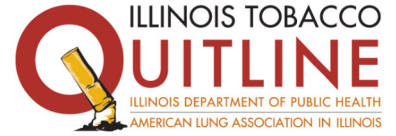


The Illinois Tobacco Quitline is a FREE resource for tobacco users who want to quit for good. Our registered nurses, respiratory therapists, and certified tobacco-treatment counselors are on call 7 days a week, 7AM-11PM to answer all your tobacco-related questions and provide the support you need to break the habit. Habla español? We serve a diverse client base, with Spanish-speaking counselors and live translation services for more than 200 languages.

UIS Human Resources is the Agency Referral Contact for **employees** of the University. Please complete the Quitline Referral form and return to the Human Resources Office by email uishr@uis.edu, fax (217) 206-7145 or in person at HRB 30.

Valerie Gebhardt-(217) 206-7122, UIS Counseling Center, is the Agency Referral Contact for **students** of the University. Please complete the Quitline Referral form and return to Valerie by email yscar2@uis.edu, fax (217) 206-7665 or in person at HRB 64. Valerie will complete her portion of the form and confidentially refer you to the Quitline of the American Lung Association.



1 - 866 - QUIT - YES
1 - 866 - 784 - 8937

TTY for Hearing Impaired 1-800-501-1068

Tobacco Treatment Enrollment Form

CLIENT INFORMATION -- Please Print and Stay in the Boxes

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

STATE ZIP

EMAIL ADDRESS

PHONE NUMBER

ALTERNATE PHONE

DATE OF BIRTH

GENDER

 MALE FEMALE

RACE / ETHNICITY

LANGUAGE

 ENGLISH SPANISH OTHER (Specify)

PREGNANT

 YES NO

MEDICAID PARTICIPANT

 YES NO

MAY WE LEAVE A MESSAGE?

 YES NO

WHEN SHOULD WE CALL?

 7 am - 10am 10am - 1pm 1pm - 4pm 4pm - 7pm 7pm - 9pm 9pm - 11pm

CLIENT SIGNATURE

I authorize my referring agency to release the information on this enrollment form to the Illinois Tobacco Quitline for purposes of my participation in the tobacco cessation program and also authorize the Illinois Tobacco Quitline and its representatives to contact me at the phone number(s) I have listed above. I give the Quitline and the referring agency permission to discuss my use of service.

X

SIGNATURE OF THE CLIENT OR CLIENT'S REPRESENTATIVE

DATE

X

PRINTED NAME OF CLIENT REPRESENTATIVE

RELATIONSHIP TO CLIENT

REFERRING AGENCY INFORMATION

UNIVERSITY OF
ILLINOIS
SPRINGFIELD

Please select whether you are a Employee or Student.

 Employee Student

SIGNATURE OF REFERRING AGENCY PERSONNEL:

X

8 5 7 3 8 3

FAX THIS FORM TO: 1 - 855 - QUIT - FAX

(1 - 855 - 784 - 8329)