

COMMUNICATION DISABILITY VERIFICATION FORM

In accordance with section 3304.23 of the Ohio Revised Code (R.C.), this form may be completed and submitted to add or remove persons/license plate numbers from the database of those who have been diagnosed with a communication disability or a disability that can impair communication.

R.C. 3304.23 defines a *communication disability* as a human condition involving an impairment in the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems that may result in a primary disability or may be secondary to other disabilities.

R.C. 3304.23 defines a *disability that can impair communication* as a human condition with symptoms that can impair the human's ability to receive, send, process, or comprehend concepts or verbal, nonverbal, or graphic symbol systems.

R.C. 5502.08 specifies that information in the communication disability database is not a public record.

INSTRUCTIONS:

COMPLETED BY: The individual with a communication disability or disability that can impair communication, or parent or guardian, must complete and sign Sections A and B of the document. **Section C must be completed and signed by a physician, psychiatrist, or psychologist.**

Any person diagnosed with a communication disability or a disability that can impair communication who is eighteen years of age or older

Any parent or guardian of a minor child or a ward diagnosed with a communication disability or a disability that can impair communication

TO REQUEST REMOVAL: Complete and sign Sections A and B only.

PAYMENT: THIS SERVICE IS OFFERED AT NO COST.

RETURN PROMPTLY: Applicants may mail completed application to the **Ohio Bureau of Motor Vehicles/Vehicle Information Services, P.O. Box 16521, Columbus, Ohio 43216-6521**, scan and email to VIS-Administration@dps.ohio.gov or deliver to any Deputy Registrar. For additional information, call: **Opportunities for Ohioans with Disabilities (614) 438-1203** or go to www.ood.ohio.gov/Information/Communication-Disability-Law-FAQ. Please allow 15 business days for processing.

Attention: Incomplete, illegible, or unsigned forms cannot be processed

OOD Communication Disability Verification Form

Revised 07/25/2018

<http://ood.ohio.gov/Information/Communication-Disability-Law-FAQ>

SECTION A To be completed by person with disability (if able and age 18 or over) or by the parent or guardian of person with disability.

NAME OF PERSON WITH DISABILITY (REQUIRED)		DL / ID OF PERSON WITH DISABILITY (REQUIRED IF APPLICABLE)	
STREET ADDRESS		CITY	
STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
PERSON COMPLETING APPLICATION (REQUIRED IF APPLICABLE)		RELATIONSHIP TO APPLICANT (REQUIRED IF APPLICABLE)	
EMAIL ADDRESS FOR CONFIRMATION (OPTIONAL)			

Please type or print legibly all requested information

SIGNATURE OF APPLICANT OR PERSON COMPLETING APPLICATION (REQUIRED)	DATE SIGNED
X	

The information above is true and accurate to the best of my understanding.

SECTION B To be completed by person with disability (if able and age 18 or over) or by the parent or guardian of person with disability. Please type or print legibly all requested information

R.C. 3304.23 allows an applicant to list the license plate number of each vehicle owned, operated, or regularly occupied by the person diagnosed with a communication disability or a disability that can impair communication

I would like to (Please choose one):
be included in the database

be removed from the database

License Plate Number(s) (complete as many as necessary):

SECTION C To be completed by physician, psychiatrist, or psychologist. Please type or print legibly all requested information. All information

1.	2.	3.
4.	5.	6.
7.	8.	9.

below is required for inclusion in the database.

NAME OF HEALTH CARE PROVIDER		MEDICAL LICENSE NUMBER	ISSUING STATE
BUSINESS ADDRESS		TITLE	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER

I certify that the above named person has been diagnosed with a communication disability or a disability that can impair communication as defined above by R.C. section 3304.23.

SIGNATURE OF HEALTH CARE PROVIDER (REQUIRED)	DATE SIGNED (REQUIRED)
X	

Warning: Knowingly making a false statement on this form constitutes falsification, a first degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).

5502.08 [Effective 8/1/2018] Database of persons with a communication disability.

(A) As used in this section:

(1) "Communication disability" has the same meaning as in section 3304.23 of the Revised Code.

(2) "Disability that can impair communication" has the same meaning as in section 3304.23 of the Revised Code.

(3) "Guardian" has the same meaning as in section 2111.01 of the Revised Code.

(4) "Ward" has the same meaning as in section 2111.01 of the Revised Code.

(B) The department of public safety shall establish and maintain a database of persons who register under this section as being diagnosed with a communication disability or a disability that can impair communication.

(C) Any person diagnosed with a communication disability or a disability that can impair communication who is eighteen years of age or older may register with the department for inclusion in the database by submitting a completed verification form established by the opportunities for Ohioans with disabilities agency under section 3304.23 of the Revised Code.

(D) Any parent or guardian of a minor child or a ward diagnosed with a communication disability or a disability that can impair communication may register the minor child or the ward with the department for inclusion in the database by submitting a completed verification form established by the opportunities for Ohioans with disabilities agency under section 3304.23 of the Revised Code.

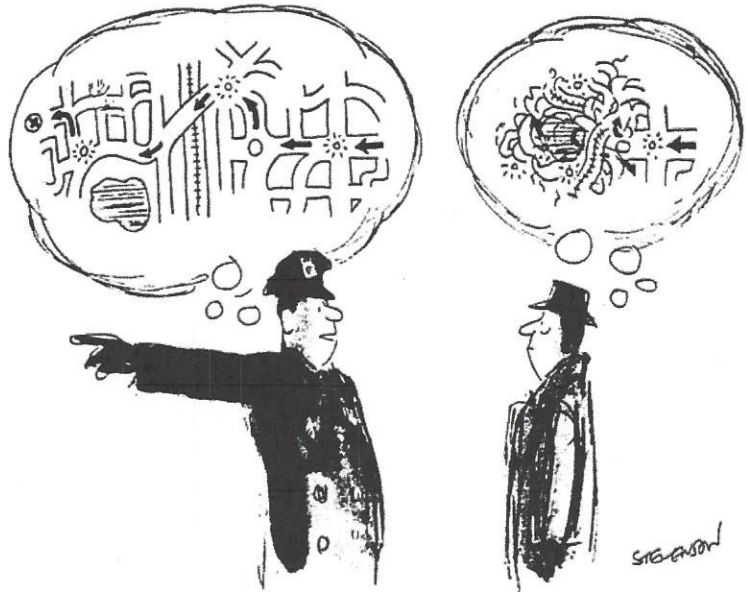
(E)

(1) The department shall include in the database information provided on a completed verification form that the department determines is necessary for a law enforcement officer to identify a person as diagnosed with a communication disability or a disability that can impair communication. The department shall make the database available to state and local law enforcement officers through the law enforcement automated data system.

(2) Information in the database is not a public record subject to inspection or copying under section 149.43 of the Revised Code.

(F) A person diagnosed with a communication disability or a disability that can impair communication who is included in the database or the parent or guardian of a minor child or a ward diagnosed with a communication disability or a disability that can impair communication who is included in the database may request removal of the person, minor, or ward, as applicable, from the database. The person, parent, or guardian shall do so by completing the verification form with only the information required under divisions (C)(1), (2), (3), (8), and (9) of section 3304.23 of the Revised Code, as applicable, and submitting the form to the department. Upon receipt of a properly completed verification form requesting the removal of a person with a communication disability or a disability that can impair communication from the database, the department shall immediately remove that person from the database.

Added by 132nd General Assembly File No. TBD, HB 115, §1, eff. 8/1/2018.



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