PSYCHIATRIC HEALTH FACILITY
POLICIES AND PROCEDURES
COUNTY OF SANTA BARBARA
DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section: ADMINISTRATIVE
Subject: DISABLED PERSON PARKING PLACARDS

Form Ref #: Feb. 1998 - Effective
Search Item: May 2006 - Revised

Director’s Approval: ___________________________ Date: ____________
Assistant Director’s Approval: ___________________________ Date: ____________

POLICY:
ADMHS wishes to provide tools for staff to assist them in doing their jobs, and to provide training in the use of these tools to ensure safety. The department has successfully obtained Department of Motor Vehicles (DMV) Disabled Person Parking Placards and provides these guidelines so that staff do not get parking tickets. DMV Disabled Person Parking Placards are available at individual ADMHS clinics and the PHF for use only by ADMHS Staff when transporting physically disabled clients (having impaired motor ability) in county vehicles. Any other use is prohibited and could result in substantial DMV fines and/or ADMHS discredit.

PROCEDURE: Disabled Person Parking Placards are to be stored securely at each site and returned after each use. Employees must sign an acknowledgement of this policy prior to being permitted to use a Disabled Person Parking Placard. The Disabled Person Parking Placard must be hung from the rearview mirror and accompanied in the vehicle by a “DMV Receipt for Disabled Person Parking Placard.”

Disabled Person Parking Placard display permits the following:
- Parking in spaces marked by the International Symbol of Access (blue wheelchair logo)
- Parking next to a blue curb authorized for disabled person parking
- Parking for an unlimited amount of time next to a green curb marked for limited-time parking
- Parking at a metered parking space without charge
- Parking in an area where resident or merchant permits are required

Disabled Person Parking Placard display does NOT permit the following:
- Parking next to a red or yellow curb
- Special privileges for mentally disable clients

I acknowledge that I have read and understood the Disabled Person Parking Placard Policy and will adhere to it.

_________________________________________          _____________________
Signature                                                                                      Date