



National  
Kidney  
Foundation® of  
Illinois

# Chronic Disease Self-Management Program (CDSMP)

Thursday, April 9 – Thursday, May 28, 2020

Blue Door Neighborhood Center | 756 E 111<sup>th</sup> Street, Chicago, IL 60628

The Chronic Disease Self-Management Program (CDSMP) is an **8-week workshop** for participants who are in various stages of Chronic Kidney Disease. The first six weeks focus on overall healthy living, with two additional sessions that cover kidney specific content. Return this completed form to Rachel DePauw at [rdepauw@nkfi.org](mailto:rdepauw@nkfi.org) to reserve your spot.

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

**REGISTRANT TYPE (CHECK ALL THAT APPLY):**

I am a kidney disease or dialysis patient

I am considered at risk for kidney disease

I am a kidney transplant recipient.

I am a non-kidney transplant recipient.

I am waiting for a kidney transplant

I am the family member, friend or caregiver

Other: \_\_\_\_\_

**CONSENT FORM:**

*I give my consent to the National Kidney Foundation of Illinois (NKFI), or its representatives, to have the unrestricted legal right to copy, copyright, modify, create derivatives, publish, dispose of or otherwise use any or all text, images, photographs, audio or video footage taken of myself, without monetary consideration, provided that they be used in a dignified and legal manner. This includes but is not limited to usage in part or in modified form in, educational materials, promotional materials, and publications. I am aware that this release statement does not have an expiration date. I acknowledge that this release document was signed by me willingly and I certify that I am not a minor, and I am free and able of giving such consent.*

Signature: \_\_\_\_\_