**ELITE COGNITION GROUP REGISTRATION FORM**

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| Today’s Date: |
| Who (or program) is completing Registration Form?[ ] Self/Participant Guardian [ ] CCS [ ] CLTS [ ] DD [ ] CCF [ ] OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Attendee/ Client Information** |
| Full Name: | Date of Birth:Current Age: |
| Identified Gender:Preferred Pronouns: | Email: |
| Address: | Phone Number: |
| Diagnosis/or current mental health struggles (List all): |
| \*If this client is a minor or has a power of attorney- please complete the following: |
| Guardian/Parent’s Name: | Phone Number: |
| Address (if different than client): | Email: |
| **Group Identification** |
| **Which Group at Elite Cognition are you registering for?** |
| What mental health recovery goals will this group help support? |
| Is there any additional information that would be helpful for the facilitator(s) of this group to know? |
| **Group Attendance Fee Information** |
| **Private Pay Rates**- 8 week groups: $45/session (paid weekly prior to session)  **OR** $320 Full Payment upfront (prior to first session for discounted rate)12 week groups: $45/session (paid weekly prior to session)  **OR** $490 Full Payment upfront (prior to first session for discounted rate)**CCS Consumers**- Groups are either psychoeducation or ISDE, depending on content. Once registration is received and consumer is accepted to the group; service facilitators will be notified with number of hours needed to authorize and under which array category.**Insurance-** At this time we cannot accept insurance plans for payment of group services |
| **Group Payment Information** |
| [ ]  Cash/Credit Card Weekly (Payment must be completed prior to each session)[ ]  Cash/Credit Card In Full @ discounted rate (Payment must be completed prior to 1st session)[ ]  CCS Programming (Authorization in module should be completed prior to 1st session) |
|  CCS Service Facilitator Contact\* For CCS clients only  |
| SF Name:Agency: | Contact Phone #:Contact Email: |

\*Send Completed Registration Form To: bryenne@elitecognitionllc.com, faxed or sent to address above