

# APPLICATION FOR THE CITY OF CHICAGO MUNICIPAL ID PROGRAM

# CityKey

**Please note:** The information you provide in this application will be used only for the purpose of applying for a CityKey. The Office of the City Clerk will not save any of your information or retain this application.

**Application Type:**  **New Applicant**     **Replacement CityKey** (CityKey ID Number: \_\_\_\_\_)     **Lost/Stolen**     **Updating CityKey**

<b>Name:</b>		<b>Gender:</b>
First Name		<input type="checkbox"/> <b>M</b> (male)
Middle Initial/Name		<input type="checkbox"/> <b>F</b> (female)
Last Name		<input type="checkbox"/> <b>NB</b> (non binary)
		<input type="checkbox"/> <b>No Gender marker on ID</b>

**Address:**

Address: Street Name/Unit #	ZIP Code

**Check here if you do NOT want your address to be listed on your CityKey ID.** *Note: Some institutions will not accept the CityKey as a valid ID without an address.*     **Check here to provide the CityKey Program with your ZIP Code.**

**Date of Birth:**

Month	Day	Year

**Intent to Donate Organs:** *Only for Applicants 16 and older. Show your intent to be an organ donor on your ID?*

**Yes**     **No**

**Chicago Public Library Card Number:**

\_\_\_\_\_

**Verified by screener**

**Emergency Contact:** *Optional*

Name	
Phone Number	

**Veteran Designation:**  
*Approved documentation must be presented to receive designation.*

**Yes**    **Documentation:**     DL/State ID     DD-214     VA Card     Benefits Documentation     *Other:* \_\_\_\_\_

**Medical Conditions:** *Please check those that apply (Max 2)*

High Blood Pressure (HBP)     Stroke (CVA)

Asthma     COPD

Diabetes (DM)     Hearing Impaired (NOS)

*Other:* \_\_\_\_\_

**Allergies:**

Ibuprofen (IBU)     Shellfish

Latex     Sulfa

Peanut     Penicillin (PCN)

**Signature:** \_\_\_\_\_

*I certify under penalty of perjury that I am a resident of the City of Chicago and that all statements set forth on this CityKey application are true and correct to the best of my knowledge and belief. I further certify that if I previously applied for and received a CityKey, that the original card was lost, stolen, or has since expired. I acknowledge that persons who make material false statements may be fined not less than \$500, and not more than \$1,000, plus three times the City's damages, litigation costs, collection costs, and attorney's fees pursuant to Section 1-21-010 of the Municipal Code of Chicago.*

# APPLICATION FOR THE CITY OF CHICAGO MUNICIPAL ID PROGRAM



**Name:**

The name on your application must match the name on your Proof of Identity document(s). If you have legally changed your name, you must submit a court order indicating the name change. If you are currently using a name other than your legal name, you can instead include the initials of your first and middle names and full last name, i.e. John Smith can be J. Smith.

**Address:**

The address on your application must be the same as the address on your Proof of Residency documents.

**Zip Code:**

Providing your ZIP Code below is completely optional, and it will only be used to evaluate the progress of the CityKey Program. Your ZIP Code will not be associated with your CityKey or information from your CityKey application.

**Intent to Donate Organs:** *(only for Applicants 16 and older)*

Checking yes will not automatically link your information with the First Person Authorization (FPA) Registry; it will only afford you the ability to express your desire to be a donor.

**Chicago Public Library:**

If you already have a Chicago Public Library card (CPL) and would like it to be integrated into your CityKey, you must present your CPL card during the CityKey printing process. If you do not have your card, a new number will be provided and you can sync the accounts at any CPL branch. If you do not have an existing account, a new CPL Card number will be provided with the CityKey.

**Veteran Designation:**

Approved documentation must be presented to receive designation.

**Medical Information and Allergies:** *Optional*

Due to limited space on the CityKey, we may not be able to include more than two (2) medical conditions or allergies on the CityKey.

**Prescription Drug Discount for City of Chicago Employees:**

Are you a City of Chicago employee (or their dependent) or retiree enrolled in the City of Chicago Prescription Drug Program?

- No** If no, please move to the next section.
- Yes** If yes, please read disclaimer below and acknowledge that you have read and understood the statement.

If you are a City of Chicago employee (or their dependent) or retiree enrolled in the City of Chicago Prescription Drug Program, you must only use the prescription drug program provided to you by the City of Chicago, and you agree that you will not use the prescription discount program on the back of your CityKey.

- Please check the box to acknowledge that you have read and understood this statement.

**For Official Use Only:** Pre-Scrn: \_\_\_\_\_ Authn: \_\_\_\_\_

Delegate Agency:  CC  PFS  CNH

Proof of Identity Documents	Points

Proof of Residency Documents