## **OPERATION SNOWFLAKE**

The Teton County Board of County Commissioners have approved a program; <u>OPERATION SNOWFLAKE</u>, to further assist the handicapped and elderly persons with disabilities.

Operation snowflake is a program where the Teton County Road Department will remove snow from the private roads and driveways outside of incorporated towns to enable handicapped persons to enter the county road system. This will also provide easy access to homes for emergency medical service.

Upon approval, you will be issued a snowflake decal for you to put on a sign or on your mail box after you have with submitted proof that the service is essential and necessary. Grader operators and truck plow operators will clean these roads and drives as they do their normal duties.

Emergency snow plowing into private residences will be handled as in the past.Persons interested in applying for this special program must apply for the State of Montana special parking permit at the Teton County Treasurers Office and be certified as a physically handicapped person. For further information contact Teton County Road Supervisor Steve Tomschin at 466-2671

## OPERATION SNOWFLAKE

# TETON COUNTY ROAD DEPARTMENT APPLICATION FORM

NAME:
MAILING ADDRESS
PHYSICAL ADDRESS:
CITY: ZIP-CODE:
PHONE NUMBER: CELLNUMBER:
LEGAL DESCRIPTION OFHOME:
I would like to apply to participate in <u>OPERATIONSNOWFLAKE</u> . I am submitting documentation that I do have a State of Montana special parking permit and am certified physical handicapped person. I will not hold Teton County responsible for any property damage that may occur while plowing myprivate road or drive.
SIGNATURE

## How to get a handicap parking permit in Montana (MT)

#### Who's eligible?

A person is eligible to receive a disabled parking placard if he or she

- cannot walk 200 feet without stopping to rest;
- is severely limited in ability to walk because of an arthritic, neurological, or orthopedic condition;
- is so severely disabled that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
- uses portable oxygen;
- is restricted by lung disease to the extent that forced expiratory respiratory volume, when measured by spirometry, is less than 1 liter per second or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- has impairment because of cardiovascular disease or a cardiac condition to the extent that the
  person's functional limitations are classified as class III or IV under standards accepted by the
  American Heart Association;
- has a disability resulting from an acute sensitivity to automobile emissions or from another disease or
  physical condition that limits or impairs the person's mobility and that is documented by the licensed
  physician, licensed advanced practice registered nurse as being comparable in severity to the other
  conditions listed in this subsection.

#### How to obtain a permit

Applicant must complete the Disability Permit/License Plate Application (Form MV5) included. A physician, chiropractor, or advance practice registered nurse must complete its Part B. The form can then be mailed to the nearest Teton County Treasurer PO Box 428 Choteau, MT 59422.

#### Fee

Disability placards are free.

#### Validity/expiration of placards/permits

Permanent placards are valid for 3 years. Temporary placards are valid for 6 months. Extended temporary placards are issued for up to 24 months.

#### Renewing placards

Placards may be renewed by following the steps listed in "How to obtain a permit" above.

#### Lost placard/replacement

To replace a lost, stolen, or damaged placard, the placard holder need only phone the Motor Vehicle Division of the Montana Department of Justice at (406) 444-3661, which will reissue the placard free of charge. No forms are

#### Where to hang the placard/permit

The placard must be hung from the rear view mirror when the vehicle is parked in the designated parking space.







