



CENTER POINTE

APPLICATION FOR ENROLLMENT

N. 1408 Washington, Spokane, WA 99201-2438
(509) 325-5451
Fax: (509) 344-1083

Please fill out all areas as completely as possible on the following form. This information is required to attend. If more space is needed you can attach paper to this form. All information is kept confidential. 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. Thank you.

Participant Information:

Name: _____ Date: _____

Resident Address: _____ City: _____ State: _____ ZIP: _____

Birthday (mm/dd/yy): _____ Hospital of Choice: _____

The following information is for funding purposes only

Ethnicity:

Hispanic or Latino: ____ Not Hispanic or Latino: ____

Race:

Asian: ____ Asian/White: ____ Native Hawaiian/Other Pacific Islander: ____

American Indian/Alaskan Native: ____ White: ____ Black/African American: ____

American Indian/Alaskan Native & White: ____ Black/ African American & White: ____

American Indian/Alaskan Native & Black/African American: ____ Other: _____

Contact Information

Legal Guardian: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ ZIP: _____

Care Provider: _____ Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ ZIP: _____

Emergency Phone: _____ Contact Person: _____

Payee Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

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: _____

Medical Information:

Physician: _____ Telephone: _____

Disabilities:

Medications:

Allergies:

Food Restrictions:

Exercise Restrictions:

Behavior/Health Information (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Lies | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Wanders | <input type="checkbox"/> Uses Wheelchair | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Uses Cane | <input type="checkbox"/> Required Toilet Help |
| <input type="checkbox"/> Insulin Dependant | <input type="checkbox"/> Uses Walker | <input type="checkbox"/> Vision Dependant |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Uses Crutches | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Combative | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Other (explain on following page) | |

Other (from previous page):

Special Instructions for Care:

Ability Level/Educational Level:

Reading Level: _____

Special Interests and Abilities:

Classes of Interest (mark all that apply):

___ Arts and Crafts

___ Nature Crafts

___ Basketry

___ Art

___ Ceramics

___ Woodshop

___ Geography

___ Math

___ Science

___ Social Club

___ Music Therapy

___ Stitchery

Date of the week you would like to attend: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

+++++

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, including the following:

Failure to comply with directions given by the Center staff when 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 the responsibility for payment of Center Pointe program fees.

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

___ **I DO NOT authorize photographs to 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