

# **Special Ed Advocacy Center Client Services Request Form**

Return form by:

**MAIL - 1935 Plum Grove Road PMB 274, Palatine, IL 60067 or FAX - (847) 397-7011**

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## **Information of person requesting services:**

DATE:

FILE NUMBER (To be filled out by SEAC)

FIRST NAME:

LAST NAME:

ADDRESS:

HOME TELEPHONE:

CELL or WORK PHONE:

EMAIL:

FAX:

## **Information of special needs child:**

CHILD'S NAME :

CHILD'S DATE OF BIRTH:

GRADE LEVEL:

ETHNICITY:

RACE:

SPECIAL NEEDS:

## **Financial Information (The SEAC provides legal services to low income families. Financial services requested is for statistical purposes only)**

TOTAL FAMILY INCOME:

NUMBER OF INCOME EARNERS:

NUMBER OF DEPENDENTS: