



Jacksonville Area Center for Independent Living
Serving Morgan, Scott, Cass & Mason Counties

OFFICIAL FILE

ORIGINAL

January 28, 2004

ILLINOIS COMMERCE COMMISSION

Chief Clerk Office
Illinois Commerce Commission
527 E. Capital Ave.
Springfield, IL 62701

04-00007

To Whom It May Concern,

JACIL is requesting a TTY through Illinois Telecommunication Access Corporation (ITAC) to be used in the office of the undersigned, who is a full time Deaf Services Specialist.

With this letter you will find a Petition For Eligibility for the use of ITAC equipment and it's attached statements.

FEIN: 37-1359901

4. Ours is a center for independent living to assist people to control and direct their lives and to participate fully in their home, work, and community.
5. Paul Pyers, through JACIL, is applying for ITAC TTY: Ameriphone. He will use it constantly to contact agencies through relay services everyday in the behalf of consumers as well as contacting deaf consumers and agencies that have TTYs.
6. See attached sheet the list of Officers of our organization.
7. See attached sheets of our organization's by-laws, charter, brochures to support #4.
8. See attached excerpts from Annual Report 2002 (most recent issue) disseminated by Illinois Department of Human Services, Office of Rehabilitation Services.
9. We do not yet possess an ITAC TTY.
10. JACIL hasn't operated in any other names in the past.

If you have questions, please do not hesitate to contact us. My e-mail address is <paul@jacil.org>

Sincerely yours,
Becky McGinnis
Becky McGinnis, Director

Paul
Paul Pyers, Deaf Services

ILLINOIS
COMMERCE COMMISSION
2004 FEB -3 P 4: 09
CHIEF CLERK'S OFFICE

(File Original and 3 copies)

Docket No. 04-0067
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) :
:
Petition for Eligibility pursuant to :
83 Illinois Administrative Code 755, :
Section 210. :

PETITION FOR ELIGIBILITY
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 37-1359901

Becky McGinnis, Director - JACKSONVILLE AREA CENTER FOR INDEP. LIVING (JACIL)

Address: Street 60 E Central Park Plaza

City Jacksonville, State/Zip IL 62650

Telephone Number (217) 245-8371 V/TTY

Fax Number (217) 245-1872

2. Address and telephone number of the applicant's headquarters:

JACKSONVILLE AREA
CENTER FOR INDEPENDENT
LIVING (JACIL)

Address: Street 60 E. Central Park Plaza

City Jacksonville, State/Zip IL 62650

Telephone Number (217) 245-8371 V/TTY

Fax Number (217) 245-1872

3. Address and telephone number of the office in which the TTY will be located:

Address: Street 60 E. Central Park Plaza

City Jacksonville, IL State/Zip 62650

Telephone Number (217) 245-1991 TTY

4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
5. Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment set.
6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.
7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
8. Please attach a copy of the organization's most recent annual report (if applicable).
9. Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC).
10. Has the organization operated under any other name in the past?

Rebecca McQuinn

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
County of Morgan)ss

Rebecca W. McGinnis makes oath and says that he is
Executive Director (Insert here the official title of the affiant)
(Insert here the name of affiant)
of Jacksonville Area Center for Independent Living
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Rebecca McGinnis
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/
Administrative Assistant
(Title of person authorized to administer oaths)

in the State and County above named, this 30th day of January 2004

Crystal K Chappell
(Signature of person authorized to administer oath)

