Mayor George Van Dusen
Clerk Pramod C. Shah
Trustees James H. Johnson
Khem Khoeun
Ralph Klein
Alison Pure Slovin
Keith A.Robinson

Edie Sue Sutker

Manager John T. Lockerby

Counsel Michael M. Lorge

CARD NO

EXPIRATION DATE



Village of Skokie

HUMAN SERVICES DIVISION 5127Oakton Street, Skokie, IL 60077 Phone (847) 933-8208 Fax (847) 673-8606

APPLICATION FOR DISABILITY PARKING PLACARD FOR TEMPORARY DISABILITY

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

address		City	Zip	
Driver's License # or State ID #		Telephone		
Please provide the following information	for the primary vehicle(s) u	used to transport the above	individual:	
Vehicle 1: Plate #	Make	Model	Color	
Vehicle 2: Plate #	Make	Model	Color	
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Persons with Disabilities Certification for Temporary Parking Placard

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

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 the 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; or (7) is missing a hand or arm or has permanently lost the use of a hand or arm."

Please fill in the name of the person with t	he disability, state the diagnosis,	and indicate the impa	irments below.
Name of Person with Disabilities:			
Diagnosis:			
NOTE: "Cannot walk 200 feet without stop conditions below.	ping to rest" is no longer a qualif	ying disability unless it	t is related to one of the following
Is restricted by lung disease to su when measured by spirometry, is Uses portable oxygen Has a Class III or Class IV cardiac of Cannot walk without the assistan Is severely limited in the person's Has permanently lost the use of comments.	less than one liter. condition according to the standace of another person, prosthetic ability to walk due to an arthritic	rds set by the America device, wheelchair or	other assistive device.
LENGTH OF DISABILITY: (Check One) *If the temporary condition will		•	
I hereby certify that the physical condition described under 625 ILCS 5/1-159.1. WAI application may be fined up to \$1,000. PH certification form is signed by a licensed pl physician is required.)	RNING: Any person who knowing YSICIANS: Do not sign this form	ly misuses or makes a if the patient does no	false or misleading statement on an the meet the above definition. (NOTE: If
Physician's Signature	Date	Physician's License Number	
Supervising Physician's Name	Date	Supervis	ing Physician's License Number
PLEASE PRINT OR TYPE BELOW: Physician's Name		Telephone ()
Address			
Number and Street Name		City	Zip Code
**************************************		•	
Proof of Residency	DATE 1330ED	ISSUED BY Department	
•			_ Department