

Membership Application for Life Enrichment

\$30 Membership fee

Covers Cost of Mailings, T-Shirt and Reduced Program Costs

Payment is due with Registration

Name _____ T-Shirt Size (unisex) _____

Nickname _____

Gender: Male _____ Female _____ Intersex _____ Prefer not to answer _____

Date of Birth _____ Age _____

Address _____

City _____ County _____

State _____ Zip code _____

Email address _____

Phone _____

Employment _____

Emergency Contact Information

Name _____ Relationship _____

Phone _____ Email _____

Medical Information

Allergies Including Food

Allergies _____

Do you have an Epi-pen? Yes _____ No _____ Ambulatory _____

Non-Ambulatory (Uses wheelchair or walker) _____

Hospital in Case of Emergency _____

Guardian Information

- I am my own person
- I have a guardian

Guardian Name _____ Phone _____

Guardian Email _____

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Information for Funding

Ethnicity:

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other
- _____

My Living Situation is:

- Lives independently
- Lives in group home
- Apartment program
- Other: _____

My Funding Source is:

- Private Pay
- Medicare / Medicaid
- IRIS
- Lakeland
- Care Wisconsin
- Other: _____

My Annual Income is:

- <15,500
- 15,001-25,000
- 25,801-41,249
- >41,250

I grant to Covey, its representatives and employees the right to take photographs or video of the member. I authorize Covey, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Covey may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

- I Grant these permissions I do not grant these permissions

Member has permission to utilize Covey transportation when available.

I have read and understand the above:

- I Grant these permissions I do not grant these permissions

Signature of Client or Guardian if Applicable: _____

Handbook Agreement

By signing this, I am say that I, _____ have read and reviewed the Life Enrichment handbook and agree to all the terms and conditions.

Member
Signature _____ Date _____

Guardian
Signature _____ Date _____