

GWArc, Inc.

Recreation PLUS - Fall 2015 Registration Form

Please complete both sides of this form. Thank you.

Activity List: Please check off any activity you are registering for.			
<input type="checkbox"/> Harvard Football	<input type="checkbox"/> Brandeis Buddies	<input type="checkbox"/> Bingo	<input type="checkbox"/> Disney Movie
<input type="checkbox"/> Bank Tour	<input type="checkbox"/> September Healthy Cooking	<input type="checkbox"/> Chocolate Tour	<input type="checkbox"/> Apple Picking
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> October Healthy Cooking	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Dave and Busters
<input type="checkbox"/> Reach Fall Festival	<input type="checkbox"/> Trip to Salem	<input type="checkbox"/> BU Soccer	<input type="checkbox"/> Dinner and a Movie
<input type="checkbox"/> Puppet Parade	<input type="checkbox"/> Drama night	<input type="checkbox"/> Fair on the Square	<input type="checkbox"/> Kids Dance
<input type="checkbox"/> I Love Dance			

Participant Information:							
Name: _____							
Address: _____				City & Zip: _____			
Phone Number: _____			Date of Birth: _____				
E-Mail Address: _____							
Sex	Race	Age	Height	Weight	Build	Hair Color	Eye Color
Distinguishing Marks, Scars, Etc. : _____							

Medical Information:	Yes	No	If yes, please explain.
Allergies; including food:			
Medications:			
Seizures:			
Physical Limitations:			
Visual Problems:			
Auditory Problems:			
Other:			

Emergency Contact Information: Please provide two contacts.			
Person # 1: _____		Person #2: _____	
Relationship: _____		Relationship: _____	
Home Phone #: _____		Home Phone #: _____	
Cell Phone #: _____		Cell Phone #: _____	
Other Phone #: _____		Other Phone #: _____	

Activities for Daily Living:	Independent	Needs Assistance	Please explain.
Toileting:			
Eating:			
Dressing:			

Please attach any other information you feel is necessary for the participant's health and safety during activities.

I will notify GWArc staff of any behavioral concerns that occur within 24 hours of an activity. GWArc will determine if the participant will require additional staffing support to attend the event. Additional staffing support is the responsibility of the family/or residential program as noted in the Recreation PLUS Policy and Procedures.

I authorize GWArc staff to perform First Aid and seek emergency medical treatment if necessary for the above-named applicant. I also give permission for GWArc staff to transport the above-named applicant in any vehicle used by GWArc and waive all claims and compensation for damages.

Signature: _____	Date: _____
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Note: If you have a guardian, they MUST sign this form.



DECLARATION OF INCOME REPORT

FY 2015 (Effective March 6, 2015)

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PARTICIPANT STATUS: HOUSEHOLD INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

RACE (please select only one):

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaska Native
Black/African American | <input type="checkbox"/> American Indian/Alaskan Native and |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: |

HOUSEHOLD INFORMATION

Female Head of Household

Circle the number of people living in your household below and the income

FY 2015 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Low (80%) Income Limits	48,800	55,800	62,750	69,700	75,300	80,900	86,450	92,050
Very Low (50%) Income Limits	34,500	39,400	44,350	49,250	53,200	57,150	61,100	65,050
Extremely Low (30%) Income Limits	20,700	23,650	26,600	29,550	31,950	34,300	36,730	40,890

Check box if your family size and income is not in one of the boxes above. Fill out the questions below:

The number of people living in my household is _____

The income in my household is \$ _____

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____ Date: _____

(Original signature is required)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as on-site monitoring visits.

