



State of Illinois • Secretary of State

Application for an Illinois Person with a Disability Identification Card

**To Be Completed By Applicant**

I am applying for an Illinois Person with a Disability Identification Card at no fee on the basis that I am an individual who is disabled as defined in Section 4A of the Illinois Identification Card Act. This report shall remain valid for three months.

I affirm that the information in this affidavit is true and correct.

Applicant's Signature/Date \_\_\_\_\_

Driver's License Number _____	and/or	Identification Card Number _____
Witness _____		Witness _____

**To Be Completed By Physician**

**Certification for Illinois Person with a Disability Identification Card**

Below please indicate the **Priority** of the **Type of Disability** and the corresponding **Classification of Disability** pertaining to the applicant named on this affidavit. Refer to the **Definition Supplement** on the reverse for assistance. (Please mark on the lines provided, any type and classification applicable, in priority order using a 1 to 5 numbering scale.

**NOTE to Physician: The numbering scale begins with (1) as the lowest priority and (5) as the highest priority.**

Priority:	Disability:	Class:
_____	Physical (P)	_____
_____	Developmental (D)	_____
_____	Visual (V)	_____
_____	Hearing (H)	_____
_____	Mental (M)	_____

I hereby certify that the conditions of the person with disabilities named herein are determined and defined under Chapter 15, Illinois Compiled Statutes, Section 335/4A.

Physician's Signature / Date \_\_\_\_\_

Physician Assistant's/Advanced Practice Nurse's (APN) Signature / Date \_\_\_\_\_

(PLEASE PRINT OR TYPE BELOW)

Physician's Name	Phone
Address	

**Secretary of State Use Only**

Applicant's Name	Date
Driver's License or ID Number	Control Number

**MISUSE OF A PERSON WITH A DISABILITY ID CARD CAN RESULT IN ITS REVOCATION**

**\* Please submit this completed form at your local Driver Services facility.**

## Definition Supplement

### **Chapter 15, Illinois Compiled Statutes, Section 335/4A defines:**

#### Types of Disabilities

##### **Type One: Physical (P)**

A physical disability is a physical impairment, disease, or loss, which is of a permanent nature, and which substantially limits physical ability or motor skills.

##### **Type Two: Developmental (D)**

Developmental disability means a disability that is attributable to: (i) an intellectual disability, cerebral palsy, epilepsy, or autism or (ii) any other condition that results in impairment similar to that caused by an intellectual disability and requires services similar to those required by persons with intellectual disabilities. Such a disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

##### **Type Three: Visual (V)**

A visual disability is blindness, and the term “blindness” means central vision acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that is accompanied by a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central vision acuity of 20/200 or less.

##### **Type Four: Hearing (H)**

A hearing disability is a disability resulting in complete absence of hearing, or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the principal means of receiving spoken language.

##### **Type Five: Mental (M)**

A mental disability is a significant impairment of an individual's cognitive, affective, or relational abilities that may require intervention and may be a recognized, medically diagnosable illness or disorder.

#### Classifications of Disabilities

##### **Class 1**

A Class 1 disability is any type of disability which does **not** render a person unable to engage in any substantially gainful activity, or which does not impair the person's ability to live independently or to perform labor or services for which he/she is qualified.

##### **Class 1a**

A Class 1a disability is a Class 1 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

##### **Class 2**

A Class 2 disability is any type of disability which renders a person unable to engage in any substantially gainful activity, or which substantially impairs the person's ability to live independently without supervision or in-home support services, or which substantially impairs the person's ability to perform labor or services for which he/she is qualified or significantly restricts the labor or services which he/she is able to perform.

##### **Class 2a**

A Class 2a disability is a Class 2 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.