

Clerk Peter Gialamas
Maine Township
1700 Ballard Road
Park Ridge, IL 60068
(847) 297-2510

Person with Disabilities Certification for Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed, THIS side by the physician, and THE OTHER SIDE by the applicant.

DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1 – 159.1)

"A natural person who, as determined by licensed physician: (1) cannot walk 200 feet without stopping to rest. (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (3) is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or arterial oxygen tension is less than 60 mm/hg on room air at rest; (4) uses portable oxygen; (5) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association; or (6) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition. "

(Please fill in the applicant's name, describe the condition, and indicate the Impairments below.)

Person with Disabilities Name _____

Condition _____

___ Cannot walk 200 feet without stopping to rest.

___ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.

___ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter.

___ Uses portable oxygen.

___ Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.

___ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

LENGTH OF DISABILITY: _____ (not to exceed 3 months)

I hereby certify that the physical condition of the persons with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159.1.

Physician's signature

Physician's license number

Please PRINT OR TYPE BELOW:

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

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Card# _____

NAME OF HANDICAPPED PERSON: _____
(Last) (First) (M.I.)

ADDRESS: _____

PHONE # _____ Date of Birth ___/___/___

If application is being completed on behalf of a handicapped person, please indicate the following information about yourself:

NAME _____
(Last) (First)

ADDRESS _____

PHONE # _____ RELATIONSHIP TO APPLICANT _____

I acknowledge that I have read the requirements for Handicapped Parking Identification Card.

Signature

*** OFFICE USE ONLY ***

ID Number: _____
ID: Illinois Driver's License Illinois ID Card S.S. Card Passport
Other _____

APPROVED BY: _____ TITLE _____

DATE

EXPIRES