



ZION TOWNSHIP

LEADERSHIP • ADVOCACY • RESOURCES

Cheri L. Neal - Supervisor

EMERGENCY TRANSPORTATION ASSISTANCE APPLICATION

NAME (please print):			DATE:	
STREET ADDRESS: <small>Print name</small>			APT #:	
CITY: ZION	STATE: IL	ZIP: 60099	PHONE:	
BIRTHDATE:				

I, _____, understand that I am receiving one-time *Emergency Transportation Assistance* from Zion Township and will not be eligible to receive this assistance again in the future.

Assistance Received (check one): 24-hour bus pass \$10 gas voucher

Describe your emergency need for transportation:

Client Signature

Date

Zion Township Case Manager Signature



Consent to Release of Information

I hereby authorize to release any and all information to Zion Township, which is deemed necessary complete process of my assistance application and to receive assistance from Zion Township. Also, the purpose of this disclosure is to evaluate my need of services and to coordinate my care through regular case review and supervision. I further authorize to transmit by any method, including U.S Postal Service, fax, and email copies of such documents as may be requested by the aforesaid Supervisor and General Assistance personnel.

Please check the agencies that you want to authorize release information to Zion Township.

- Community Action of Lake County Catholic Charities
- Lake County Housing Authority Affordable Housing of Lake County
- A Safe Place Social Security Office
- Lake County Job Center Illinois Department of Employment and Security
- NICASA PADS
- Department of Human Services Landlord
- Other _____

Dated this ____ of _____, 20____

Applicant Name (*Print*) _____

Applicant's Signature: _____

Address: _____

Zion, IL 60099

Phone: _____

Case Manager Signature _____

Case Manager Name: _____