocating or renovating the secure location, may require the facility to submit a new photograph to PennDOT with an explanation of the location change.

Health care providers may contact PennDOT by calling (717) 783-6523 with any program related questions.



# TEMPORARY PERSONS WITH DISABILITY PARKING PLACARD APPLICATION

(Provided by Authorized Health Care Facility)  
NO FEE REQUIRED

**For Department Use Only**  
Bureau of Motor Vehicles • P.O. Box 68268 • Harrisburg, PA 17106-8268

<b>A</b>	<b>APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY - NOTE:</b> If listing an out-of-state address you must also complete and attach Form MV-8.				
	Last Name	First Name	Middle Name	PA DL/Photo ID#	Date of Birth
	Street Address		City	State	Zip Code
	<b>NOTE:</b> If you are the parent or adult charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below. In addition, a parent, including an adoptive or foster parent who has custody, care or control of the child or adult child or a spouse may sign on behalf of the child, adult child or spouse (applicant) provided the applicant meets eligibility requirements (1) through (8).				
Name of Parent, Person in Loco Parentis, or Spouse			Relationship to Applicant		
Street Address		City	State	Zip Code	
<b>B</b>	<b>CERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OR CERTIFIED IN PA OR A CONTIGUOUS STATE (NEW YORK, NEW JERSEY, DELAWARE, MARYLAND, WEST VIRGINIA OR OHIO) - THIS SECTION MUST BE COMPLETED IN FULL. HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. WARNING: Altering or forging a document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document knowing it to have been altered, forged or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75 Pa.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.</b>				
	I hereby certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ If reason code #4 is listed, please indicate the type of device used: _____ <small>List Reason Code # Here</small> <b>(NOTE:</b> Only those conditions listed on the reverse side of this application qualify an applicant for a temporary person with disability placard. Temporary placards are only issued for a period of time not to exceed six months. If the applicant requires additional time after the expiration of the placard issued, the applicant must be recertified by a health care provider.				
	Facility Name				Site #
	Health Care Provider's Printed Name		Health Care Provider's Signature		Medical License No.
	Facility Street Address		City	State	Zip Code Telephone Number (     )
<b>C</b>	<b>APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.</b>				
	I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).				
Applicant Signature		Date	Telephone Number (     )		

### OFFICIAL USE ONLY:

To be completed by the Health Care Facility after issuance of a Temporary Persons with Disability Parking Placard.

Date Placard Issued: \_\_\_\_\_

Temporary Placard Number Issued: \_\_\_\_\_

Expiry Date Issued: \_\_\_\_\_

## INSTRUCTIONS

**Original Temporary Placard** - Complete Sections A, B and C. **NOTE:** Only licensed health care providers\* may certify disabilities for temporary placards. **In addition, temporary placards may not be extended for an additional period of time.** When additional time is needed, a new application must be completed and recertified by a health care provider.

**Recertification** - Complete Sections A, B and C. **NOTE:** Only licensed health care providers\* may recertify disabilities for temporary placards.

**\*Health Care Provider is defined as a physician, chiropractor, optometrist, podiatrist, physician's assistant or a certified registered nurse practitioner licensed or certified in Pennsylvania or a contiguous state. Health Care Providers may only certify disabilities within their scope of practice.**

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### Eligibility Requirements

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#### "Reason Codes"

Applicant:

- (1) is blind.
- (2) does not have full use of an arm or both arms.
- (3) cannot walk 200 feet without stopping to rest.
- (4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- (5) is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
- (6) uses portable oxygen.
- (7) 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 the standards set by the American Heart Association.
- (8) is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.
- (9) is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above.
- (10) is the parent, including adoptive parent or foster parent, of a child or adult child provided that the person has custody, care or control of the child or adult child and the child or adult child satisfies paragraph (1), (2), (3), (4), (5), (6), (7) or (8); OR,
- (11) is the spouse of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8).

**Definition of Persons in Loco Parentis** - ANY ADULT charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents. In addition, a parent, including an adoptive or foster parent who has custody care or control of the child or adult child or a spouse may sign on behalf of the child, adult child or spouse (applicant) provided the applicant meets eligibility requirements (1) through (8).

