



# Adult Recreation Club

**Tuesday Evenings 7:00 PM – 9:00 PM**

**St. James Lutheran Church**

**25 N. Adams Street, York, PA**

**(Northeast corner of W. Market and N. Adams Streets)**

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

**To join in all the fun, just fill out the Club Member Information Form, Release Forms, Household Survey and Registration Form (pages 1,2,3,4,5) and return these 5 pages to The Arc.**

**Mail to      Susana Suarez      FAX to:  
OR      The Arc of York County      OR      717 - 852 - 8842  
Drop Off:      497 Hill Street  
York, PA 17403**

**EVERY YEAR All Members MUST submit a current year completed Club Member Application, Information Forms Release Forms and Registration Form to attend club.**

**Remember:**

- **Everyone is responsible for his/her own transportation. The Arc will not provide transportation.**
- **Always check your schedule each week to be sure where and what time the event will be held.**
- **If the weather is threatening, please call 846-6589 after 4 PM to learn if Club will be canceled.**

## **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 Rec 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 Rec Program Coordinator



**The Arc of York County  
497 Hill Street  
York, PA 17403  
(717) 846-6589**

***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.

**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 OR CARE-GIVER OF THE PERSON.**



The Arc of York County
Adult Recreation Club
Club Member Information Form
2015 - 2016

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

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

Street Address

City

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.)

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: \_\_\_\_\_



**The Arc of York County**  
**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)



**The Arc of York County**  
**Adult Recreation Club**

**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

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. 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.

- Please check the gender of the person(s) who will receive Arc services.  
 Female  Male
- 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+
- Is the person who receives Arc services Hispanic/Latino?  
 Yes  No
- Please check which one racial description best fits the person who receives Arc Services: **(Check one only)**

Single Race	OR	Multi-Race
<input type="checkbox"/> White		<input type="checkbox"/> Black or African American AND White
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian AND White
<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaska Native AND White
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> American Indian or Alaska Native AND Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other Multi-Race

- Please indicate the total number of persons currently residing in your household. \_\_\_\_\_
- Please check which of the following describes your family's "head of household." (Check only one.)  
 Male  Female  Two Parents
- 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.**