



Bloomington Township

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SIDE A

(To be completed by physician)

Persons with Disabilities Certification for Temporary Parking Placard

DIRECTIONS: Both sides of this document must be signed and completed, Side A by physician and Side B by the applicant.

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; or (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."

(Please fill in the name of the person with the disability, state the diagnosis, and indicate the impairments below.)

Person with Disabilities

Name _____

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*****

_____ 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 Assoc.

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

Condition is temporary - **not to exceed 3 months** - expected duration (in months) _____

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 \$1000. PHYSICIANS: Do not sign this form if the named patient does not meet the above definition.**

Physician's Signature

Physician's License Number

PLEASE PRINT OR TYPE BELOW:

Physician's Name _____

Address _____

City _____

Telephone () _____

SIDE B

(To be completed by applicant)

DIRECTIONS: Both sides of this document must be signed and completed in its entirety in order for the application to be processed. Complete Part 1, if the person with disabilities is applying for a parking placard. Complete Parts 1 & 2, if the parent or legal guardian of the person with disabilities is applying.

PART 1. PERSON WITH DISABILITIES

I hereby apply for "Person with Disabilities Parking Placard" 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 person with disabilities parking placard must not be used unless I am the driver or a passenger in the vehicle.

_____ Date Applicant's Signature

WARNING: MISUSE OF OR FALSE APPLICATION FOR THE PERSON WITH DISABILITIES PARKING DEVICE can result in its revocation, a 30-day driver's license suspension, and a fine up to \$1000. The person with disabilities must exit or enter the vehicle when parking in areas reserved for such person or when parking at metered spots.

PLEASE PRINT OR TYPE BELOW:

Applicant's Name	Address
City ZIP	Telephone ()
Driver's License # or State ID# of Individual with Disability	Male/Female (circle one) Date of Birth

PART 2. DISABILITY PARKING PLACARD FOR PARENT OR LEGAL GUARDIAN ONLY:

I hereby apply for a disability-parking placard as the parent or legal guardian of the individual with a disability. The above named person with disabilities relies frequently on me for his/her mode of transportation.

Parent's Name or Legal Guardian's Name	Date
Address City Zip	
Relationship to member to person with disabilities Telephone ()	Daytime Telephone ()

FOR OFFICE USE ONLY

Card Number _____ Expiration Date _____
Issued by _____ Issue Date _____