

**Suffolk County Disability Discount
Identification Card Application**
(Accessible Plain Text/Large Print Version)

**Edward P. Romaine
Suffolk County Executive**



[Suffolk County, NY Logo]

**Frank Krotschinsky Esq.,
Director Office for People with Disabilities**

**William J. Lindsay Complex
Building.158
725 Veterans Memorial Hwy
Hauppauge, NY 11788 -0099
P.O. Box 6100 Hauppauge, NY 11788 -0099
(631) 853 -8333
www.suffolkcountyny.gov**

Application for Disability Discount ID Card (Part 1)

County of Suffolk Office for People with Disabilities

William J. Lindsay County Complex

725 Veterans Memorial Highway, Building 158

P.O. BOX 6100

Hauppauge, NY 11788-0099

631-853-8333

Instructions:

Please complete this application form. The form may be completed by the disabled applicant or on his/her behalf by a parent or guardian. Send the form, together with two 1" x 1 1/4" identification type photos (black & white or color) to the Suffolk County Office for People with Disabilities at the address shown above. A passport-sized photo will also be accepted.

1. Name

First Name

Middle Name

Last Name

2. Date of Birth

3. Last 4 Digits of Social Security Number

4. Home or Mobile Number:

5. Address

House Number_____

Street Name_____

City_____

State_____

Zip_____

6. Do you possess a Driver's License?

Yes__ No__

7. Occupation (Check the Appropriate Box and Enter Below It the Requested Information):

Not Employed_____

Employed By: (Enter Name & Address of Employer)

Employed By Government: (Enter Name of Municipality, Dept. & Title)

Student: (Enter Name & Address of School)

Business Phone:

8. Do You Use Any of the Following? (If So, Check Appropriate Box):

<input type="checkbox"/> Crutches	<input type="checkbox"/> Braces	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	
<input type="checkbox"/> Walker	<input type="checkbox"/> Prosthesis	

9. Nature of Your Disability: _____

10. Do You Currently Possess a Valid New York State Handicapped Parking Permit or New York State Parks Access Pass?

Yes___ No___

11. Do You Currently Possess a Disability Identification Card for Which You Submitted a Medical Certification Signed by a Licensed Physician Stating the Nature of Your Disability?

Yes___ No___

12. If You Answered "Yes" to Questions 10 or 11, Please Complete A, B, C, D, and E Below:

- A. Title of Identification Card or Permit

- B. Identification Card or Permit Number

- C. Issuing Authority

- D. Card Expiration Date, If Any

- E. Name & address of physician who has provided a Medical Certification on your disability. (If none has been provided, please have the County Medical Certification Form, on the reverse side, completed by your physician and forwarded with your application and photos.)

Name of Physician

Address of Physician

Phone Number of Physician

13. I certify that the above statements are true and that the above-described disability is permanent. I have read and understand the conditions of this application and the RULES FOR THE SUFFOLK COUNTY IDENTIFICATION CARD PROGRAM FOR THE DISABLED and shall observe and comply with the same.

Signature of Applicant, Parent, or Guardian:

14. Date:

FOR OFFICIAL SUFFOLK COUNTY USE ONLY

☐ **Approved**

Card Number:

Date Issued

☐ **Disapproved**

Reason for Disapproval

Date:_____

MEDICAL CERTIFICATION PORTION (PART 2)

For Suffolk County Identification Card for the Disabled

To be completed by a medical professional only

County of Suffolk
Office for People with Disabilities
725 Veterans Memorial Highway
Bldg. 158, William J. Lindsay County Complex, P.O. Box 6100
Hauppauge, NY 11788-0099

INSTRUCTIONS: A physician must complete this form. Please complete items one through ten below, indicating the nature of the disability that would qualify the below-named applicant for a Suffolk County Identification Card for the Disabled.

1. Name of Physician

2. NY State License Number#

3. Address of Physician

4. Telephone Number

5. Name of Person with a Disability

To assist you, the physician, in helping us determine eligibility for an Identification Card, we provide below the definition of a "person with a disability" that we presently utilize to determine eligibility.

A "person with a disability" shall mean any person who has one or more of the following impairments, disabilities, or conditions which are permanent in nature:
Limited or no use of one or more limbs.

- a) A neuromuscular dysfunction that severely limits mobility.
- b) A pulmonary or cardio-vascular condition that limits mobility or severely limits the individual's activities in the open air;
- c) A physical or mental impairment or condition other than those specified above, but one that is of such nature as to impose unusual hardships in the utilization of public transportation facilities. Such a condition is certified by a physician duly licensed to practice medicine in this State or by the C
- d) committee on Special Education of the local school district as constituting an equal degree of disability (specify in detail the particular condition) to prevent such a person from getting around without great difficulty;
- e) Is legally blind or suffers from hearing loss in both ears.

6. What is the nature of this person's disability?

7. Is this person a Diabetic?

Yes ____ No ____

8. Does this person have a Cardiac Condition?

9. Signature of Physician

10. Date

Suffolk County's Non-Discrimination Policy

Suffolk County is committed to ensuring that no person is excluded from participation in, denied the benefits of, or discriminated against under its projects, programs or activities on the basis of race, color, national origin (including Limited English Proficiency), gender*(in the context of education), disability or age, as provided in Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Age Discrimination Act and Title IX of the Education Amendments of 1972.