

Village of Mokena

Persons with Disabilities Certification for Temporary Parking Placard Side A

(To be completed by physician)

DIRECTIONS: Both sides of this document must be signed and completed. Side A must be completed by the physician and Side B must be completed 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; or (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.

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 (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.
- _____ 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.

LENGTH OF TEMPORARY DISABILITY: _____ **(MAXIMUM NINETY (90) DAYS)**

I hereby certify that the physical condition of the person with the 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 may be fined up to \$1,000. **PHYSICIANS:** Do not sign this form if the patient does not meet the above definition. (**NOTE:** If certification form is signed by a licensed physician assistant or advance practice nurse, the name and license of the supervising physician is required.)

Physician's Signature

Date

Physician's License Number

Supervising Physician's Signature

Date

Supervising Physician's License Number

PLEASE PRINT OR TYPE BELOW:

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: (_____) _____ Fax: (_____) _____

Please return all required documentation to the Mokena Police Department 10907 W. Front St. Mokena, IL 60448

Village of Mokena

Persons with Disabilities Certification for Temporary Parking Placard Side B

(To be completed by applicant)

DIRECTIONS: Both sides of this document (A and B) must be signed and completed in their entirety in order for the application to be processed. Complete Part 1, if the person with disabilities is applying for a temporary parking placard.

PART 1. PERSON WITH DISABILITIES

I hereby apply for:

_____ Person with Disabilities Temporary 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 also am aware that the person with disabilities temporary parking placard must not be used unless I am the driver or passenger in the vehicle.

Applicant's Signature

Date

WARNING: Misuse of or False Application for Persons with Disabilities Temporary Parking Placard may result in revocation of the placard, a 30-day driver's license suspension, and a fine of up to \$1,000. The authorized holder of the Temporary Parking Placard must be present and must enter or exit the vehicle at the time parking privileges are being used.

PLEASE PRINT LEGIBLY OR TYPE BELOW:

Applicant's Name: _____

Sex: _____ Date of Birth: _____

Driver's License or State I.D. #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

-----**FOR OFFICE USE ONLY**-----

Placard Number: _____ Expiration Date: _____

Issued By: _____ Issue Date: _____