The Imagine Center Farm Skills Building, Work Training, and Community Engagement Center

6600 Norvell rd. Brooklyn, MI 49230

Registration Form

Please complete the form below, and either fax to 313 656-4053, or email to: mjbehen@theimaginectr.com, and someone will contact you within 24 hours of receipt of the form.

Your name: _____ Date: _____

Your phone: _____Your email: _____

Relationship to the individual that you are referring for involvement with the center (e.g., self, parent, guardian, case manager): _____ _____

Applicant's Name: _____

Applicant's Date of Birth: _____

Guardian's Name: _____

Guardian's Phone: _____

Applicant's Street address: _____

City _____ **Zip code** _____

If possible, please have individual or individual's legal guardian sign the following prior to sending:
I request and authorize The Imagine Center / Michael E. Behen, Ph.D. to exchange relevant healthcare information for the patient named above with:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

SIGNATURE: _____ **DATE:** _____

*THIS AUTHORIZATION EXPIRES 365 DAYS AFTER IT IS SIGNED.

*If you have any questions about any aspect of the center, or would like additional information, please do not hesitate to call Michael Behen @ 313 617-6436, or 313 656-4052, extension #6 or via the following email: mjbehen@theimaginectr.com

-Dr. Michael E. Behen, PhD, LP can be reached @ 313 354-3920 or mebehenphd@gmail.com
-Dr. Koyonne Mims, PhD, LP can be reached @ 734-272-2104 or krmims@theimaginectr.com

Thank you! Michael, Michael, and Koy.