



Adult Recreation Club

Please **KEEP THIS PAGE** for future reference.

St. James Lutheran Church 25 N. Adams Street, York, PA
(Northeast corner of W. Market and N. Adams Streets)

**Dancing, games, crafts, movies, bingo, dining out,
And special projects are some of the upcoming activities.**

Enclosed is your Adult Recreation Club membership application.

Please read all the following instructions and information before completing the enclosed Application and Registration form as there have been changes.

- **Only the "Application" (4 stapled pages) is to be sent back to The Arc.**
- **Everyone must submit a new Adult Recreation Club Application every year.**
- The application consists of pages numbered
 - Page 1 "Club Member Information"**
 - Page 2 "Photography and Video Release" / "Activity and Liability Release"**
 - Page 3 "Household Survey" (optional)**
 - Page 4 "Registration"**
- Your application must be completed, signed, sent to and received at The Arc office before the deadline date of September **15, 2017** in order to attend the first event, the "**Welcome Back Dance**", on Tuesday, September 26.

Mail to: Susana Suarez, the Arc of York County, 497 Hill Street, York, PA 17403

Drop off: The Arc of York County, 497 Hill Street, York, PA 17403

FAX to: Susana Suarez at: 717 - 852 - 8842

Email / Scan to: ssuarez@thearcofyorkcounty.org

- **YOU MUST BE PRE-REGISTERED FOR EACH ACTIVITY**
Since the total people allowed to attending each event is **limited**.
- **Non-members will be charged a \$5 fee at the door to attend each event.**
- The Arc does not provide transportation. Everyone is responsible for his/her own transportation.
- Always check your schedule weekly to be sure of time and place of each event.
- If the weather is threatening, please call 846-6589 **AFTER 4 PM** and listen to the prompts to learn if Club will be cancelled.
- **No one will be contacting you when an event is cancelled.**

The Arc of York County
497 Hill Street
York, PA 17403

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THIS NOTICE PROVIDED TO ALL PROGRAM PARTICIPANTS BY THE DIRECT SERVICE PERSONNEL. IT WILL BE EXPLAINED AND LEFT WITH THE PERSON RECEIVING SERVICES OR THE GUARDIAN/CARE-GIVER OF THE PERSON.

**To All Persons Interested in Participating in Adult Rec Club Events
Including TSSs / PCAs / Other Support Staff**

Arc staff is looking forward to another year of fun-filled social interaction at Adult Rec Club. The Satisfaction Surveys you completed show that almost every regular attendee enjoys the club events immensely and wants more of the same type of activities. We do plan to add a couple more dances during the year at your request.

There will be some minor changes in our procedures that might affect some of the club members.

First, EVERY PERSON who attends the club's events/meetings must either

- (a) be eligible for MH-IDD funding (which covers the cost of the person's participation) OR
- (b) pay **\$5.00** at the door.

Only direct support staff is exempt from this admission fee. The program is making the change to be more fiscally responsible, ensuring that the income from the program adequately covers the cost of the program.

Second, you may invite a guest sometimes. The program is open to all adults, age 18 and over, whether intellectually disabled, physically disabled, or not disabled at all. The Guest must also pay the \$5 admission charge and that individual may attend only one time as a guest. If that individual wishes to attend again, he/she will have to join the Adult Rec Club as a member. This means he/she must complete an application and registration form and give it to Susana Suarez. There is no "membership fee."

You may contact The York-Adams MH/IDD Program (717-771-9618) and ask for The Intake Staff to see if you qualify for funding for our events.

Thank you for your continued interest in Adult Recreation Club. I look forward to seeing you.

Please call me with questions or concerns, 717-846-6589, Ext.133 or Cell # 825-8347.

Susana Suarez

Adult Recreation Club Program Coordinator

THANK YOU FOR PARTICIPATING IN PROGRAMS OFFERED BY THE ARC OF YORK COUNTY.

1. We hope that you will be happy with your services. In spite of all our efforts, there may be a time that you do not agree or are not satisfied with something about your services.
2. The Arc has a grievance policy -- which means that you can have your complaint reviewed by the appropriate Arc supervisor.
3. If you have a serious complaint, please ask for a grievance form. We will assist you to complete the grievance process if needed.
4. If you have a formal complaint or grievance, it is The Arc's obligation to get back to you within one week. If more time is needed, The Arc supervisor will call you to explain the delay and to tell you when to expect to hear from him/her.
5. If you are still unhappy and your complaint has not been resolved, you can file a grievance with MH/MR, OVR, or the organization which is funding your services.



The Arc of York County
Adult Recreation Club
Club Member Information Form
2017 - 2018

PLEASE PRINT CLEARLY

Name: _____

Address: _____

Street Address

City

State

Zip Code

Telephone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Email Address: _____

Supports Coordinator at York/Adams MH/IDD: _____

(Must have your Support Coordinator's name, if left blank you will have to pay \$5 to attend.)

Total Fiscal Year Units Available _____ (must have this line completed to process application).

