



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

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.

Table with 3 columns: Priority, Disability, Class. Rows include Physical (P), Developmental (D), Visual (V), Hearing (H), and 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

To Be Completed By Physician

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.

I have been medically diagnosed with an intellectual, developmental or mental disability. My medical condition may impair my ability to communicate with others, especially with strangers or in stressful situations. As a result of my condition, I may present as a person who:

- Appears deaf or unable to understand
- Has difficulty speaking or communicating
- Engages in repetitive or self-stimulating behaviors such as rocking or hand flapping
- Appears anxious, nervous or upset
- Becomes agitated due to physical contact or stressful situations
- Acts indifferent or unresponsive

Please do not interpret my behavior as refusal to cooperate.

JESSE WHITE
SECRETARY OF STATE

To better communicate with me, it can be helpful to speak slowly and clearly, repeat questions, and allow time for responses.

If those techniques are unsuccessful, I request that you contact the person noted below on my behalf as he/she will confirm my diagnosis and provide information you may need about my identity or condition.

My Printed Name

Contact Printed Name

Disability ID Card Number

Contact Phone Number

This card was printed by the Illinois Department of Human Services and distributed by the Illinois Secretary of State pursuant to ISILCS335/4A-1. The Illinois Secretary of State is not criminally or civilly liable to anyone for any fraudulent misuse of this card. More information is available at: www.cyberdriveillinois.com/publications/disabilitypub.html.

DHS 4848 (4-3-17) Wallet Card Printed by the Authority of the State of Illinois. 100,000 copies P.O. #17-0803

