



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

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: _____

Payment Information (If applicable)

Name: _____ Relationship: _____

Address: _____

Telephone Number(s): _____

Preferred Payment Method: Cash Check Credit Card

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Transportation

- Takes public transportation
- Has arranged pick up to and from The Arc
- Other **Please specify:** _____

Health Information

Allergies _____

Medications _____

Accommodations Needed _____

Past Accommodations

Physical- ex) Wheelchair, elevator, enlarged pen, cane, hearing aids, etc.

Sensory- ex) glasses, sound eliminating headphones, independent work space, etc.

Organization- ex) Calendar, schedule, etc.

Describe: _____

Support

- Lives Alone
- Lives with Parents
- Lives with Roommate
- Lives in Group home

Overall level of support: High Medium Low None

Self-Care

- Independent in all areas
- No support needed in almost all areas
- Occasionally needs small amount of support
- Need support more than 50% of the time
- One-on-One support needed

If you checked any self-care support, please describe needs: _____

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 community site (may need visual support tool as reminder)
- Needs purposeful and direct instruction about social boundaries with peers 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

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 Skills Advisors 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: _____