



## Schaumburg Township Disability Services Department

One Illinois Blvd., Hoffman Estates, Room 202

Please fill out the following form as clearly and completely as possible and return it to Schaumburg Township Disability Services. All information will be kept strictly confidential. If you need assistance in completing this form please let us know. Any questions? Call 847-884-0030 (V) or 224-520-9763 (VP).

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_ 7. Marital Status: \_\_\_\_\_

8. Date Of Birth: \_\_\_\_\_ 9. Sex: \_\_\_\_\_ 10. Ethnic Group: \_\_\_\_\_

11. Email Address: \_\_\_\_\_

12. Monthly Income: \_\_\_\_\_ 13. Employed: Y or N Full or Part Time

14. Emergency Contact Person: \_\_\_\_\_

15. Emergency Contact Phone: \_\_\_\_\_

16. Your Disability: \_\_\_\_\_

17. Assistive Aids (wheelchair, amigo, cane, magnifier, etc.): \_\_\_\_\_  
\_\_\_\_\_

18. Do You Use The Schaumburg Township Mini Bus? Y or N

If you wish to be listed with us for statistical purposes but do not wish to receive our mailings please check here: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person who filled out form) Date: \_\_\_\_\_



## Schaumburg Township Disability Services Department

### Photo Release

I hereby give permission to the Schaumburg Township Disability Services Department, and to the photographer, my free and unlimited consent and permission to publish/broadcast, republish/rebroadcast or exhibit in the furtherance of their work, with or without identification of me, any photographs, videos or audios of myself, that have been obtained from my participation in the Schaumburg Township Disability Services Department programs or special events. I furthermore waive any and all claims for any compensation by reason thereof or for damages for reasons thereof.

I have read the forgoing agreement and release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent.

Printed Name

Print Name of Person Under 18 (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date