

Processing Invisible Disabilities

Last Modified on 01/02/2019 8:59 am CST

Invisible Disability Act 2017 Wisconsin Act 244: DMV Form MV2167

Effective January 1, 2019, customers may choose to disclose an invisible disability to the State and have a notation added to their customer record.

This notation will inform Law Enforcement that the customer has an invisible disability and specifics to the disability. The notation is only visible to Law Enforcement and DMV staff.

Code	Description
211	APPEARS DEAF OR UNABLE TO UNDERSTAND
212	HAS DIFFICULTY SPEAKING OR COMMUNICATING
213	REPETITIVE OR SELF-STIMULATING BEHAVIORS
214	APPEARS ANXIOUS, NERVOUS OR UPSET
215	BECOMES AGITATED DUE TO PHYSICAL CONTACT
216	ACTS INDIFFERENT OR UNRESPONSIVE
217	INVISIBLE DISABILITY - OTHER - FREE

To add or remove an invisible disability notation, the customer must complete [MV2167](#) : Invisible Disability Disclosure.

Customers are able to mail, fax, or email their document to Medical Review (MRF) in Central Office or visit a DMV CSC with their completed form.

If a customer drops their form off at a DMV CSC, fax the form to MRF at 608-267-0518. No cover sheet is needed when sending the document over. Once you receive a

confirmation the fax was received by MRF, send the document via Inter-D mail to MRF at Hill Farms/ MRF Rm 238. Let the customer know that the request has been sent to Central Office, and everything will be taken care of within 1 business day.

Once the information is received from the customer, the notation will be added to the record, and the form is then scanned and saved into OnBase under MRF Form MV2167. The codes added are notations, not restrictions, which means that a customer's physical driver license or identification card is not impacted and customers will not receive a new driver license or identification card printed.

No additional action is needed unless the customer wishes to remove or modify their notations, which can be done by submitting a new MV2167.

BDS/QIS Processing Information

When the form is received, add the product notation to the customer's DL Product. If the customer only has an identification card, add it to the NON.

When entering the notation, review the following information:

- The form is completed and signed. If a date is missing, we will continue to process.
- If a customer checks the box for PN217, enter the notation exactly as stated on the form MV2167, including any spelling and grammatical errors.



INVISIBLE DISABILITY DISCLOSURE

Wisconsin Department of Transportation
MV2167 1/2019 s.341.08 and s.343.14 Wis. Stats.

Wisconsin Department of Transportation
Medical Review
P.O. Box 7918, Madison, WI 53707-7918
Telephone: (608) 266-2327
Fax: (608) 267-0513
Email: dmvmedical@dot.wi.gov

Applicant Name	Driver License or ID Card Number 1 2 3 4 5 6 7 8 9 10 11 12 13 14
Street Address	Birth Date M M D D Y Y Y Y
City, State ZIP Code	(Area Code) Telephone Number

You may use this form to disclose on your Wisconsin driver license, identification card and vehicle registration record that you have a disability that may not be immediately apparent to another person. Please send the completed form to the address above or present it at a Wisconsin DMV Service Center.

The disclosure that you make will be available to law enforcement officers and employees of the Wisconsin Department of Transportation.

I have an invisible disability that I wish to disclose to law enforcement officers and that may include:

- 211 = ☐ Appears deaf or unable to understand
- 212 = ☐ Has difficulty speaking or communicating
- 213 = ☐ Engages in repetitive or self-stimulating behaviors such as rocking or hand flapping
- 214 = ☐ Appears anxious, nervous or upset
- 215 = ☐ Becomes agitated due to physical contact or stressful situations
- 216 = ☐ Acts indifferent or unresponsive
- 217 = ☐ Other (provide brief description): _____

We can key in anything free form here

You may also use this form to request that the Department remove from your Wisconsin driver license, identification card and vehicle registration record any information related to your prior disclosure of a disability that may not be immediately apparent to another person.

- ☐ I previously disclosed to the Department and request that the Department remove any information from the record.

There will be a product notation selection available for each of these selections.

They are numbered 211 - 217.

I certify that the information on this form is true.

X

(Signature)

(Date)

After the notation has been entered, upload the form into the customer's record in OnBase under Driver Documents: MV2167.

There is no follow up letter sent to the customer once this has been processed.

All forms should be processed within 1 business day.

Once the forms have been received via Inter-D mail from BFS, deliver all forms to MRF Supervisor for auditing and retainment.

Legislative Reference: <https://docs.legis.wisconsin.gov/2017/related/acts/244>