



APPLICATION FOR ENROLLMENT

N. 1408 Washington, Spokane, WA 99201-2438  
509. 325.5451  
Fax: 509.344.1083

Please take a moment and fill out the following form. Please fill out all areas completely. This information is required to attend. If more space is needed attach information to this form. This information is used in our monthly and yearly community development reports. This helps our funding and keeps our facility open to serve the community. All information is kept confidential .Thank you.

**Participant Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Birthday (mm/dd/yy): \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

**Ethnicity: (The following information is for funding purposes only.)**

Ethnic Background: Caucasian: \_ African American \_ Asian: \_ Hispanic or Latino: \_\_\_\_  
Not Hispanic or Latino: \_ Native American/Inuit: \_ Other: \_\_\_\_\_

**Contact information:**

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Transportation To and From:**

Para Transit \_\_\_\_ STA 328-RIDE \_\_\_\_ Customer ID#/Last Name \_\_\_\_\_  
Personal Transportation \_\_\_\_\_  
Authorized pick-up \_\_\_\_\_

Behavior/Health Information (Check all that apply):

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Requires Toilet help
<input type="checkbox"/> Insulin Dependent	<input type="checkbox"/> Combative/Aggressive	<input type="checkbox"/> Requires Feeding help
<input type="checkbox"/> Seizures	<input type="checkbox"/> Confused	<input type="checkbox"/> Uses Wheelchair
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Noisy	<input type="checkbox"/> Uses Walker
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Steals	<input type="checkbox"/> Uses Cane
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Lies	<input type="checkbox"/> Uses Crutches
<input type="checkbox"/> Other _____	<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Limit exercise
_____	<input type="checkbox"/> Wanders	<input type="checkbox"/> Other (explain below)

Food Allergy/Concern (if does not apply, please indicate N/A or none): \_\_\_\_\_

Medical Allergy/Concern (if does not apply, please indicate N/A or none): \_\_\_\_\_

Special Instructions for Care (if does not apply, please indicate N/A or none): \_\_\_\_\_

Special Diet Requirements (if does not apply, please indicate N/A or none): \_\_\_\_\_

**Ability Level/ Educational Background:**

Reading/Math Level: \_\_\_\_\_

**Special Interests and Abilities:**

\_\_\_\_\_

\_\_\_\_\_

**Which Classes are of interest?**

<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Geography/ Science
<input type="checkbox"/> Art/ Painting	<input type="checkbox"/> Reading/ Math
<input type="checkbox"/> Basketry	<input type="checkbox"/> Stitchery
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Wood Shop
<input type="checkbox"/> Computer	

Day of the Week you would like to attend: \_\_Mo \_\_Tu \_\_We \_\_Th\_\_Fr\_\_

I affirm the above information is true to the best of my knowledge.

I understand that Center Pointe staff is UNABLE to provide one-on-one assistance to participants.

I understand that conduct that disrupts or obstructs any program or activity that is part of the overall Center operation is reason for suspension.

Failure to comply with directions given by the Center staff acting in the performance of their duties.

Any conduct or expression that in the judgment of staff, serves to intimidate or coerce others.

Failure to maintain a level of personal hygiene that is non-offensive in a social environment.

I understand I cannot participate in Center Pointe activities until I am notified that I am officially enrolled.

I accept responsibility for payment of Center Pointe program fees.

I Authorize photographs be taken of myself and used by Center Pointe to promote the organization and its goals.

I Do Not Authorize photographs be taken of myself and used by Center Pointe to promote the organization and its goals.

I agree to notify Center Pointe of any information changes.

\_\_\_\_\_  
Signature of person filling out this form

\_\_\_\_\_  
Date

Payee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ ZIP: \_\_\_\_\_

**Income Limits by Family Size:**

Please see the chart below and check one:

Extremely Low (<30%): \_\_\_\_\_

Law income: (<50% ): \_\_\_\_\_

Low/Moderate: (< 80%): \_\_\_\_\_

Above income limits (80 %+): \_\_\_\_\_

N/A (Not Applicable): \_\_\_\_\_

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8+</u>
30%	\$12,100	\$13,850	\$15,550	\$17,300	\$18,700	\$20,050	\$21,450	\$22,850
50%	\$20,150	\$23,050	\$25,900	\$28,800	\$31,100	\$33,400	\$35,700	\$38,000
80%	\$32,250	\$36,900	\$41,500	\$46,100	\$49,800	\$53,500	\$57,150	\$60,850

**Head of Household: (Please check one.)**

Female: \_\_\_\_\_

Male: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_