



SPECIAL OLYMPICS ILLINOIS AGENCY INFORMATION FORM

S1-1

AREA _____

DATE _____

SEE REVERSE SIDE FOR INSTRUCTIONS

(PLEASE CHECK)

- | | | |
|--|--|---|
| <input type="checkbox"/> Agency Add | <input type="checkbox"/> Agency Phone Change | <input type="checkbox"/> S.O.A.D. Add (Special Olympics Athletic Director) |
| <input type="checkbox"/> Agency Delete | <input type="checkbox"/> Agency Director/Chief | <input type="checkbox"/> S.O.A.D. Delete |
| <input type="checkbox"/> Agency Name
Change | <input type="checkbox"/> Administrator Change | <input type="checkbox"/> S.O.A.D. Name Change |
| <input type="checkbox"/> Combine Agencies <i>(Identify below the agencies combining, the resulting Agency # and name, and the resulting Agency Contact and S.O.A.D.)</i> | | <input type="checkbox"/> S.O.A.D. Address Change |
| <input type="checkbox"/> Other (please explain) _____ | | <input type="checkbox"/> S.O.A.D. Phone Change |

If you are deleting/changing a S.O.A.D., please put the S.O.A.D. name being removed in the "Other (please explain)" area of the form

Agency Information

Special Olympics Athletic Director Information

(Agency Number) (Agency Name)

(S.O.A.D. - Special Olympics Athletic Director)

(Agency Director/Chief Administrator Name) (Last, First MI)

(Listed below is the mailing address for **ALL** Special Olympics materials)

(Agency Address)

(Address)

(City) (State) (Zip)

(City) (State) (Zip)

(Agency Phone)

(Phone)

(Agency Fax)

(Fax)

(Agency Email)

(Email)

Classification Code Options - (Required - please check most appropriate one)

- | | | | | | |
|---|--|--|---|--|--|
| R=Residential | V=Vocational Training | E=Schools/Co-ops | P=Park Districts | S=SRA | I=Independents |
| <input type="checkbox"/> R1-Residential Center | <input type="checkbox"/> R2-Group Home | <input type="checkbox"/> R3-SNF (Skilled Nursing Facility) | <input type="checkbox"/> R4-ICFDD (Intermediate Care Facility for the Developmentally Disabled) | <input type="checkbox"/> R5-CILA (Community Integrated Living Arrangement) | <input type="checkbox"/> V1-Workshop |
| <input type="checkbox"/> V2-Rehabilitation Center | <input type="checkbox"/> V3- Developmental Training Center/Day Training Center | <input type="checkbox"/> V4-Mental Health Center | <input type="checkbox"/> E1-Public Elementary | <input type="checkbox"/> E2-Public Jr. High | <input type="checkbox"/> E3-Public Sr. High |
| | | <input type="checkbox"/> E4-Special Education Co-Op | <input type="checkbox"/> E5-Non-Public School | <input type="checkbox"/> E6-School District | <input type="checkbox"/> E7-State School |
| | | <input type="checkbox"/> E8-University Program | <input type="checkbox"/> P1-Park District | <input type="checkbox"/> S1-Special Recreation Association | <input type="checkbox"/> I1-Independent |
| | | | | | <input type="checkbox"/> I2-Parent Group |
| | | | | | <input type="checkbox"/> I3-Community Group |
| | | | | | <input type="checkbox"/> I4-Service Association |
| | | | | | <input type="checkbox"/> I5-ARC(Association for Retarded Citizens) |
| | | | | | <input type="checkbox"/> I6-Day Camp |
| | | | | | <input type="checkbox"/> I7-Specialized Program |
| | | | | | <input type="checkbox"/> I8-YMCA/YWCA |
| | | | | | <input type="checkbox"/> I9-Non-Profit Riding Therapy |
| | | | | | <input type="checkbox"/> I10-Social Service Agency |
| | | | | | <input type="checkbox"/> I11-Respite Care |
| | | | | | <input type="checkbox"/> I12-Young Athlete |

SO ILL OFFICE USE ONLY

(AGENCY) _____ (APPS) _____

(APPROVED BY) _____ (DATE) _____

It is the policy of **SPECIAL OLYMPICS ILLINOIS** not to re-use **Agency** numbers. An **Agency**, which becomes inactive or does not wish to participate in Special Olympics events, will become inactive but remain an Agency on file.

An **Agency** requesting a name change must be a true name change and **not** a means to circumvent the above policy.

There will only be one **Director/Chief Administrator** and one **S.O.A.D.** (*Special Olympics Athletic Director*) permitted per agency.

Definitions of Director/Chief Administrator and S.O.A.D. (*Special Olympics Athletic Director*)

A **Director/Chief Administrator** is a School Principal, Executive Director, Park Superintendent, President/CEO, etc... A Director/Chief Administrator is required to be filled in for an Agency. This is particularly true for Independents.

The **S.O.A.D.** will be the primary contact person for the agency. The **S.O.A.D.** will also be responsible for acting on the requirements of literature, forms, information, etc. sent to the Agency from SO ILL.

The **S.O.A.D.** must provide the address where they wish to receive **ALL** Special Olympics Illinois mailings. This address can either be the Agency address or Home address. However, it must be a year-round address.

If the **S.O.A.D.** is also the **Agency Director/Chief Administrator**, put "**Same**" in the **S.O.A.D.** name field. If the S.O.A.D. address is the same as the Agency, put "Same" in the S.O.A.D. address field. The Agency address should be the Agency mailing or street address. Residential addresses should not be used for Agencies. Phone numbers must be provided for the Agency Director/Chief Administrator as well as the **S.O.A.D.**

REMINDER: A Class A Volunteer Form **must be on file** before any person will be classified as an **S.O.A.D.**

