Schaumburg Township Senior/Transportation Services Registration
One Illinois Blvd. - Hoffman Estates, IL. 60169
Township main line 847-884-0030 Bus Reservations <u>847-882-1929</u> (V) <u>847-884-0039</u> (Fax)

| Date:            |         |                |              |             |             |                     |               |             |                                       |            |                                     |  |  |
|------------------|---------|----------------|--------------|-------------|-------------|---------------------|---------------|-------------|---------------------------------------|------------|-------------------------------------|--|--|
| Name; 🥠          |         |                |              |             | Email:      |                     |               |             |                                       |            |                                     |  |  |
| •                |         |                |              |             | Apartment # |                     |               |             |                                       |            |                                     |  |  |
| City:            |         |                |              |             | Zip:        |                     |               |             |                                       |            |                                     |  |  |
| Phone(s):        |         |                | Alt Phone:   |             |             |                     |               |             |                                       |            |                                     |  |  |
| Date of Birth:   |         |                | Spouse Name: |             |             |                     |               |             |                                       |            |                                     |  |  |
| Yes No-Ph        | ioto Pe | ermissio       | n for S      | chauml      | ourg To     | ynship <sub>I</sub> | oublicit      | y purpose:  | S                                     |            |                                     |  |  |
| Gender:          |         | Male           |              |             |             | Femal               | le            |             |                                       |            |                                     |  |  |
| Ethnicity:       |         | White<br>Hispa |              |             |             | Africa<br>Asian     | n Ame         | rican       | •                                     |            |                                     |  |  |
| •                |         | Ameri          | ican Ind     | lian        |             | Other               | (Please       | specify):   | · · · · · · · · · · · · · · · · · · · |            |                                     |  |  |
| Limited Englis   | sh Prof | ficient:       |              | Yes (<br>No |             | specify p           | orimary       | language    | ):                                    |            |                                     |  |  |
| Type of Housing: |         |                | *            |             |             |                     |               | Senior F    | s's Home<br>Housing                   |            | *********************************** |  |  |
| Living alone:    |         |                | Yes          |             | Νο (Λ       | Tumber (            | of indiv      | lduals in P | iousehold):                           |            |                                     |  |  |
| Disability Typ   |         |                |              |             |             | Devic               | e Type: _     |             |                                       |            |                                     |  |  |
| Lift Required:   |         |                | Yes          | □ -         | No          |                     | Aide:         | Yes No      |                                       |            |                                     |  |  |
| Below Poverty    | rk •    |                | Yes          |             | No          |                     |               |             |                                       |            |                                     |  |  |
| TRANSPORT        | CATIO   | N REG          | ISTR.        | TION        | - (Tow      | nship B             | lus)          | Щ           | Yes                                   | П          | No                                  |  |  |
| EMERGENC         | Y COI   | NTACT          | : * Pre      | efer na     | me and      | phone 1             | number        | of relati   | ve or friend                          | outside ye | our house                           |  |  |
| Vame:            | 10:     |                |              |             |             |                     | Relationship: |             |                                       |            |                                     |  |  |
| hone(s):         |         |                |              |             |             |                     | t Phone:      |             |                                       |            |                                     |  |  |