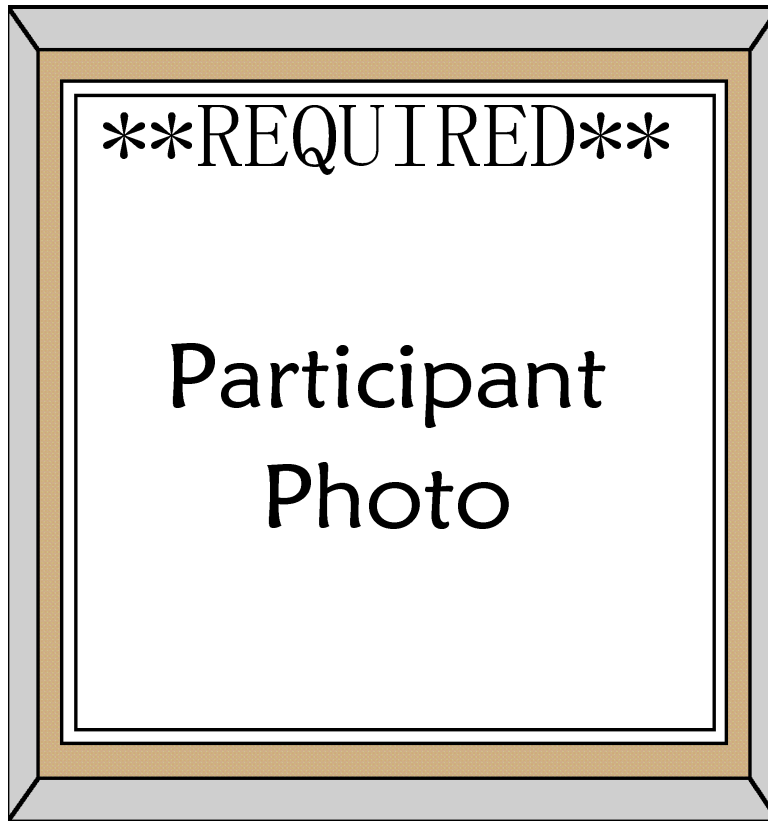


Social/Leisure Program Participant Profile/Service Agreement

Today's Date _____



Name: _____ Birth date: _____

Address: _____
 Street Address City State ZIP

Phone: _____
 Home Daytime Cell

Is the participant his or her own guardian? Yes No

Personal Agent (if a Brokerage client): _____
 Name Phone

Billing Information (if different than participant's): _____

Name Relationship

Address: _____

Street Address City State ZIP

Phone: _____

Home Work Cell Pager

Whom should we contact to confirm interest in an activity?

Name Phone

Present living situation: () Supported () Unsupported
Lives: () Alone () With Family () In Group Home

Group Home Staff Phone Number _____

MEDICAL INFORMATION (Check All That Apply)

Participant's () Mild/Moderate/Severe mental retardation (Circle One)
Disability () Cerebral Palsy () Traumatic Head Injury
() Down Syndrome () Deaf or Hearing Impaired
() Mental Illness () Wears Hearing Aids
() Autism () Blind or Visually Impaired
() Speech Impairment () Wears Glasses
() Other _____

What Medical Conditions Are Present?

() Heart Disease () Diabetes
() Sinus Condition () Insulin injections () Diet Controlled
() High/Low Blood Pressure () Persistent Cough
() Skin Disease () Hay Fever
() Asthma () Arthritis
() Other _____

() Food Allergies: _____

() Diet Restriction (e.g. 1200 calories, no sugar, etc.) _____

() Special Dietary Instructions: _____

() Allergies (sun, dust, bees, etc.) _____

() Seizures

Type: _____

What does it look like: _____

How Often: _____

Average Duration: _____ Minutes Date of Last Seizure: _____

Post Seizure Behavior: _____

Does the participant walk independently? YES NO

How far/long can participant walk independently?

() Uses wheelchair all the time () Uses wheelchair for long distances only

() Uses a walker

Physical Impairment (e.g. walks with limp, on left side) _____

Is the participant non-verbal? YES NO

If yes, does the participant use signs or other forms of communication? Please describe (attach an addi-

PERSONAL/SOCIAL

The participant's favorite outings: _____

Activities the participant would like to see offered: _____

Hobbies/Special Interests: _____

Fears (e.g. heights, loud noises, dogs, etc.): _____

Any special toileting instructions: _____

Events that may upset/frustrate the participant: _____

Behavior the participant should not engage in: _____

Strategies that work for the participant when he or she acts negatively _____

- | YES | NO | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Handles own spending money |
| <input type="checkbox"/> | <input type="checkbox"/> | Wanders |
| <input type="checkbox"/> | <input type="checkbox"/> | Shy/Withdrawn |
| <input type="checkbox"/> | <input type="checkbox"/> | Understandable when speaking |
| <input type="checkbox"/> | <input type="checkbox"/> | History of assaultive behavior |
| <input type="checkbox"/> | <input type="checkbox"/> | Reads |
| <input type="checkbox"/> | <input type="checkbox"/> | Follows directions |
| <input type="checkbox"/> | <input type="checkbox"/> | Usually makes safe choices |

Action to be taken if participant is missing in the community: _____

Describe any other characteristics we should be aware of to provide fun and safe outings for the participant. Include support plans, if applicable.

Participant Profile Completed by: _____ Date: _____

Relationship (circle one) Self Parent/Guardian Provider Other _____

THE ARC SOCIAL/LEISURE PROGRAMS

Service Agreement

Program Goals:

The goals of the Social/Leisure Programs are to provide the participants with opportunities for socialization, recreation, skill building, and community involvement.

