

# ARTICLE 36. INDIANA DEVELOPMENTAL DISABILITY BRACELET AND IDENTIFICATION CARD

[Rule 1.](#)  
[Rule 2.](#)

Definitions  
General Provisions

## Rule 1. Definitions

[410 IAC 36-1-1](#)  
[410 IAC 36-1-2](#)  
[410 IAC 36-1-3](#)  
[410 IAC 36-1-4](#)  
[410 IAC 36-1-5](#)

Applicability  
"Autism spectrum disorder" defined  
"Department" defined  
"Developmental disability" defined  
"Incapacitated person" defined

### 410 IAC 36-1-1 Applicability

Authority: [IC 16-32-4-4](#)  
Affected: [IC 16-32-4](#)

Sec. 1. The definitions in this rule apply throughout this article. (*Indiana Department of Health; 410 IAC 36-1-1; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#)*)

### 410 IAC 36-1-2 "Autism spectrum disorder" defined

Authority: [IC 16-32-4-4](#)  
Affected: [IC 16-32-4-1](#)

Sec. 2. "Autism spectrum disorder" has the meaning set forth in [IC 16-32-4-1](#). (*Indiana Department of Health; 410 IAC 36-1-2; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#)*)

### 410 IAC 36-1-3 "Department" defined

Authority: [IC 16-32-4-4](#)  
Affected: [IC 16-32-4](#)

Sec. 3. "Department" means the Indiana department of health. (*Indiana Department of Health; 410 IAC 36-1-3; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#); errata filed Jul 28, 2021, 3:26 p.m.: [20210811-IR-410210331ACA](#)*)

### 410 IAC 36-1-4 "Developmental disability" defined

Authority: [IC 16-32-4-4](#)  
Affected: [IC 12-7-2-61](#); [IC 16-32-4](#)

Sec. 4. "Developmental disability" has the meaning set forth in [IC 12-7-2-61](#). (*Indiana Department of Health; 410 IAC 36-1-4; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#)*)

### 410 IAC 36-1-5 "Incapacitated person" defined

Authority: [IC 16-32-4-4](#)  
Affected: [IC 16-32-4](#); [IC 29-3-1-7.5](#)

Sec. 5. "Incapacitated person" has the meaning set forth in [IC 29-3-1-7.5](#). (*Indiana Department of Health; 410 IAC 36-1-5; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#)*)

## Rule 2. General Provisions

[410 IAC 36-2-1](#)  
[410 IAC 36-2-2](#)  
[410 IAC 36-2-3](#)

Application requirements  
Diagnosis of developmentally disabled  
Information appearing on bracelet and identification card

[410 IAC 36-2-4](#)

Miscellaneous provisions

**410 IAC 36-2-1 Application requirements**

Authority: [IC 16-32-4-4](#)

Affected: [IC 16-32-4](#)

Sec. 1. (a) Persons wishing to obtain an Indiana developmental disability bracelet or identification card pursuant to [IC 16-32-4](#) shall complete an application form provided by the department.

(b) The application can be made by the individual who has been medically diagnosed with a developmental disability, including autism spectrum disorder, or by the parent or guardian acting on behalf of such a person who is a minor, or by the parent or guardian acting on behalf of an individual who is medically diagnosed with a developmental disability including autism spectrum disorder and is an incapacitated person.

(c) The application shall include the following:

- (1) The applicant's legal name.
- (2) The applicant's address.
- (3) The last four (4) digits of the person's Social Security number.
- (4) The applicant's gender.
- (5) The applicant's hair color.
- (6) The applicant's eye color.
- (7) The applicant's date of birth.
- (8) Specific developmental disability qualifying the applicant for the bracelet or identification card.
- (9) Contact information for parent or guardian filing on behalf of the incapacitated person.

(d) The fee may be paid by money order or cashier's check made out to the department in the following amounts:

- (1) Ten dollars (\$10) for an identification card.
- (2) Twenty dollars (\$20) for a bracelet.
- (3) Twenty-five dollars (\$25) for both an identification card and bracelet.

(Indiana Department of Health; 410 IAC 36-2-1; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#))

**410 IAC 36-2-2 Diagnosis of developmentally disabled**

Authority: [IC 16-32-4-4](#)

Affected: [IC 12-7-2-61](#); [IC 16-32-4](#)

Sec. 2. (a) The health care provider who is offering the medical diagnosis that the applicant is developmentally disabled such that he or she qualifies for the bracelet or identification card shall specify and certify the disability that qualifies the applicant under the definition of developmental disability set forth in [IC 12-7-2-61](#).

(b) The health care provider who has diagnosed the applicant as being someone with a developmental disability shall sign the application and also print or type his or her name, business address, and business phone number. (Indiana Department of Health; 410 IAC 36-2-2; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#))

**410 IAC 36-2-3 Information appearing on bracelet and identification card**

Authority: [IC 16-32-4-4](#)

Affected: [IC 16-32-4](#)

Sec. 3. (a) The information that appears on the bracelet will include the person's name, primary diagnosis, and an emergency contact number.

(b) The information that appears on an identification card will include the following:

- (1) The person's legal name.
- (2) The person's address.
- (3) The last four (4) digits of the person's Social Security number.
- (4) The person's gender.

- (5) The person's hair color.
- (6) The person's eye color.
- (7) The person's date of birth.
- (8) Specific developmental disability qualifying the person for the identification card.
- (9) Emergency contact information.

*(Indiana Department of Health; 410 IAC 36-2-3; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#))*

**410 IAC 36-2-4 Miscellaneous provisions**

Authority: [IC 16-32-4-4](#)

Affected: [IC 16-32-4](#)

Sec. 4. (a) The application shall not be accepted by the department unless all portions of the application form are completely filled out. Failure to complete the application properly shall result in the application being denied.

(b) The application is valid for a period of three (3) months from the date of signature of the health care provider.

(c) Completed application forms will be maintained at the department.

(d) To obtain a replacement card, applicants must submit a new application and pay the accompanying fee of five dollars (\$5). *(Indiana Department of Health; 410 IAC 36-2-4; filed Sep 20, 2018, 3:25 p.m.: [20181017-IR-410170445FRA](#))*

\*