

### **SCHEDULE A/OWNERSHIP DISCLOSURE**

Organization Name: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Board Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Describe any past and/or current associations you have with other alcoholism and substance abuse programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony under any law of the United States or any state within the past two years preceding this date?

Yes     No

Have you been convicted of operating a motor vehicle while under the influence of alcohol or any other drug within the past two years preceding this date?

Yes     No

List any other businesses with which you currently have any paid or unpaid affiliation. Specify:

\_\_\_\_\_  
\_\_\_\_\_

If applicable, what percentage of the total corporate stock do you hold? \_\_\_\_\_%

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*NOTE: An individual's social security number is solicited for the purpose of verifying his or her identity and related personal information required under these regulations. The disclosure of an individual's social security number is voluntary and its solicitation by the department is authorized by Illinois Revised Statutes, 20 ILCS 301.*