



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
TEEN 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)

- | | | |
|-----------------------------------|--|------------------------------|
| ___ Developmental Delay | ___ Psychiatric Disability | ___ Fetal Alcohol Syndrome |
| ___ Mental Retardation | ___ Prader-Willi Syndrome (PWS) | ___ Narcolepsy |
| ___ Autism | ___ Sensory Impairment | ___ Neurofibromatosis |
| ___ Cerebral Palsy | ___ Undetermined | ___ Spina Bifida |
| ___ Epilepsy / Seizure Disorder | ___ Other (specify) _____ | ___ Tourette Syndrome |
| ___ Learning Disability | ___ Traumatic Brain Injury (TBI) | ___ Toxic Substance Exposure |
| ___ Other Neurological Impairment | ___ 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
Social/Group Activities											
Church/Religious	___	___	___	Clubs/Organization	___	___	___	Restaurant	___	___	___
Team Sports	___	___	___	Group Discuss	___	___	___	Shopping	___	___	___
Parties/Seasonal Programs	___	___	___	Current Events	___	___	___	Volunteering	___	___	___
Solitary Activities											
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	___	___	___		___	___	___
Physical Activities											
Dancing	___	___	___	Swimming	___	___	___	Basketball	___	___	___
Archery	___	___	___	Bowling	___	___	___	Weightlifting	___	___	___
Baseball/Softball	___	___	___	Volleyball	___	___	___	Walk/Run	___	___	___
Track/Field	___	___	___	Horseshoes	___	___	___	Tennis/Badminton	___	___	___
Billiards/Pool	___	___	___	Fitness/Exercise/Programs	___	___	___	Golf/Miniature Golf	___	___	___
Creative Activities											
Drawing	___	___	___	Pottery	___	___	___	Singing	___	___	___
Painting	___	___	___	Creative Writing	___	___	___	Cooking	___	___	___
Wood Working	___	___	___	Playing Musical Instru.	___	___	___	Drama	___	___	___
Ceramics	___	___	___	Photography	___	___	___		___	___	___
Sewing	___	___	___	Needlework	___	___	___		___	___	___
Outdoor Activities											
Hiking	___	___	___	Gardening	___	___	___	Water Sports	___	___	___
Picnics/Cookouts	___	___	___	Camping	___	___	___	Horseback Riding	___	___	___
Bicycling	___	___	___	Sledding/Tobogganing	___	___	___		___	___	___
Fishing	___	___	___	Skiing	___	___	___		___	___	___
Spectator Events											
Concerts	___	___	___	Movies	___	___	___		___	___	___
Plays	___	___	___	Sporting Events	___	___	___		___	___	___
Passive Games											
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