

# INDEPENDENT LIVING REGISTRATION FORM

## WHICH DAY DO YOU WISH TO ATTEND?

- TUESDAYS 1:00 P.M. TO 3:00 P.M. (Sept 24<sup>th</sup> to Nov 26<sup>th</sup>)
- THURSDAYS 9:30 A.M. TO 11:30 A.M. (Sept 26<sup>th</sup> to Nov 28<sup>th</sup>)



(please note there are only 6 spots in each class – we will create a waiting list)

**NAME:**

**ADDRESS:**

**PHONE #:**

**Emergency Phone #:**

**Email address:**

**DOB:**

**Allergies or medical conditions to be aware of:**

**LANGUAGES SPOKEN (other than English):**

**Will you need personal care assistance from our staff while attending?**

**YES**       **NO**       **If yes – brief description:**

**Will you need note taking or reading support?**      **YES**       **NO**

**If yes – describe what is required:**

**REFERRAL FROM (outside agency)**

**STAFF COMPLETING FORM:**

Program Manager Section

**PM REVIEWED**    YES      NO      **Status from completed**    YES      NO

**INTERNAL REFERRAL**      YES      NO