



State Of Illinois
 Department of Human Services
 Office of Rehabilitation Services
 Consent For Services

I hereby give consent for _____ to
 (Student's signature)

receive and participate in vocational rehabilitation services that will lead to
 employment.

 (Parent or Guardian Signature)

 (Date)

_____ 's Social Security Number is _____

Does _____ receive Public Aid? ____ Yes ____ No

Does _____ receive Social Security? ____ Yes ____ No
 (SSI or SSDI)

Parent's place of employment: _____ Mother

_____ Father

Approximate monthly family income: _____

_____ 's medical/hospital insurance coverage is _____