

# ATTACHMENT A

# MIAMI BEACH

Permit # \_\_\_\_\_

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, [www.miamibeachfl.gov](http://www.miamibeachfl.gov)  
FINANCE DEPARTMENT

DATE: \_\_\_\_\_

## CAREGIVER MEDICAL AFFIDAVIT

I, \_\_\_\_\_, am the ATTENDING PHYSICIAN for \_\_\_\_\_, who resides at \_\_\_\_\_ located within the boundaries of Residential Permit Parking Area \_\_\_\_\_. He/She requires health care for the duration of \_\_\_\_\_, during the days the Residential Parking Ordinance is in effect.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
DATE

\*\*\*\*\*

I, \_\_\_\_\_, am a HEALTH CARE PROFESSIONAL caring for \_\_\_\_\_ for the duration of \_\_\_\_\_, who resides at \_\_\_\_\_. I hereby apply for a Caregiver Parking Permit for Zone \_\_\_\_\_.

\_\_\_\_\_  
LICENSE PLATE #

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
MAKE

\_\_\_\_\_  
MODEL

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
HEALTH CARE ATTENDANT'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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Permit # \_\_\_\_\_

## Caregiver Parking Permit

Bona fide resident requiring home medical care/assistance from either established caregiver agencies and/or family members/friends that assist in the care and/or support of the resident are eligible for a caregiver permit, one per person and limited two (2) per household, upon proof of residency and submittal of the completed City of Miami Beach Parking Department application. The caregiver permit exempts the caregiver's vehicle for both daytime and/or overnight residential parking program restrictions; however, it does not exempt the vehicle from paying at parking meters or at prohibited parking (e.g., parking meters/pay stations; fire hydrants, crosswalks, pavement marking including yellow curbs).

An applicant must submit the original copy of this medical affidavit signed by a physician or director of a nursing agency providing caregiver services with the following information:

- Current date
- Name of the caregiver and duration of services, including frequency of service
- Name of patient and address
- License plate and make of the vehicle that will be parked on the street

## Program Participation Requirements are:

- Proof of residency – utility bill or bank statement within 30 day of issuance.
- Ages 62 or over and/or Medicare/Medicaid participants
- Completed notarized Medical Affidavit (contact office for form)

## Permit Restrictions:

- Caregiver Permits may only be issued for the duration stated on the physician's letter not to exceed six (6) months; subsequent renewals require beyond six (6) months.
- One Caregiver Parking Permit per person or two per household
- Each Caregiver Parking Permit cost is \$25.00, excluding sales tax, and is valid for six months.
- Residents are responsible for the Caregiver Parking Permits issued to them. Permits are not specific to one caregiver's vehicle; thus, different caregivers may use the same permit.
- Caregiver Parking Permits are only valid at the authorized zone listed on the permit.
- Lost or stolen permits are subject to a \$25.00 replacement fee and limited upon the manager or supervisor's discretion.