



# nssra

Northern Suburban Special  
Recreation Association

## 2019 Adult Day Program Interest Form

The process of enrolling in NSSRA adult day programming begins with the completion of the Adult Day Program Interest Form. The interest form must be completed and submitted with a \$100 deposit to begin the assessment process which determines placement options for the participant.

After submitting this form, you will be contacted by Becca Zajler, Recreation Manager for ELA, to schedule an assessment. An assessment is conducted for interested participants to determine placement options for the adult day program offerings at NSSRA. The ELA Program has three designated 1:1 (staff to participant) openings available. In the event that an individual assesses at a 1:1 ratio and these three openings are filled, he/she will be placed on a waitlist. When an opening becomes available, a random drawing and re-assessment is conducted to determine placement.

### PARTICIPANT INFORMATION

Participant Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
School attending/other (work, day program): \_\_\_\_\_  
Teacher/Supervisor/Case Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Referral Source: \_\_\_\_\_

REGISTRATION	Code	Fee
<input type="checkbox"/> Adult Day Program Assessment	694001-WL	\$100*

*\*Deposit is non-refundable*

### EACH ASSESSMENT FORM MUST BE SIGNED\*

Participant/Parent/Guardian: \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_

*\*If registering by fax or electronically your facsimile or electronic signature shall substitute for and have the same legal effect as an original form signature.*

#### OFFICE USE ONLY:

Assessment Scheduled: \_\_\_\_\_

Waitlist: Yes / No

Receipt #: \_\_\_\_\_

### PAYMENT: This section must be completed.

If paying by check, please fill in your check number here: \_\_\_\_\_

If you are using Mastercard, Visa, Discover or American Express, please complete the following section:

Please check one:  Mastercard  Visa  Discover  AMEX

Account Number: \_\_\_\_\_ CVV #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount of Charge: \$ \_\_\_\_\_

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

**Mail or Drop Off:** NSSRA, 3105 MacArthur Blvd., Northbrook, IL 60062 • **Email:** bzajler@nssra.org  
**Fax:** (847) 509-1177 • **Questions:** Becca Zajler, Recreation Manager for ELA, at (847) 509-9400 x6823