



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: _____
Lives with: _____ Relationship _____
Phone: _____ Cell: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthday (mm/dd/yyyy): _____ Hospital of Choice: _____
Primary Care Doctor: _____ Primary Care Phone: _____

Contact Information:

Contact Person (if ill/injured/soiled clothing/forgot lunch/etc.): _____
Relationship: _____ Phone: _____ Cell: _____

Care Provider: _____ Relationship _____
Business Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

Legal Guardian: _____ Relationship _____
Business Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

Transportation To and From:

Para Transit _____ STA 328-RIDE _____ Customer ID#/Last Name _____
Personal Transportation _____ Phone: _____
Authorized pick-up _____
Unauthorized pick-up _____

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: _____

Health/Behavior Information (Check all that apply):

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

Please write on back of page if you need extra space

Food Allergy/Restriction (if does not apply, please indicate N/A or none): _____

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

Medical Allergy/Medications (if does not apply, please indicate N/A or none): _____

Special Instructions for Care (to include Exercise Restrictions) if doesn't apply please indicate N/A or none): _____

Disability (diagnosis): _____

De-escalation/Redirection Instructions (if does not apply, please indicate N/A or none): _____

Ability Level/ Educational Background:

Reading/Writing/Math Level: _____

Special Interests and Abilities:

Which Classes are of interest?

<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Fitness to Music
<input type="checkbox"/> Art/ Painting	<input type="checkbox"/> Geography/ Science
<input type="checkbox"/> Basketry	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Reading/Writing/Math
<input type="checkbox"/> Computer	<input type="checkbox"/> Stitchery
	<input type="checkbox"/> Wood Shop

Day of the Week you would like to attend: Mon ___ Tue ___ Wed ___ Thur ___ Fri ___

Part-Time/Full-Time Hours of attendance: ___:___ to ___:___ Preferred start date: _____

Payment Arrangements:

Payee Name: _____ Relationship: _____

Address: _____ City: _____ State: __ Zip: _____

Phone: _____ Cell: _____ Email: _____

Income Limits by Family Size:

Please see the chart below and check one:

Extremely Low (<30%): _____

Low 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: _____

Terms of Participation:

1. I affirm the above information is true to the best of my knowledge.
2. I understand that Center Pointe staff is UNABLE to provide one-on-one assistance to participants.
3. I understand that conduct that disrupts or obstructs any program or activity that is part of the overall Center Pointe operation is reason for suspension.
4. Failure to comply with directions given by the Center staff acting in the performance of their duties.
5. Any conduct or expression that in the judgment of staff, serves to intimidate or coerce others.
6. Failure to maintain a level of personal hygiene that is non-offensive in a social environment.
7. I understand I cannot participate in Center Pointe activities until I am notified that I am officially enrolled.
8. I accept responsibility for payment of Center Pointe program fees.

Photos:

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.

Games:

I give permission for this person to participate in Wii Sports Games activities.

I do not give permission for this person to participate in Wii Sports Games activities.

I agree to notify Center Pointe of any information changes.

Signature of person filling out this form

Date