

**ELIGIBILITY FORM**

TO: R&G

FAX: (847/933-9036)

PHONE #: 847/933-9030

Southern Will County Cooperative

DATE:

Provider Name:

Provider #: 362829561001

Return (Building):

Contact: Missy Enervold

Provider Phone: 815/741-7777 ex. 114

Provider FAX: 815/741-7779

Provide the information requested in the columns below for each student.

Participant Name (Student)	DOB	Home Dist.	Address	Date of Service	(R&G Use Only)	
					Recipient ID	Eligibility

\*\* If you are looking for a newborn, it may be helpful to list the mother's name & social security number\*\*