



2020 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 Luecke, 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	604001-WL	\$100*

**Deposit is non-refundable*

EACH ASSESSMENT FORM MUST BE SIGNED*

Participant/Parent/Guardian: _____
 Date: _____
 Please Print Name: _____

OFFICE USE ONLY:

Assessment Scheduled: _____
 Waitlist: Yes / No
 Receipt #: _____

**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.*

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:** bluecke@nssra.org
Fax: (847) 509-1177 • **Questions:** Becca Luecke, Recreation Manager for ELA, at (847) 509-9400 x6823