



OFFICE OF THE  
SUFFOLK COUNTY EXECUTIVE  
OFFICE OF HANDICAPPED SERVICES  
BLDG. 158, NORTH COUNTY COMPLEX  
P.O. BOX 6100  
HAUPPAUGE, NY 11788-0099

**SUFFOLK COUNTY**

**IDENTIFICATION CARD**

**FOR THE DISABLED**



**STEVE LEVY  
SUFFOLK COUNTY EXECUTIVE**

**FRANK KROTSCHINSKY, ESQ.,  
DIRECTOR  
OFFICE OF HANDICAPPED SERVICES  
NORTH COUNTY COMPLEX, BLDG.158  
VETERANS MEMORIAL HWY.  
P.O. BOX 6100**

**HAUPPAUGE, NY 11788-0099  
(631) 853-8333 (VOICE)  
(631) 853-5658 (TTY)  
(631) 853-8339 (FAX)**

*[www.co.suffolk.ny.us](http://www.co.suffolk.ny.us)*

SUFFOLK COUNTY  
IDENTIFICATION CARD PROGRAM  
FOR THE DISABLED

Eligibility:

Handicapped persons who are residents of Suffolk County and meet the eligibility criteria established by the Suffolk County Handicapped Advisory Board. For the purpose of the Identification Card Program, the term "handicapped person" means any person who has one or more of the following permanent conditions:

- a. Limited or no use of one or more limbs; or
- b. A neuro-muscular dysfunction which severely limits mobility; or,
- c. A pulmonary or cardio-vascular condition which limits mobility or severely limits the individual's activities in the open air; or,
- d. A physical or mental impairment or condition other than those specified above, but is of such a nature as to impose unusual hardships in utilization of public transportation. Such condition is certified by a physician duly licensed to practice medicine in this state or by the Committee on Special Education of the local school district as constituting an equal degree of disability (specifying the particular condition) so as to prevent such person from getting around without great difficulty; or,
- e. Is legally blind or suffers from loss of hearing in both ears.

APPLICATION PROCEDURE:

- a. An applicant should write or call the OFFICE OF HANDICAPPED SERVICES for an application.

Suffolk County Executive  
Office Of Handicapped Services  
P.O. Box 6100  
Hauppauge, NY 11788-0099  
(631) 853-8333 (VOICE)  
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- b. The applicant will complete the application for the Disability Identification Card. He/she will also provide the necessary medical certification (on the reverse side of the application). The applicant will also be required to furnish two (2) color photographs. The photographs should be clear, front view, full face and should be able to be cut to size 1" x 1 1/4" long without distorting the facial image.

- c. An applicant who already possesses a valid permanent New York State Handicapped Parking Permit, New York State Parks Access Pass, or any other valid handicapped identification, for which he/she provided medical certification as to the disability, will not be required to obtain another medical certification to be eligible for the Suffolk County Handicap Identification Card.

- d. The completed application forms and photographs should be sent to the Office of the Handicapped Services. After processing the application, the office will issue an identification card to the eligible applicant by mail.

BENEFITS OF THE PROGRAM:

The Suffolk County Identification Card for the Disabled will entitle its holder to reduced bus fare on local Suffolk County Transit buses.

When used in conjunction with the Suffolk County Parks green key card, the card will also be accepted for free "weekday" admission at all the County Parks. Discounts may apply to weekday recreational activities for which a fee is charged at Suffolk County Parks. Examples are: camping, golf, rowboats, etc., where available.

For further information about the Suffolk County Identification for the Disabled, contact:

Suffolk County Executive  
Office Of Handicapped Services  
North County Complex, Bldg. 158  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, NY 11788-0099  
(631) 853-8333 (VOICE)  
(631) 853-5658 (TTY)  
(631) 853-8339 (FAX)

NOTE: The Suffolk County Handicapped Identification Card is **NOT** a handicapped parking permit. For information on how to obtain a parking permit, contact your local town government.

# COUNTY OF SUFFOLK



## STEVE LEVY SUFFOLK COUNTY EXECUTIVE

OFFICE OF THE COUNTY EXECUTIVE

OFFICE OF HANDICAPPED SERVICES  
FRANK KROTSCHINSKY, ESQ.  
DIRECTOR

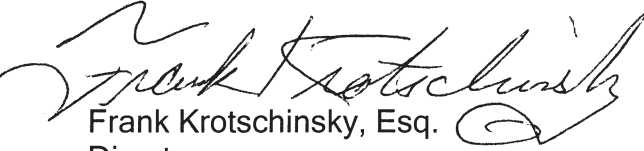
Dear ID Card Applicant:

Enclosed you will find an application for a disability identification card, SCEX Form 66. Also enclosed (on the back of the application), is a form for medical certification, SCEX Form 67. This form should be completed and signed by a physician, if necessary. If you already possess a valid permanent New York State Handicapped Parking Permit, for which you provided medical certification as to the nature of your disability, you are not required to obtain a medical certification on SCEX Form 67. However, you must answer questions 12 and 13 on the application and provide all the information requested.

