State of Illinois
Department of Human Services - Division of Developmental Disabilities

Individual/Guardian Information Form

Effective immediately the Division of Developmental Disabilities will address and send Award Memoranda to the individual/ guardian upon authorization to receive service. This ***Individual/Guardian Information Form*** *MUST be signed by a representative of the Individual Service Cooordination Agency (ISC) and MUST be included in all Individual Funding Request Packets submitted to the Division of Developmental Disabilities.* Please check and complete the appropriate section(s) as they apply to the individual, their guardianship status, and guardian information.

Name of Individual: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check the applicable guardianship status box below

☐ The individual is his/her own guardian, **OR**

☐ The individual has a court-appointed legal guardian, OR is a ward of the Illinois Department of Children and Family Services (DCFS).

If a guardian has been appointed or the individual is a ward of DCFS, please complete the information and mailing address below:

Guardian's Name: _____

(If OSG or DCFS, please list the OSG Contact or DCFS Caseworker's Name)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Originating PAS or ISC Agency:

Print or Type Name of Originating PAS or ISC Agency: _____

Print or Type Name of PAS/ISC Contact Person: _____

My signature verifies the above information is correct to the best of my knowledge.

Signature of PAS/ISC Agency: _____

Completion of this form does not preclude the need to enter or update information in ROCS.

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