





## **Day Programs**

Use the space below to document Day Programs your loved one with rare epilepsy attends. Additional pages can be added by going to the Attachments section of this C.A.R.E. Binder.

Does your loved one with rare epilepsy attend a Day Pro	ogram? LI YES LI NO		
Day Brazilana			
Day Program 1			
Name of Program:	Phone:		
Contact Name:	Pnone:		
Address:			
City:	State:	Zip:	
	nesday 🗆 Thursday 🗆 Friday 🗀 Saturday 🗀 Sunday		
Hours:			
Transportation to/from Day Program:			
Does your loved one stay in one location all day for this			
Is this a community-based program where they go on ou	-		
If YES, how is transportation provided for these outings?	<u>'</u>		
How is this program funded?			
1 0			
If funded by the state, does the state also pay for transp	ortation?		
Day Program 2			
Name of Program:			
Contact Name:	Phone:		
Address:			
City:	State:	Zip:	
Day(s) of the Week: $\square$ Monday $\square$ Tuesday $\square$ Wedn	nesday 🗆 Thursday 🗆 Friday 🗀 Saturday 🗀 Sunday		
Hours:			
Transportation to/from Day Program:			
Does your loved one stay in one location all day for this	day program?		
Is this a community-based program where they go on ou	utings? 🗆 YES 🗆 NO		
If YES, how is transportation provided for these outings?	,		
How is this program funded?			
funded by the state, does the state also pay for transportation? $\square$ YES $\square$ NO			







## **List of Current Day Program Care Providers**

Name	Role (parent/sibling/teacher/driver/etc.)	Phone	Email
	(parent/sibining/teacher/diliver/etc.)		