Emergency Contact Person (If other than parents)

Name: _____ Telephone: _____

Address: _____

Member's Place of Employment: _____

Name of Parents or Guardians: _____ Telephone: _____

Parent or Guardian's

Place of Employment: _____ Telephone: _____

Are you in the Person/Family Directed Support Waiver or the Consolidated Waiver through MH/IDD?

_____ Yes _____ No

Is there any other information we should know? (Medications, seizures, allergies, etc.)

In case of emergency:

Primary Insurance: _____

Group ID and ID #: _____

Secondary Insurance: _____

Group ID# and ID#: _____

Primary Physician's Name: _____

Telephone Number: _____ Hospital Preferred: _____



Adult Recreation Club

PHOTOGRAPHY & VIDEO RELEASE

I grant permission for staff of Adult Recreation Club or their designated representatives to Photograph/ video me while participating in Adult Rec Club activities.

(Signature of Club Member)

(Date)

(Witness)

I hereby grant permission for my photograph to be used for publicity about Adult Recreation Club or The Arc of York County in local newspapers, local television channels, Arc Newsletter, video, etc.

. _____YES

_____NO

(Signature of Club Member)

(Date)

Witness)

ACTIVITY AND LIABILITY RELEASE

I, _____, hereby agree to participate in activities
(Please print full name)

of Adult Recreation Club. Activities may include, but are not limited to: arts and crafts, dancing, eating out, movies, bowling, cooking, light exercising, sports and games, swimming, and attending community service project outings.

Absent gross negligence or wrong doing by The Arc of York County, Inc., (or its affiliates) or its staff, I hereby release The Arc of York County; the staff and members of St. James Lutheran Church, the Adult Recreation Club, staff, volunteers, and any and all other persons who assist in supervising said programs and activities from any and all liability or claim rising from the accidental injury to or death incurred by me during or in transit to or from programs and activities from any cause whatsoever.

I further waive claim on The Arc of York County and St. James Lutheran Church for any loss or damage to my property, whether at the church or in route to and from the site.

Intending to be legally bound hereby, I set my signature below.

(Signature of Club Member)

(Date)

(Signature of Witness)

(Date)



HOUSEHOLD SURVEY

It is **not mandatory** for you to complete this form, but it will be appreciated as it will help The Arc receive much needed funding. The Arc of York County receives contributions and funding from many sources, including United Way and the City of York/County of York. They have requested that we collect the following information.

1. Please check the gender of the person(s) who will receive The Arc services.
 _____ Female _____ Male
2. Please check the age range of the person(s) who will receive Arc services.
 0-5 _____ 6-8 _____ 9-14 _____ 15-18 _____ 19-21 _____ 22-61 _____ 62+ _____
3. Is the person who receives Arc services Hispanic/Latino?
 _____ Yes _____ No
4. Please check which one racial description best fits the person who receives Arc Services: **(Check one only)**

Single Race	OR	Multi-Race
White		Black or African American AND White
Black or African American		Asian AND White
Asian		American Indian or Alaska Native AND White
American Indian or Alaska Native		American Indian or Alaska Native AND Black or African American
Native Hawaiian or Other Pacific Islander		Other Multi-Race

5. Please indicate the total number of persons currently residing in your household. _____
6. Please check which of the following describes your family's "head of household." (Check only one.)
 _____ Male _____ Female _____ Two Parents
7. What is your total yearly family income from wages or salary, self-employment, social security, pension, public assistance, rent, interest, or other sources? (Check one line only.) _____ \$ 0---11,250 _____
 \$19,951---21,250 _____ \$35,401---38,600
 _____ \$11,251---12,850 _____ \$21,251---21,450 _____ \$38,601---42,900
 _____ \$12,851---14,450 _____ \$24,101---26,800 _____ \$42,901---46,300
 _____ \$14,451---16,100 _____ \$26,801---28,950 _____ \$46,301---49,750
 _____ \$16,101---17,350 _____ \$28,951---30,000 _____ \$49,751---53,150
 _____ \$17,351---18,650 _____ \$30,001---31,100
 _____ \$18,651---18,750 _____ \$31,101---33,250
 _____ \$18,751---19,950 _____ \$33,251---34,300

Signature of person completing this form

Please complete this form and return it to The Arc at this address:

**Susana Suarez
 The Arc of York County
 497 Hill Street
 York, PA 17403**

This information will be kept strictly confidential. Thank you.

REGISTRATION FORM

YOU MUST BE PRE-REGISTERED FOR EACH ACTIVITY
since the total people allowed to attend each event is **limited.**

Please **RETURN** by **SEPTEMBER 15, 2017**to:

Susana Suarez
The Arc of York County
497 Hill Street
York, PA 17403

OR

Fax this registration form to:
Fax #: 852-8842

If you want to find out if Adult Recreation Club has been **cancelled** for any reason, just call
The Arc office at **846-6589** **AFTER 4 PM** and listen to the message instructions.

*** No one will be contacting you regarding any event cancellations.***

For any other questions? Call Susana at 825-8347.

Name: _____ wants to attend

YES

NO

September 26

October 3

October 10

October 17

October 24
