



*Dutchess ARC's mission is to challenge and empower people with developmental disabilities, their families, and staff to achieve personal fulfillment through life long learning.*

**DUTCHESS ARC  
REC CLUB  
MEMBER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT#

\_\_\_\_\_  
CITY STATE ZIP

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F

SOCIAL SECURITY# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

POLICY# \_\_\_\_\_

FAMILY CONTACT FOR MONTHLY DUES:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT#

\_\_\_\_\_  
CITY STATE ZIP

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

**MEMBER INFORMATION**

**DO YOU HAVE A SERVICE COORDINATOR?**

IF YES, WHO IS YOUR SERVICE COORDINATOR? \_\_\_\_\_

IF NO, ARE YOU INTERESTED IN FINDING OUT ABOUT SERVICE COORDINATION FOR YOUR FAMILY?      YES      NO

**PREFERRED LANGUAGE:**

**Spoken**

English  
 Spanish  
 None  
 Other \_\_\_\_\_

**Nonverbal**

Sign  
 Other Symbolic  
 None  
 Other \_\_\_\_\_

**Understood**

English  
 Spanish  
 None  
 Other \_\_\_\_\_

**DISABILITIES:** Indicate "1" for Primary (mark only one) and "2" for All Other Disabilities: (mark as many as apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Developmental Delay           | <input type="checkbox"/> Psychiatric Disability               | <input type="checkbox"/> Fetal Alcohol Syndrome   |
| <input type="checkbox"/> Mental Retardation            | <input type="checkbox"/> Prader-Willi Syndrome (PWS)          | <input type="checkbox"/> Narcolepsy               |
| <input type="checkbox"/> Autism                        | <input type="checkbox"/> Sensory Impairment                   | <input type="checkbox"/> Neurofibromatosis        |
| <input type="checkbox"/> Cerebral Palsy                | <input type="checkbox"/> Undetermined                         | <input type="checkbox"/> Spina Bifida             |
| <input type="checkbox"/> Epilepsy / Seizure Disorder   | <input type="checkbox"/> Other (specify) _____                | <input type="checkbox"/> Tourette Syndrome        |
| <input type="checkbox"/> Learning Disability           | <input type="checkbox"/> Traumatic Brain Injury (TBI)         | <input type="checkbox"/> Toxic Substance Exposure |
| <input type="checkbox"/> Other Neurological Impairment | <input type="checkbox"/> Chronic Physical / Medical Condition |   |

**\*PLEASE PROVIDE A COPY OF THE MOST RECENT PSYCHOLOGICAL OR PSYCHIATRIC ASSESSMENT.**

**LIST CURRENT MEDICATIONS:**

**LIST ANY ALLERGIES:**

**SPECIAL DIETARY NEEDS:**

**CAN THIS PERSON BE SUPPORTED WITHIN A 1:5 STAFF TO MEMBER RATIO?    Y    N**  
IF NO, PLEASE EXPLAIN:

**PLEASE DESCRIBE ANY MEDICAL PROBLEMS, CONDITIONS, OR PERSONAL BEHAVIORS THAT CAN HELP US UNDERSTAND THE MEMBER BETTER:**

