

What is the Group Access Pass?

A Group Access Pass permits residents of New York State with disabilities, as defined in the attached application, free or discounted use of parks, historic sites, and recreational facilities operated by the New York State Office of Parks, Recreation and Historic Preservation and the New York State Department of Environmental Conservation. For a description of these facilities, visit www.parks.ny.gov and www.dec.ny.gov.

The members of the group may have free or discounted use of facilities operated by these offices, for which there is normally a charge — for example, parking, camping, greens fees, swimming.

The Group Access Pass is not valid for waiver of fees such as those for seasonal marina dockage, group camp or cottage rental, performing arts programs, consumables (i.e. firewood, electric, or gas), campsite/cabin amenities, reservations and registrations, as well as some services or locations operated by an outside concessionaire.

Access Pass qualifications and requirements are described within the application.

The Access Pass includes an expiration date. It is the responsibility of the pass holder to reapply in order to obtain a new pass. There is no renewal process.

The Office of Parks, Recreation and Historic Preservation is authorized to collect this information by Section 3.09 of the Parks, Recreation and Historic Preservation Law. It will be used to determine your eligibility and to process your application. If the information you provide is not complete, it will not be possible to process your application. The information will be maintained by the Regional Programs and Services Bureau, State Parks, Albany, NY 12238, 518-474-2324, TTY/TDD through 711 Relay Service. The information may also be used to contact you about this and other programs of the New York State Office of Parks, Recreation and Historic Preservation.

To ensure that your application can be approved for processing, please be sure that all of the items below are included when submitting your application.

- ✓ Completed all the Applicant Information in Part One
 - ✓ Signed and dated the Authorization and Certification
 - ✓ Enclosed the proper organization certification
- OR —
- ✓ Your physician completed all the information in Part Two, Section B
 - ⚠ This application **cannot** be processed on site at any location.

Email this application, enclosing all required materials to:

Accesspass@parks.ny.gov

Or mail to:

**Access Pass
New York State Parks
Albany, NY 12238**

Please allow 2-4 weeks for processing of this application

Contact Us



For questions, email us at Accesspass@parks.ny.gov or visit our Contact Us page at parks.ny.gov/admission.

**ACCESS PASS
NEW YORK STATE PARKS
ALBANY, NEW YORK 12238**





GROUP ACCESS PASS

APPLICATION



Parks, Recreation and Historic Preservation
parks.ny.gov



Department of Environmental Conservation
dec.ny.gov

Group Access Pass Guidelines



PART ONE: Group Information

Applicant must complete Sections A - C

A. APPLICANT INFORMATION

Authorized Representative First Name

Authorized Representative Last Name

Group Name (to be printed on Access Pass)

Mailing Address

City or Town

State

Zip Code

Telephone Number

Email Address (if you would like to receive NY State Parks program information.)

Preferred Contact

 email phone

OFFICE USE ONLY

Disability Code _____ Denial Code (s) _____

Approved By _____ Denied By _____

B. QUANTITY OF PASSES

Passes are not assigned to specific vehicles, but each vehicle that is a part of a group, including staff vehicles, must present a pass upon entering the facility. Please indicate the number of passes needed:

C. AUTHORIZATION & CERTIFICATION

I authorize the release of any pertinent medical information needed to process this application. I certify that the information provided is true to the best of my knowledge and believe and understand that any person who knowingly files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act. **ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Authorized Representative's Signature

Date

PART TWO: Certification

Applicant must complete **Section A**
OR Physician must complete **Section B**

A. ORGANIZATION CERTIFICATION:

All members of the group other than staff MUST qualify under one of the eligibility categories. Attach current and valid eligibility certification for the category you are applying for:

- BL Persons who are blind:** Certification from the New York State Commission for the Blind that the applying organization services persons who are all legally blind, defined as: when a person's visual acuity is 20/200 or less in the better eye with best correction, or their field of vision is 20 degrees or less in the better eye.
- DD Persons who have a developmental disability:** Certification from the New York State Office for People With Developmental Disabilities that the applying organization is licensed, operated, certified or funded by the NYS Office for People with Developmental Disabilities.
- MH Persons who have a mental disability:** Certification from the New York State Office of Mental Health that the applying organization is licensed, operated, certified or funded by the NYS Office of Mental Health.

B. PHYSICIAN CERTIFICATION:

To be completed by the physician only if the Organization Certification in Section A is not provided. Physician must select the applicable statement(s) and complete certification below within one year of the application date. A disabling condition is acceptable only if it causes one of the functional limitations listed below. *Handwriting other or additional conditions will not be accepted.

- AM Persons who have an amputated arm or leg:** Has a fully or partially amputated or congenitally absent arm or leg, excluding the extremities of the hands (fingers) and feet (toes).
- DF Persons who are deaf:** Has profound hearing loss causing the person to primarily rely on visual communications (sign language, lip reading, gestures) and assistive technology.
- WC Persons who are non-ambulatory:** Has a permanent disability which prevents them from being able to walk and therefore requires the use of a wheelchair at all times.

! A physician certifying a Group Access Pass application must write a letter on provider letterhead stating that all individuals, other than staff, who would benefit from this group access pass qualify for the disabling condition indicated on the application accompanying this letter.

PHYSICIAN'S INFORMATION

First Name

Last Name

Suffix

Mailing Address

City or Town

State

Zip Code

Telephone Number

License Number

I certify the following: the applicant is disabled as indicated by my selection of the applicable qualification; I am currently licensed and practicing in New York State; the above information is true to the best of my knowledge; I believe and understand that any person who knowingly files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act.

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Physician's Signature

Date