Individual's Goals:

Permission is hereby given for _____ to participate in activities during program hours with The Arc Social/Leisure Program.

The Arc of Benton County and staff are hereby relieved of all responsibility for accidents and injuries both on and off the program's premises, which occur in spite of reasonable care or supervision.

Individuals who do not sign up in advance for activities provided by The Arc will not be allowed to participate.

Individuals may attend The Arc Socialization and Leisure Programs as long as their needs can be met safely in accordance with current program policies and procedures.

The participant or legal representative agrees to:

- Comply with the policies they have read and understand.
- Update the participant profile as needed.
- Have the program secure emergency medical treatment and transportation.

The participant or legal representative understands that:

- He or she will be billed for the activities they make reservations for, according to the fees, rates, and hours published in the monthly calendar.
- If the participant is a customer of the Support Services Brokerage, he or she will be billed directly for the "event costs" and "daily fees" portion of the activities, and any amount exceeding \$_____, the maximum amount of his or her current support plan.
- The Arc will not be responsible for personal belongings.
- The Arc **must** report signs or suspected signs of abuse.
- He or she will promptly pay for services and program expenses provided by The Arc.
- If reservations for an activity are not cancelled at least 24 hours in advance of an activity, he or she may be billed for the activity.

(Self-Advocate or Legal Representative Signature)

(Date)

MEDICAL RELEASE INFORMATION

Doctor(s): _____

Address(es): _____

Phone number(s): _____

Dentist: _____

Address: _____

Phone #: _____

Date of last DPT immunization: _____

Allergies: _____

Clinical Diagnosis (i.e. CP, deaf, etc.): _____

Medication: _____ Dosage: _____ Time: _____

Method: (Circle One) Oral Injection Suppository Topical

Possible Side Effects: _____

Medication: _____ Dosage: _____ Time: _____

Method: (Circle One) Oral Injection Suppository Topical

Possible Side Effects: _____

Medication: _____ Dosage: _____ Time: _____

Method: (Circle One) Oral Injection Suppository Topical

Possible Side Effects: _____

Medication: _____ Dosage: _____ Time: _____

Method: (Circle One) Oral Injection Suppository Topical

Possible Side Effects: _____

Does the participant have a known allergy to any medication? YES NO

If yes, please list: _____

Special instructions for emergencies: _____

The Arc of Benton County Grievance Policy Procedure

POLICY

Upon entry into the program, The Arc of Benton County's socialization and leisure programs will inform each individual, the legal representative of an adult if applicable, and/or family members orally and in writing of the socialization and leisure program's grievance policy and procedures.

The Arc believes that most complaints result from misinformation, lack of information, or misinterpretation of facts. Thus, most complaints can be handled by a free and open discussion of the problem. Within that problem-solving mode, a determination shall be made whether the issue cannot be resolved and should be treated as a grievance, with the exception of abuse allegations, which require immediate notification and investigation.

PROCEDURES

Suspected Abuse

If the grievance is associated in any way with suspected abuse of a participant served by the program, the recipient of the grievance shall immediately report the issues to the Executive Director of The Arc and the Benton County Mental Health Developmental Disabilities Office.

Grievances Related To Personnel Issues

Personnel issues are the responsibility of the Arc of Benton County. A grievance regarding staff will follow these steps:

Step 1: When a participant or other person acting on behalf of the participant has a complaint about a staff person, it should be openly communicated to that staff person in an attempt to resolve the issue.

Step 2: If a person-to-person resolution does not occur, complaints may be brought to the activity coordinator. The complaint may be verbal or in writing, but the activities coordinator must record the complaint in writing. The written complaint must have the approval of the grievant as to the accuracy of the recording. The Coordinator shall investigate the facts supporting or disproving the grievance, and must take appropriate

actions on the grievance within five working days following receipt of the grievance.

Step 3: If the decision of the Coordinator is not acceptable to the grievant, it shall be submitted to the Executive Director of The Arc for review. Such review shall be completed, and a written response provided to the grievant within fifteen days.

Step 4: If the decision of the Executive Director is not acceptable to the grievant, the issue shall be submitted to the President of the Arc of Benton County Board of Directors for review by the Executive Committee. Such review shall be completed and a written response provided to the grievant within thirty days. If the grievance resulted in disciplinary action against a staff member, the documentation shall include a statement that disciplinary action was taken. The decision of The Arc Board of Directors shall be final.

I, _____,
have read and understand The Arc of Benton County's Grievance Policy and Procedure.

Participant or Legal Guardian Signature _____

Date _____

PHOTO & SUNSCREEN RELEASE

SUNSCREEN RELEASE:

The undersigned does hereby authorize The Arc of Benton County staff to apply sunscreen to:

_____.

Participant or Legal Guardian Signature: _____ Date: _____

PHOTO RELEASE (Optional)

The undersigned does here by authorize The Arc of Benton County to photograph _____ while participating in events sponsored by The Arc of Benton County. The undersigned agrees that the negatives of prints prepared from the photographs may be used for such purposes as are deemed helpful to the programs including, but not limited to promotion and marketing such as t.v., newspaper, displays, bulletin boards, The Arc of Benton County website, etc.

Participant or Legal Guardian Signature: _____ Date: _____

Some additional questions...

Travel Safety

Where does the participant intend to go after activities?

- Home
 Another destination _____

What are safe options for getting there?

- Walk alone
 Walk with a designated person _____

Public transportation

- Bus Alone
 Taxicab With a Friend

Does the time of day or darkness make a difference?

- No
 Yes _____

Is traffic an issue for the participant traveling independently?

- No
 Yes _____