

Oak Park Township Certification For "Persons With Disabilities" Temporary Parking Placard

Issued to Residents of Oak Park with Temporary Disabilities

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

"A natural person who, as determined by a licensed physician: (1) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (2) 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 the arterial oxygen tension is less than 60 mm/hg on room air at rest; (3) uses portable oxygen; (4) 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; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions or (7) is missing a hand or arm or has permanently lost the use of a hand or arm."

BOTH PORTIONS OF THIS APPLICATION MUST BE COMPLETED.
Placards are issued in person at Oak Park Township, 105 S. Oak Park Avenue.

Part 1 - to the Applicant:

Name _____ Date of Birth _____

Address _____ Telephone Number _____

Driver's License OR State ID Card Number _____

I hereby apply for a Temporary Disabled Parking Card under the statutory provision, (625 ILCS 5/1-159.1) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the disabilities parking device must not be used unless I am the driver or passenger in the vehicle.

Signature _____ Date _____

Part 2 - to the Physician: Please fill in the name of the person with the disability, state the diagnosis, and indicate the impairments below.

Name of Person with Disabilities: _____

Diagnosis _____

NOTE "Cannot walk 200 feet without stopping to rest" is no longer a qualifying disability unless it is related to one of the following conditions below.

- _____ Is restricted by lung disease to such a degree that the person's forced 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.
- _____ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.
- _____ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- _____ Has permanently lost the use of or is missing a hand or arm

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159.1. **WARNING: Any person who knowingly misuses or makes a false or misleading statement on an application can be fined up to \$1,000. PHYSICIANS: Do not sign this form if the named patient does not meet the above definition.**

Physician's Signature _____ License Number _____

PLEASE PRINT OR TYPE PHYSICIAN'S NAME: _____

Address _____ Phone Number _____

FOR TOWNSHIP USE ONLY: Issue Date _____ Permit# _____ Expiration Date _____ Issued by _____ Posted _____