# LEISURE INTEREST SURVEY

P - Past Interest

C - Current Interest

W - Would Like to Learn/Do

	P	C	W		P	C	W		P	C	W
<b>Social/Group Activities</b>											
Church/Religious	___	___	___	Clubs/Organization	___	___	___	Restaurant	___	___	___
Team Sports	___	___	___	Group Discuss	___	___	___	Shopping	___	___	___
Parties/Seasonal Programs	___	___	___	Current Events	___	___	___	Volunteering	___	___	___
<b>Solitary Activities</b>											
Watching Television	___	___	___	Jigsaw Puzzles	___	___	___	Meditation	___	___	___
Computer Activities	___	___	___	Watching Videos	___	___	___	Reading	___	___	___
Word Search Puzzles	___	___	___	Music Listening	___	___	___	Solitaire Card Games	___	___	___
Cross Word Puzzles	___	___	___	Listening to Book Tapes	___	___	___		___	___	___
<b>Physical Activities</b>											
Dancing	___	___	___	Swimming	___	___	___	Basketball	___	___	___
Archery	___	___	___	Bowling	___	___	___	Weightlifting	___	___	___
Baseball/Softball	___	___	___	Volleyball	___	___	___	Walk/Run	___	___	___
Track/Field	___	___	___	Horseshoes	___	___	___	Tennis/Badminton	___	___	___
Billiards/Pool	___	___	___	Fitness/Exercise/Programs	___	___	___	Golf/Miniature Golf	___	___	___
<b>Creative Activities</b>											
Drawing	___	___	___	Pottery	___	___	___	Singing	___	___	___
Painting	___	___	___	Creative Writing	___	___	___	Cooking	___	___	___
Wood Working	___	___	___	Playing Musical Instru.	___	___	___	Drama	___	___	___
Ceramics	___	___	___	Photography	___	___	___		___	___	___
Sewing	___	___	___	Needlework	___	___	___		___	___	___
<b>Outdoor Activities</b>											
Hiking	___	___	___	Gardening	___	___	___	Water Sports	___	___	___
Picnics/Cookouts	___	___	___	Camping	___	___	___	Horseback Riding	___	___	___
Bicycling	___	___	___	Sledding/Tobogganing	___	___	___		___	___	___
Fishing	___	___	___	Skiing	___	___	___		___	___	___
<b>Spectator Events</b>											
Concerts	___	___	___	Movies	___	___	___		___	___	___
Plays	___	___	___	Sporting Events	___	___	___		___	___	___
<b>Passive Games</b>											
Trivia Games	___	___	___	Classic Board Games	___	___	___	Card Games	___	___	___
Educational Games	___	___	___	Social Board Games	___	___	___	Bingo	___	___	___

Do you have any special hobbies? \_\_\_\_\_

**POSSIBLE LEISURE BARRIERS:**

- |                         |                            |                      |
|-------------------------|----------------------------|----------------------|
| ___ Cognitive Skills    | ___ Social Skills          | ___ Communication    |
| ___ Paralysis           | ___ Financial              | ___ General Weakness |
| ___ ROM Limitations     | ___ Mobility               | ___ Endurance        |
| ___ Perceptual Problems | ___ Grasp/Release          | ___ Fears/Phobias    |
| ___ Hearing Deficits    | ___ Visual Acuity          | ___ Motivation       |
| ___ Spasticity          | ___ Pain                   | ___ Self Confidence  |
| ___ Attitude            | ___ Other (Please Explain) |                      |

**APPLICATION SIGNATURE**

I, \_\_\_\_\_, UNDERSTAND THAT ADMISSION TO THE DUTCHESS ARC FAMILY SUPPORT PROGRAM IS BASED ON THE FOLLOWING:

- THE APPLICANT IS DIAGNOSED WITH A DEVELOPMENTAL DISABILITY
- THE APPLICANT LIVES AT HOME WITH THEIR FAMILY OR LIVES INDEPENDANTLY AND RECEIVES SUPPORT FROM FAMILY
- THE APPLICANT’S NEEDS FOR SUPERVISION AND SERVICES CAN BE MET WITH A 1:5 STAFF TO MEMBER RATIO

I FURTHER UNDERSTAND THAT DUTCHESS ARC RESERVES THE RIGHT TO DETERMINE ELIGIBILTY BASED ON THE AGENCY’S ABILITY TO MEET THE NEEDS OF THE INDIVIDUAL.

I FURTHER UNDERSTAND THAT ALL FAMILIES USING FAMILY SUPPORT SERVICES MUST BE FORMALLY ADVISED THAT ELIGIBILITY FOR PROGRAM ENROLLMENT IS SUBJECT TO REVIEW BY OMRDD AND THE FAMILY MEMBER MAY NOT AUTOMATICALLY BE ELIGIBLE FOR ALL OMRDD SERVICES, OR CONTINUE TO BE ELIGIBLE FOLLOWING SUCH REVIEW.

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

I, \_\_\_\_\_, UNDERSTAND THAT IF \_\_\_\_\_ NO LONGER LIVES AT HOME OR NO LONGER RECEIVES SUPPORT FROM FAMILY, OR WHOSE SUPERVISION NEEDS CAN NO LONGER BE MET THROUGH A STAFF SUPPORT RATIO OF 1:5 WILL NO LONGER BE ELIGIBLE FOR THE PROGRAM.

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**EMERGENCY CONTACT**

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I, \_\_\_\_\_, hereby authorize the **DUTCHESS ARC** employees to act on behalf of \_\_\_\_\_ in the event of an emergency understanding that this may involve medical treatment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE