

APPLICATION FOR ENROLLMENT
NAMI Basics Education Program

This is not a registration form, but an application to enroll in the upcoming NAMI Basics class. These classes fill quickly, so it is best to apply as soon as you know you want to attend. We ask that you miss no more than one class. We will notify you a few weeks prior to the beginning of the class to confirm your enrollment. Please mail or FAX the application to the NAMI SC Office, Attn: BASICS, 1300 N. Dutton Avenue, Suite A, Santa Rosa, CA 95401 or FAX to (707) 527-6832. All information is confidential.

Today's Date: _____

Applying for: Winter _____ Spring _____ Summer _____ Fall _____

Applicant(s) Name: _____

Applicant's Address: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Applicant's relationship to person with mental health challenge: _____

Please list other family members wishing to attend including age and relationship:

Does ill family member reside with you? If not, where does he/she reside? _____

Diagnosis (if known): _____ Date/Age diagnosed: _____

Age of family member with mental health challenge: _____

Is the person a client of Sonoma County Mental Health Services (SCMH)? _____

Private care provider: _____

Please call NAMI at (707) 527-6655 regarding ongoing, free Family Support Groups held throughout Sonoma County.