



# Membership Application

*Applications are needed before attending  
The Community Center for the first time.*

The Arc of Spokane  
Community Center  
320 E. 2nd Ave.  
Spokane, WA 99202  
Tel: 509-328-6326  
Fax: 509-328-6342

**Please PRINT**

## **Applicant's Information**

Applicant's Name: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth date: \_\_\_\_\_

Applicant's Home Phone: \_\_\_\_\_

## **Transportation**

*(e.g. STA, First Transit, public school transportation...for individuals, please state relationship)*

STA # \_\_\_\_\_

## **Guardianship Status**

Self Guardian       Applicant Has A Guardian

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Responsible Billing Party**

Payment Type Private:                      Private pay ( )                      Respite Waver( )

Person Responsible for Billing: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing E-mail: \_\_\_\_\_

## **Racial/Ethnic Background:**

The following information is voluntary. *(Please check all that apply)*

Black/African-American     White/Caucasian     Asian/Pacific Islander

American Indian or Alaska Native     Hispanic     Other \_\_\_\_\_

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**Applicant's DDA Case Manager Name:** \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

## Home Provider Information

*Please fill out what is applicable to your AFH/SL site*

AFH/SL Provider Name: \_\_\_\_\_

Office/Site Name: \_\_\_\_\_ Office Contact Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Number: \_\_\_\_\_ Office Contact Cell: \_\_\_\_\_

Home Site Manager Name: \_\_\_\_\_ Manager Cell #: \_\_\_\_\_

## Emergency Information:

*Please list two emergency contacts*

First Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Additional Contact Information

Family Information: [ ] Check if Address is Same as Applicant's

Family Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Address: \_\_\_\_\_

Family Home #: \_\_\_\_\_ Cell # \_\_\_\_\_

Family Email: \_\_\_\_\_

Does Family want to be contacted in case of emergency? [ ] Yes [ ] No

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Home Provider/Guardian/Parent)**

# Membership Application

## Schedule

Please indicate your *anticipated* schedule:

	Mon	Tues	Wed	Thurs	Fri
AM Session 8:30 – 12pm	_____	_____	_____	_____	_____
PM Session 12 – 3:30pm	_____	_____	_____	_____	_____

## Goals, Activities and Supports:

Please rate the categories below on a scale of 1-5 [5 being the most independent]:

<input type="checkbox"/> Initiates Activities	<input type="checkbox"/> Verbal Communication	<input type="checkbox"/> Uses Signs/Gestures
<input type="checkbox"/> Relates To Others	<input type="checkbox"/> Sexually Appropriate	<input type="checkbox"/> Eating/Drinking
<input type="checkbox"/> Clean And Orderly	<input type="checkbox"/> Needs Prompts/Reminders	<input type="checkbox"/> Walking
<input type="checkbox"/> Controls Anger/Emotions	<input type="checkbox"/> Help In Bathroom	<input type="checkbox"/> Aware Of Personal Space
<input type="checkbox"/> Receptive Communication	<input type="checkbox"/> Respects Property Of Others	<input type="checkbox"/> Can Follow Directions

Please list specific favorite activities or other interests (e.g. puzzles, bowling, computers, art, music, etc.):

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What goals does the member have while participating in the Community Center program?

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Is there any other pertinent information that may help us to support you at The Center?

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# Membership Application

## Medical Information:

Primary Diagnosis: \_\_\_\_\_

Applicant's Doctor's Name and Group: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ [ ] Please check if nearest hospital is preferred

### Medications:

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

Med Name: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_

(This info will be provided to the hospital in an emergency. You may attach a separate list if more space is needed)

Allergies: [ ] No Known Allergies [ ] Seasonal [ ] Bee Stings [ ] Peanuts

Other Allergies: \_\_\_\_\_

Does applicant currently have a behavior plan in place? [ ] No [ ] Yes (If "Yes", please attach a copy)

Please check all medical conditions that apply, please explain if marked yes:

