



Envision Illinois

Uniting disability and domestic violence services for
people to achieve Safety, Justice, and Healing

Peer to Peer Bridging The Gap through Self-Advocacy Registration Form

Please fill out this form to tell us some information about yourself. It will tell us where you are from. Your provider agency and support person also need to fill out this form.

Self-Advocate

Self-Advocate Name:

Phone Number:

Email:

Your Agency Provider

Service Agency Provider:

Address:

Phone Number:

Email Address:

Support Person

Support Person Name:

Phone Number:

E-Mail:

Please Tell Us How You Learn Best and What Accommodations You Need

All course content is available online. We will be providing worksheets for you use.

Do you need material in:

- ☐ Font larger than 14
- ☐ Braille
- ☐ Text only format

We will be meeting as a group every 2 weeks via Zoom. What will you need to participate in these meetings?

- ☐ Nothing
- ☐ ASL (American Sign Language) Interpreting
- ☐ Live Captioning

The Person completing this form is:

- ☐ A Self Advocate
- ☐ Disability Service Provider

Please return this registration form by February 17, 2023. Email the form to:

mhett2022@gmail.com and/or
Imyers@activatingchange.org

Please do not hesitate to ask us questions.