

Confidential Enrollment Form

This form and the applicable fee, made payable to **TRI Group**, must be submitted in order to enroll unless you are seeking a scholarship. All information will be treated as confidential.

Name: _____

Address: _____

Zip code: _____

Phone: _____

Phone: _____

Email: _____

Name of child(ren)'s other parent:

If referred by the Court, insert Judge's name:

Check as appropriate:

Enclosed is my payment of \$65.00.

I am insured through Preferred Care. **Please call (585) 658-3690 for further information regarding your coverage for this program.**

I am insured through Excellus (BC/BS, BlueChoice, ViaHealth, etc.). **Please call (585) 658-3690 for further information regarding your coverage for this program.**

I am insured through Preferred Care Option or Blue Choice Option. No co-payment is required.

Please note: All usage of health insurance as noted above must be accompanied by a copy of the back and front of your insurance identification card showing subscriber name and identification number.

I am seeking a scholarship. The number of people in my household for whom I provide support is _____. The annual gross income in my household is \$_____. (You will receive a letter advising whether you qualify for a scholarship).

I prefer to attend class on 2 consecutive Mondays (12pm – 3:30pm).

I prefer to attend class on 2 consecutive Saturdays (9am – 12:30pm).

Interpreter required for hearing impaired.

Are you currently in danger of your partner or ex-partner doing any of the following:

1. Physically hurting you by, for example: pushing, grabbing, slapping, hitting, choking or kicking?
2. Threatening to hurt you, your children, or someone close to you?
3. Stalking, checking up on you or following you?
4. Making you afraid?

Yes (You will be contacted by the program administrator. Please indicate the safest way to contact you. _____)

No (None of the above applies to me or I choose not to answer these questions at this time.)

Please mail form with proper accompaniments to:

TRI Group – FEP
PO Box 193
Lakeville, NY 14480

Questions? Please contact the program administrator at (585) 658-3690.