

# APPLICATION AND STATEMENT

*In Connection With Medical Parking at SSA Headquarter Buildings in Baltimore, MD*

## To Be Completed By The Applicant

**INSTRUCTIONS:** The Social Security Administration (Agency or SSA) offers medical parking as a reasonable accommodation to employees who are "disabled," as defined by Rehabilitation Act of 1973, as amended, 29 U.S.C. 791, *et seq.*, and the ADA Amendments Act of 2008. Specifically, you must have a physical or mental impairment that substantially restricts your mobility or ability to walk to be eligible for the reasonable accommodation of medical parking.

In support of your application for medical parking, you must submit Form SSA-3193 Physician's Report and include objective medical documentation supporting the severity of the impairment, such as physician's office notes, x-ray reports, MRI reports, pulmonary function tests, or other medical testing results. Your physician's office should directly forward the physician's report and accompanying documentation, if required, via a separate sealed envelope or facsimile to the Deputy Director, Office of Protective Security Services, P.O. Box 17789, Baltimore, MD 21235-7789. Employees with plainly obvious physical impairments do not need to submit the physician's report or medical documentation, and should contact the Deputy Director, Office of Protective Security Services directly at (410) 966- 8814.

**HIPAA STATEMENT:** In accordance with the Health Insurance Portability and Accountability Act (HIPAA), Pub. L. 104-191, SSA needs your written authorization in order to obtain the Protected Health Information ("PHI") required to process your application for Medical Parking. Your authorization will remain valid for 12 months. You may write to SSA or your physician at any time to revoke your authorization, except to the extent a physician has already relied on it to take an action. If you request, SSA will give you a copy of your Application and Statement. You may ask your physician to allow you to inspect the Physician's Statement. If you have any questions, you should contact the Deputy Director, Office of Protective Security Services at (410) 966-8814.

Application and Statement  
in Connection With the Medical Parking at SSA Headquarters  
Building in Baltimore, MD  
Privacy Act Statement  
Collection and Use of Personal Information

The Federal Property and Administrative Services Act of 1949, as amended, 63 Statute 377, 390 (40 U.S.C. 471; 41 CFR 101-20.104-2) and Rehabilitation Act of 1973, as amended, 29 U.S.C. 791; and the ADA Amendment Act of 2008 authorize us to collect this information. We will use the information you provide to help us determine reasonable accommodations. The information you provide is voluntary. However, failure to provide the requested information may make it impossible for us to process your request.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Social Security Administration Parking Management Record System, 60-0230, and Reasonable Accommodation for Persons with Disabilities (RAPD) 60-0315. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

1. Name (last, first, middle int.):		2. Last four digits of SSN:		
3. Office/Company:		4. Work Schedule:		
5. Building:		6. Room No.:		
7. Do you currently have a medical parking permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. If yes to 7, please state:	8a. Area:	8b. Lane:	8c. Space:
9. Briefly describe your physical or mental impairment for which you seek medical parking.				

10. Briefly describe why you believe that you need medical parking.

Applicant's Authorization and Certification	<b>I certify that all statements made above are true to the best of my knowledge and belief. I give my permission for the release of information about the physical or mental condition(s) for which I seek medical parking to authorized SSA officials, including the Deputy Director, Office of Protective Security Services, and the contract physician. I have read and understand all of the information provided in the instructions to this application.</b>		
Signature:	Date:	Telephone no.:	

This completed form and accompanying medical reports may be faxed to (410) 597-0455, or mailed in a sealed envelope marked, "Confidential - Medical Parking Information," to:

Deputy Director, Office of Protective Security Services  
Social Security Administration  
P.O. Box 17789  
Baltimore, MD 21235-7789

**YOU MUST ALSO SUBMIT FORM SSA-3193 PHYSICIAN'S REPORT AND SUPPORTING DOCUMENTATION. FAILURE TO SUBMIT THE REPORT AND DOCUMENTATION MAY PROHIBIT THE AGENCY FROM PROCESSING YOUR REQUEST.**

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0624. We estimate that it will take between 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**