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#### Use of Temporary Persons with Disability Parking Placard:

- . Placards are to be used only when the vehicle in which it is displayed is parked and is being used for the transportation of the person with a disability.
- . Any vehicle lawfully displaying a placard will qualify for parking in areas designated for use by persons with disability only.
- . The placard will not allow vehicles to park where parking is prohibited.

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#### Review with Applicants:

##### **Qualifying Vehicles**

- (1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 lbs.
- (2) The placard is required to be displayed when the vehicle is parked in areas designated for use by persons with a disability only and must not be displayed when the vehicle is being operated on the highway.

##### **Benefits**

- (1) Parking permitted in spaces designated for disabled persons and for 60 minutes in excess of legal parking period except where local ordinances or police regulations provide for the accommodation of heavy traffic during morning, afternoon or evening hours.
- (2) Upon request of a person with a disability, local authorities may erect on the highway as close as possible to the person's residence a sign(s) indicating that the place is reserved for the person with disability, that no one else may park there unless a person with disability plate or placard is displayed and that any unauthorized person parking there will be subject to a fine.

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Once the temporary placard is issued, email the completed application to: [researchandsupport@pa.gov](mailto:researchandsupport@pa.gov)

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at 717-412-4300. TTY Callers - please dial 711 to reach us.**



# ASSIGNMENT OF PENNDOT REQUEST FOR TEMPORARY PERSONS WITH DISABILITY PARKING PLACARDS

**For Department Use Only**  
Research and Support Operations Section • P.O. Box 68592  
Harrisburg, PA 17106-8592

<b>A Request for Temporary Persons with Disability Parking Placards - Completed by Health Care Facility</b>			
Health Care Facility Name		Site Number	Health Care Contact Person Name
Health Care Facility Address			
City			State    Zip Code
Date of Request		Telephone	
Number of Temporary Placards Requested:		Expiry Date Requested:	
Number of Temporary Placards Requested:		Expiry Date Requested:	
Number of Temporary Placards Requested:		Expiry Date Requested:	
Number of Temporary Placards Requested:		Expiry Date Requested:	
Number of Temporary Placards Requested:		Expiry Date Requested:	
<b>B Shipment of Temporary Persons with Disability Parking Placards - Completed by PennDOT Representative</b>		<b>C Receipt of Temporary Persons with Disability Parking Placards - Completed by Health Care Facility</b>	
Date of Shipment	Telephone	Date Received	<b>NOTE:</b> List any discrepancies in the shipment.
Number of Temporary Placards Issued:	Expiry Date:	Sequence Numbers Issued	
Number of Temporary Placards Issued:	Expiry Date:	Sequence Numbers Issued	
Number of Temporary Placards Issued:	Expiry Date:	Sequence Numbers Issued	
Number of Temporary Placards Issued:	Expiry Date:	Sequence Numbers Issued	
<b>D Signature - To be completed by Health Care Facility upon receipt of the Temporary Persons with Disability Parking Placard Shipment.</b>			
Printed Name of Health Care Facility Representative		Signature of Health Care Facility Representative	

### Instructions

Section A - to be completed by the Health Care Facility in order to receive Temporary Persons with Disability Parking Placards for issuance. Temporary Persons with Disability Parking Placards expire the last day of March, June, September or December. Please indicate the total number of placards for each expiry requested. The form may be emailed to [researchandsupport@pa.gov](mailto:researchandsupport@pa.gov).

Section B - to be completed by PennDOT. PennDOT must record the name and address of Health Care Facility where the placards are being shipped and the total number of placards shipped for each expiry as requested. In addition, PennDOT must record the beginning and ending sequence number of the placards shipped for each expiry.

Section C - to be completed immediately by the Health Care Facility after the shipment of placards has been received and confirm all products are accounted for. The Health Care facility will record the date the placards were received and note any discrepancies with the shipment for each expiry. The Health Care Facility must e-mail the completed form to [researchandsupport@pa.gov](mailto:researchandsupport@pa.gov) within 24 hours of receipt.

Section D - to be completed by the Health Care Facility upon review and confirmation of the shipment of Temporary Persons with Disability Parking Placards.

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at 717-412-5300. TTY callers — please dial 711 to reach us.**