### Disability Permit/License **Plate Application**

**MVD** Use Only **Expiration Date:** Permit #:

\*\* See Page 2 for Instructions &

Special License Plate Information \*: P.O. Box 201430 Helena MT 59620-1430 Phone (406) 444-3933 Fax (406) 444-3816 MTDriverHistory@mt.gov CHECK ONE: Applying as an individual fill out Section A only. Applying as an organization fill out Section B only. Driver License/ID Card/Tribal ID Number (If applicant has one) Applicant's Legal Name (first, middle, last) - please print Applicant's Residential Address State Zip Applicant's Mailing Address City State Zip Do you need the special parking permit mailed to a temporary address: Yes No If yes, temporary address: State Zlp Daytime Phone Number Date of Birth You are eligible for one special parking permit and one set of The applicant certifies that: I understand that by submitting license plates for each noncommercial motor vehicle you own. this form I have read pages 1 and 2 of this form and agree to If you do not own a motor vehicle, you can only receive one comply with all the requirements for the permit or license plate special parking permit. and I am authorizing the State of Montana to update my Number of Permits: address and customer record. Medical Certification for an Individual: This part must be completed by a licensed Physician, Physician's Assistant, Chiropractor, or Advanced Practice Registered Nurse. I certify that, based on the criteria listed on page 2, the applicant is qualified for (check one):  $\square$  3 year special parking permit for a permanent disability and disability vehicle plates 6 month special parking permit for a temporary disability month extended special parking permit for a temporary disability (maximum 24 months) Printed Name: Physician/PA/Chiropractor/Advanced Practice RN Type of Physician Professional License Number Address: Physician/PA/Chiropractor/Advanced Practice RN City State and Zip Code Signature: Physician/PA/Chiropractor/Advanced Practice RN Date Daytime Phone Number The Motor Vehicle Division may issue special parking permits to an agency or business that provides transportation for people with disabilities. The permits must be used only to load and unload people with disabilities. Name of Organization FEIN or Corporate ID Mailing Address City State Zip Type of Organization (check one): 

Skilled Nursing Facility ☐ Nursing Home ☐ Intermediate Care Facility Other, explain: We are applying for \_\_\_\_\_ permit(s). I certify that I represent an agency, business, or long-term care facility providing transportation for people with disabilities (MCA 49-4-301) and I have full authority to sign for this agency, business, or facility (MCA 49-4-302). Signature Position Title Printed Name

Daytime Phone

Date

#### **MV5 Form Instructions**

There is no fee for a parking permit.

Incomplete applications delay processing, please double-check before mailing.

If you have lost your unexpired placard please call the number listed on the front of this form for a replacement.

Individuals must complete Sections A when requesting a special parking permit or plates. If you live in in a care facility and need a permit for yourself, only complete Section A. A licensed physician, physician's assistant, chiropractor, or advanced practice registered nurse must complete the "Medical Certification for Individual".

Organizations only need to complete Section B.

#### To submit your signed and completed application:

Email: MTDriverHistory@mt.gov

Fax: (406)444-3816

Mail: Motor Vehicle Division PO Box 201430 Helena, MT 59620-1430

### INFORMATION FOR MEDICAL PROVIDERS

The applicant must meet one or more of the following criteria (MCA 37-8-202):

cannot walk 200 feet without stopping to rest;

- is severely limited in ability to walk because of an arthritic, neurological, or orthopedic condition;
- is so severely disabled that the person cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;

uses portable oxygen;

- is restricted by lung disease to the extent that forced expiratory respiratory volume, when measured by spirometry, is less than 1 liter per second or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- has impairment because of cardiovascular disease or a cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American Heart Association;
- has a disability resulting from an acute sensitivity to automobile emissions or from another disease or physical condition that limits or impairs the person's mobility and that is documented by the licensed physician, licensed physician's assistant, the licensed chiropractor, or the licensed advanced practice registered nurse as being comparable in severity to the other conditions listed in this subsection.

The period of time a special parking permit is issued depends on whether the disability is permanent or temporary.

A person who has a permanent disability will be issued a three year special parking permit.

- A person whose condition is expected to improve within six months will be issued a six month special parking permit.
- A person whose condition is expected to improve between six months and two years will be issued an extended special

## INFORMATION FOR SPECIAL PARKING PERMIT HOLDERS

- You cannot transfer a special parking permit to another person. It is unlawful for you to loan this permit to any person even i that person is disabled.
- You must prominently display the special parking permit in the windshield of the vehicle when using the special parking
- Any fraudulent or other misuse of the permit may result in the cancellation of the special parking permit or plate.
- The permit must be surrendered to the Motor Vehicle Division when you are no longer disabled or is deceased.
- Permits are valid until the last day of the month and year on the permit. You must submit a new application before the expiration date to renew permit.
- Permanent permits issued prior to October 1993 do not require renewal.

### INFORMATION ABOUT DISABILITY VEHICLE PLATES

- If you are eligible for a special parking permit and are a registered owner of a vehicle, you may apply and pay for disabled plates with a design with a representation of a wheelchair as the symbol of a person with disability.
- You may go to your County office to receive disability vehicle plates. If you have an unexpired 3 year special parking permit you may present this to the County to show that you are eligible for disability vehicle plates.
- If the vehicle is permanently registered, you must attach documentation of continued eligibility to use the license plate to the vehicle's registration.