

GWArc, Inc. Recreation PLUS - Spring 2017 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"/> Arrabal	<input type="checkbox"/> Globetrotters	<input type="checkbox"/> Great Brook Farm	<input type="checkbox"/> Kid's Dance
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Tour of Lexington	<input type="checkbox"/> ArtLab
<input type="checkbox"/> Healthy Cooking March	<input type="checkbox"/> Disney Movie	<input type="checkbox"/> Brandies Buddies	<input type="checkbox"/> Shriner's Circus
<input type="checkbox"/> Healthy Cooking April	<input type="checkbox"/> Dinner and a Movie	<input type="checkbox"/> Drama	<input type="checkbox"/> Bingo
<input type="checkbox"/> Healthy Cooking May	<input type="checkbox"/> Bowling	<input type="checkbox"/> Dog Show	

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. :
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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.



INCOME CERTIFICATION

FY 2016 (Effective April 19, 2016)

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

Participant Information:

Please check all that apply

- Single female head of household
 Veteran Head of Household
 Homeless
 Hispanic or Latino

Participant Race:

Please check only one

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

Head of Household Name: _____

Household Address: _____
Address, City, State & Zip Code

Household Income Information

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

FY 2016 Income Limit Category	Persons In Family							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$)	34,350	39,250	44,150	49,050	53,000	56,900	60,850	64,750
Extremely Low Income Limits (\$)*	20,650	23,600	26,550	29,450	31,850	34,200	36,730	40,890
Low (80%) Income Limits (\$)	51,150	58,450	65,750	73,050	78,900	84,750	90,600	96,450

Check box if your family size is over 8 people - 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: _____

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Grantee is required to retain this form for monthly reporting requirements as well as on-site monitoring visits.

