

**Schaumburg Township Senior/Transportation Services Registration**

**One Illinois Blvd. - Hoffman Estates, IL. 60169**

**Township main line 847-884-0030**

**Bus Reservations 847-882-1929 (V) 847-884-0039 (Fax)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Yes No – Photo Permission for Schaumburg Township publicity purposes

Gender:  Male  Female

Ethnicity:  White  African American  
 Hispanic  Asian  
 American Indian  Other (*Please specify*): \_\_\_\_\_

Limited English Proficient:  Yes (*Please specify primary language*): \_\_\_\_\_  
 No

Type of Housing:  Own Home/Apartment  Relative's Home  
 Non-Relative's Home  Senior Housing  
 Assisted Living Facility  Other: \_\_\_\_\_

Living alone:  Yes  No (*Number of individuals in household*): \_\_\_\_\_

Disability Type: \_\_\_\_\_ Device Type: \_\_\_\_\_

Lift Required:  Yes  No Aide: Yes No

Below Poverty:  Yes  No

**TRANSPORTATION REGISTRATION - (Township Bus)**  Yes  No

**EMERGENCY CONTACT: \* Prefer name and phone number of relative or friend outside your household \***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Alt Phone: \_\_\_\_\_