



Specialized Day Supports Membership Application & Pre-payment Plan

For people with intellectual and developmental disabilities and their families

Client Information

Name of client _____

Party responsible for payment _____

Address _____

City _____ State _____ Zip _____

Phone: _____

E-mail: _____

Cost and Fees

\$50.00 annual membership fee

\$45.00 per session

All payments are due before the first day of the month attending.

Please note that this amount may change month to month. For example, if you set a schedule to attend every Monday, you might plan to pay \$180 per month (for four sessions). However, if one month has five Mondays, you will need to pay \$225 or not attend one week.

Any paid-for but *unattended* session may be credited to another session.

Because this is a high-demand, small group program, failure to pay in advance or failure to attend regularly may result in temporary suspension.

Scholarships are available based on funding donations. Please contact Megan for more information!

For office use only:

Total due at time of application:
\$ _____

Total due each month:
\$ _____ / _____

Initial payment received _____

Billing department notified of payment plan

Direct withdrawal form if applicable

Date: _____ Staff: _____

Payment Agreement

I will submit payment of \$ _____ every
_____ month(s) before the 1st of the month
attending via the following:

Personal check (mailed or delivered)

Direct withdrawal

In-person debit card transaction

Signature: _____

Date: _____