In addition to the application and medical certification form, you will have to supply us with two identical photographs. The photographs should be clear, front view, full face. The image size measured from the bottom of the chin to the top of the head (including hair) should not be more than 1 ¼". Photographs will be die cut to fit the ID card provided the image face size fits within 1 inch by 1 ¼ inches. Please write your name on the back of each photo. Photocopies are not accepted.

After processing a completed application, our office will either forward an identification card to the eligible applicant or will send an explanation as to why an application is being denied with the proper steps to appeal that decision should the applicant feel an appeal is warranted.

Sincerely,

  
Frank Krotchinsky, Esq.  
Director  
Suffolk County Office of Handicapped Services

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APPLICATION FOR DISABILITY IDENTIFICATION CARD  
 COUNTY OF SUFFOLK OFFICE OF HANDICAPPED SERVICES

NORTH COUNTY COMPLEX, BUILDING 158  
 725 VETERANS MEMORIAL HIGHWAY

P.O. BOX 6100  
 HAUPPAUGE, NY 11788-0099

(631) 853-8333 (VOICE)  
 (631) 853-5658 (TTY)  
 (631) 853-8339 (FAX)

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 of Handicapped Services at the address shown above.

SOCIAL SECURITY

# \_\_\_\_\_

1. NAME (Last, First, Middle Initial) 2. Date of Birth 3. Home Telephone

4. ADDRESS (Street, Community, Township, and Zip Code) 5. Sex 6. Do you Possess a Driver's License  
 Male  Yes  No  
 Female

7. Occupation (Check Appropriate Box & Enter Below It the Requested Information)  
 Employed By: (Enter Name & Address of Employer)  
 Employed By Government: (Enter Name of Municipality, Dept. & Title)  
 Student: (Enter Name & Address of School)  
 Not Employed

8. Do You Use Any of Following? If So, Check Appropriate Box:  
 Crutches  Cane  
 Walker  Braces  
 Wheel Chair  Prosthesis  
 Other (Specify):

9. Nature of Your Disability

10. Business Phone	11. Do You Currently Possess a Valid New York State Handicapped Parking Permit or New York State Parks Access Pass?  <input type="checkbox"/> Yes <span style="margin-left: 50px;"><input type="checkbox"/> No</span>	12. Do You Currently Possess a Handicapped Identification Card for Which You Submitted a Medical Certification Signed by a Licensed Physician Stating the Nature of Your Disability?  <input type="checkbox"/> Yes <span style="margin-left: 50px;"><input type="checkbox"/> No</span>
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13. If You Answered "Yes" to Questions 11 or 12, 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
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E. Name & address of physician who has provided a Medical Certification on your disability. (If none has been provided, please have County Medical Certification Form, on reverse side, completed by your physician and forwarded with your application and photos).

14 I hereby 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 same.

15. Signature of Applicant, Parent or Guardian 16. Date

FOR OFFICIAL SUFFOLK COUNTY USE ONLY

<input type="checkbox"/> Approved	Card Number	Date Issued
<input type="checkbox"/> Disapproved	Reason for Disapproval	Date

MEDICAL CERTIFICATION - FOR SUFFOLK COUNTY  
IDENTIFICATION CARD FOR THE DISABLED

County of Suffolk  
Office of Handicapped Services  
Veterans Memorial Highway  
Bldg. 158, North County Complex, P.O. Box 6100  
Hauppauge, NY 11788-0099 (631) 853-8333 (VOICE)  
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INSTRUCTIONS: This form must be completed by a physician. Please complete items one through eleven, below, indicating the nature of the handicapped which would qualify the below named applicant for a Suffolk County Identification Card for the Disabled.

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1. Name of Physician

2. NY State License No.

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3. Address of Physician

4. Telephone No.

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5. Name of Handicapped Person

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To assist you, the physician, in helping us make a determination of eligibility for an Identification Card, we provide below the definition of a "handicapped person" we are presently utilizing to determine eligibility.

A "handicapped person" shall mean any person who has any one or more of the following impairments, disabilities, or conditions which are permanent in nature:

- a. Limited or no use of one or more limbs;
- b. A neuro-muscular dysfunction which severely limits mobility;
- c. A pulmonary or cardio-vascular condition which limits mobility or severely limits the individual's activities in the open air;
- d. A physical or mental impairment or condition other than those specified above, but one that is of such a 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 Committee on Special Education of the local school district as constituting an equal degree of disability (specify in detail the particular condition) so as to prevent such a person from getting around without great difficulty;
- e. Is legally blind or suffers from loss of hearing in both ears.

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

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7. Does this person have a Cardiac Condition?

8. Is this person a Diabetic?

9. What is this person's blood type?

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10. Signature of Physician

11. Date