



# Program Agreement

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_

## Guardian Information (If Applicable)

Participant is own guardian YES or NO If No, please complete

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Emergency Contact Information

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

Telephone Number(s): \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

## Placement Information

Program of Interest:

- Volunteer Employment

Dates of Interest:

- Monday  Tuesday  Wednesday  Thursday

Requested Start Date: \_\_\_\_\_

## Services

Do you receive services from:

Summit Pointe YES or NO Case Manager: \_\_\_\_\_

DHHS YES or NO Case Manager: \_\_\_\_\_

MRS YES or NO Case Manager: \_\_\_\_\_

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



## Communication and Interaction

### Communication Preferred:

- Augmentative/Electronic Device
- Sign/Gesture
- Other Please Specify: \_\_\_\_\_
- Photographs
- Objects
- Graphics
- Written

### Assistive Technology

Participant uses these "apps": \_\_\_\_\_

### Physical (kinesthetic)

Work speeds  
Work accuracy

Meets requirement	Exceeds requirement	Less than required

Requires physical accommodations (lifting restrictions), specify: \_\_\_\_\_

Demonstrates limited endurance (requires frequent breaks), specify: \_\_\_\_\_

### Social

- Prefers to work alone or away from co-workers
- Works well in a group/team
- Benefits from positive reinforcement
- Shares equipment, materials, work space etc.
- Does not understand how their actions or words affect others
- Accepts constructive criticism
- Needs purposeful and direct instruction/practice of social rules required at work site (may need visual support tool as reminder)
- Needs purposeful and direct instruction about social boundaries with co-workers outside of work (may need visual support tool as reminder)
- Other \_\_\_\_\_

### Production

- Learns task by watching others on the job
- Benefits from modeling task
- Participant needs visual strategies such as schedule, work system, charts, etc.
- Job must be broken down into small, discreet steps and each practiced intensively to master a task

## Strengths, Abilities, Special Interest and Other Comments

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## **Media Release**

Throughout the year, participants may be highlighted in effort to promote The Arc of Calhoun County's activities and achievements and/or the achievements of the participants. For example, participants may be featured in materials to help training Job Coaches and/or increase public awareness of our programs through newspaper, radio, TV, the web, DVD's, brochures and other types of media. Participants may be interviewed or photographed for various purposes and/or achievements they have reached.

I, hereby give The Arc of Calhoun County, its employees, representatives and authorized media organization permission to print, photograph and record the above participant for use in audio, video, film or any other electronic, digital and printed media.

a.) This is with the understanding that neither The Arc of Calhoun County nor its representatives will reproduce said photograph, interviews or likeness for any commercial value or receive monetary gain for use of any photograph or likeness. I am also fully aware that I will not receive monetary compensation for the participant's participation.

b.) I further release and relieve The Arc of Calhoun County, its Board of Directors, employees and other representatives from any liabilities know or unknown that may arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

## **Notice of Non Discrimination**

It is the policy of The Arc not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Director, 506 Riverside Drive, Battle Creek, MI. 49015. Upon request to The Arc of Calhoun County shall make reasonable accommodations for a person with disabilities to be able to participate in this program.

## **Participant Responsibilities**

1. Any participant who will be tardy or absent from the scheduled activity must notify The Arc.
2. Should any problems arise at home that may affect the participant's placement, the participant should notify The Arc immediately.
4. Participants will adhere to all safety requirements specific to each activity as identified by The Arc staff.

## **The Arc Responsibilities**

1. The activity relates to the participant's interests.
2. Participant is regularly supervised by The Arc staff and provided instruction in areas of skill development and community living supports.
3. Daily attendance is recorded.
4. A written evaluation of participant performance will be completed based on the performance elements daily.
5. The Arc and the activity site will provide a site that is free of obvious hazards that could cause potential injury or harm to the participant, when possible.

**Consent**

I have read and understand the above Program Agreement as well as completed this agreement to the best of my ability.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Arc Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

The Arc of Calhoun County  
506 Riverside Drive  
Battle Creek, MI. 49015  
(269) 966-2575

Office Use Only

Date(s) of contact: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_

Treatment Plan Received: \_\_\_\_\_

Authorization Approved: \_\_\_\_\_