**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](mailto:bryenne@elitecognitionllc.com), faxed or sent to address above