



N O R T H W E S T
Health • Justice • Hope

645 4th St., Suite 202
Bremerton, WA 98337

Phone: (360) 377-5511
1-800-378-5771
Fax: (360) 377-3548
www.lcsnw.org
olympic@lcsnw.org

To: Kitsap County Courts and Consumers

From: Lutheran Community Services NW

RE: Consumer Awareness Program (CAP)

This class is held at: Lutheran Community Services NW
645 4th Street, Suite 202
Bremerton, WA 98337

To register, please fill out a registration form completely including case/cause number with court address and send, or deliver it, with \$75 to the above address.

This class is limited to eight (8) participants and is a first come first served policy. When payment is received, your registration is confirmed. You will be contacted only if the class is full or there is a change in date. **Failure to attend the scheduled class will result in a forfeiture of payment.** If you have any questions or need additional information please feel free to call Lutheran Community Services Northwest at (360) 377-5511.

- The Memory Connection
(Early Memory Loss Program)
- Consumer Awareness Program
- Children in the Middle
- HomeHelpers
HomeCare
- Staying Connected
(Adult Day Program)
- RSVP
(Retired and Senior Volunteer Program)



"Lutheran Community Services Northwest partners with individuals, families and communities for health, justice and hope."



CONSUMER AWARENESS PROGRAM REGISTRATION FORM

Applicant Name: _____

Preferred Date for Class: _____

Address: _____

City: _____

Zip Code: _____

Phone: Day: _____

Evening: _____

Please note:

- *Class is limited in size.*
- *There is a first come/first served policy.*
- *Applicant will be put on a waiting list for the next scheduled class if class is full.*
- *Payment confirms reservation (See attached memorandum)*

Please enclose a check or money order in the amount of \$75.00 and mail to:

CAP
Lutheran Community Services Northwest
645 4th Street, Suite 202
Bremerton, WA 98337

REQUIRED

Notice of class completion to be mailed to (court address):

➤ Cause/Case No.: _____

Court: _____

Attn: _____
(Optional)

Address: _____

City: _____

Zip Code: _____