

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 Program? ☐ YES ☐ NO

Day Program 1

Name of Program:

Contact Name:

Phone:

Address:

City:

State:

Zip:

Day(s) of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours:

Transportation to/from Day Program:

Does your loved one stay in one location all day for this day program? ☐ YES ☐ NO

Is this a community-based program where they go on outings? ☐ YES ☐ NO

If YES, how is transportation provided for these outings?

How is this program funded?

If funded by the state, does the state also pay for transportation? ☐ YES ☐ NO

Day Program 2

Name of Program:

Contact Name:

Phone:

Address:

City:

State:

Zip:

Day(s) of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours:

Transportation to/from Day Program:

Does your loved one stay in one location all day for this day program? ☐ YES ☐ NO

Is this a community-based program where they go on outings? ☐ YES ☐ NO

If YES, how is transportation provided for these outings?

How is this program funded?

If funded by the state, does the state also pay for transportation? ☐ YES ☐ NO

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