



Special Needs Child Warning Sign Policy

1. Purpose

The purpose of this policy is to govern the installation and removal of Special Needs Child Warning Signs, including signs for blind, deaf, autistic, or disabled children. These signs are intended to alert motorists to conditions that may not be readily apparent and to improve safety within residential areas. The Village's goal is to reasonably accommodate resident requests while ensuring appropriate use, placement, and maintenance of such signs.

2. Application and Review Process

- a. Residents requesting a Special Needs Child Warning Sign shall complete a Special Needs Child Sign Application Request Form.
- b. The Director of Public Works or designee shall review the application to determine whether the criteria for installation are met.
- c. The Public Works Director and Police Chief shall consider
 - i. Crash history in the area;
 - ii. Potential conflicts with existing traffic control devices;
 - iii. Visibility concerns, including obstructions that cannot be reasonably corrected;and
- iv. Any other relevant safety considerations.
- d. If approved, the Director of Public Works or designee shall:
 - i. Determine the appropriate sign location(s);
 - ii. Notify the applicant of the requirement to provide notice if the child is not longer living at the address.
 - iii. Ensure Public Works is notified of the approved sign location(s); and
 - iv. Ensure a physical copy of the application is retained in the Public Works files.
- e. Upon approval, Public Works shall order and install the sign(s) as soon as practical.

If the child no longer meets the eligibility requirements, the sign(s) shall be removed by the Village.

3. Proof of Residency and Removal

- a. The applicant must provide Proof of Residency prior to consideration.
- b. At anytime the Village may reach out to verify the sign is still needed. Rather than making the family apply for the sign yearly, we will do our best to determine if the resident is still living at that location.
- c. If we believe something has changed with regards to residency; the Village shall send written notice to the applicant's last known address stating that the sign(s) will be removed if documentation/confirmation is not received within 30 days.
- d. Failure to comply within the 30-day period shall result in prompt removal of the sign(s).

4. Disabled Child Area and Sign Criteria

Requests for "Disabled Child Area" signs shall be subject to the following conditions:

- a. Disabled Child Warning Signs may be installed upon request by a parent or representative of a disabled child
- b. The child shall be 17 years of age or younger.
- c. The application must include a signed certificate from a qualified physician verifying a diagnosis
- d. A maximum of two (2) signs may be approved per applicant.
- e. Signs shall be placed within a reasonable distance of the child's primary residence, as determined by the Public Works Director.
- f. All installation shall be performed by authorized Village personnel.
- g. The applicant shall notify the Village when:
 - i. The disability no longer exists; or
 - ii. The individual moves from the residence.

5. Approved Sign types

The following Special Needs Child Warning Signs may be considered for installation under this policy

- a. "Deaf Child Area"
- b. "Blind Child Area"
- c. "Autistic Child Area"
- d. "Disabled Child Area"

Final sign location(s) will be determined by the Public Works Director.



Special Needs Child Warning Sign Application

Applicant Information

- Applicant Name: _____
- Relationship to Child: ☐ Parent ☐ Guardian ☐ Representative
- Property Address (Primary Residence): _____
- Mailing Address (if different): _____
- Phone Number: _____
- Email Address: _____

Child Information

- Child's Name: _____
- Child's Date of Birth: _____
- Child's Age: _____

Type of Sign Requested (check all that apply):

- ☐ Deaf Child Area
 - ☐ Blind Child Area
 - ☐ Autistic Child Area
 - ☐ Disabled Child Area
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Medical Certification (Required)

- ☐ I have attached a signed certificate from a qualified physician verifying the child's qualifying condition.

Physician Name: _____

☐ All documents associated with this application will be held physically unless notice is given to the active applicant if we chose in the future to digitize active documents. The only digitized information will be listed on an excel spreadsheet with the applicants Number, location of the sign, date of sign installation, date of application, age of individual the sign is approved for.

☐ I understand that proof of residency must be provided if requested, and failure to do so may result in removal of the sign(s) after notice.

☐ I agree to notify the Village of Hortonville if the child no longer meets eligibility requirements or if the child no longer resides at this address.

☐ I certify that the information provided on this application is true and accurate. I understand that providing false or misleading information may result in denial or removal of the sign(s).

Date: _____

Installation Date:_____

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