[ ] Hearing [ ] Vision [ ] Diabetes [ ] Developmental [ ] Learning/ADD [ ] Dementia

[ ] Mobility [ ] Physical Limitations [ ] Mental Illness [ ] Heart Condition [ ] Other

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[ ] Seizures? Controlled? [ ] Yes [ ] No (If "No", please attach a written response plan in the event of a seizure)

[ ] Fine Motor Control \_\_\_\_\_

[ ] Gross Motor Control \_\_\_\_\_

Will applicant take medication while attending the Center? [ ] Yes [ ] No (If "Yes", please assistance required)

\_\_\_\_\_

Other Pertinent Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Membership Application

- 1) **Community Center Philosophy:** The Arc of Spokane
  - a. We believe that the rights and responsibilities of personal choice belong to all people with or without disabilities.
  - b. We encourage those at the Center to choose and direct their own activities as much as possible.
  - c. We provide staff to assist members in choosing healthy, safe, creative, and appropriate activities within the Center and the community.
  
- 2) **Membership Eligibility & Application:** . A personal tour of the Center is required prior to participation to determine the appropriateness of membership. Applications must be filled out completely then returned turned in via email, hand delivered or US post to the Community Center Manager before applicant can attend the program. Once application is received, reviewed, and approved you will be contacted and informed of your start date. Eligibility will be determined on age (must be 16 years or older), submission of a completed application, a commitment to the Center Rights and Responsibilities, and the general level of support required, and continuing participation requires the payment of all member fees as outlined below.
  - a. **Application Review:** The Community Center manager will review applications as promptly as possible to determine if we can effectively support the applicant in our program. The Center is committed to working with individuals to ensure their success at the Center. To ensure a successful, on-going relationship, the Center manager will periodically review our ability to support each individual member. If it is determined that the Center cannot effectively support a member, that individual will not be able to continue to attend without a support plan in place.
  
- 3) **Payment of Fees:** Our day program offers two, half-day sessions: one morning (approximately 8:30-12pm) and one afternoon (approximately 12-3:30pm). Note that if you attend for a full day, you will be billed for 2 sessions. Please contact the Center Manager if you need an alternate schedule, such as a mid-day option. Attendance fees are billed the beginning of the month for previous month's attendance, by the 6th. Payment is due within 10 days of invoice date. Late payment notices are written on current invoice each month. Payment should be sent or taken to our main Arc office, 320 E. 2nd Ave., Spokane, 99202. When an invoice becomes 60 days late, a notice will be sent suspending the member's attendance until the account is paid in full.
  
- 4) **Member Responsibility:** Participants need to act in an appropriate manner. This includes, but is not limited to: showing respect and consideration for each participant and staff member, following staff instructions, managing anger, respecting others' personal property, etc. If a participant behaves in an inappropriate manner, we will work with the individual to create a person-centered behavior contract. Each member is an individual and each situation is unique. Center staff will work with members and any appropriate supports to achieve success whenever possible. However, if the behavior is not corrected, the participant may be suspended from the Center.

# Membership Application

- 5) **Supervision:** The ratio of participants to staff can vary greatly from moment to moment while participating in Center activities. We cannot provide one-on-one supervision at any time. Anyone requiring this level of support in order to maintain safe and respectful behavior, will not be able to participate in our program without a support plan in place. The center manager will need to agree that the support plan meets the needs of the individual, other members, and the center staff.
- 6) **Personal Assistance:** None of our staff have the training or legal authority to administer medications. Due to our typical staffing levels, we are not generally able to provide one-on-one personal assistance or care, including toileting assistance, feeding or transferring in or out of wheelchairs. We are also generally unable to reliably assist people with preparing lunches (including cutting fruits, vegetables, sandwiches, etc.), dressing and undressing (coats, hats, gloves, etc.) and any other personal care routines. We will offer verbal prompts and reminders when possible, however we cannot guarantee our ability to do this on a regular basis. Physical redirection will be used only to prevent immediate danger from occurring.
- 7) **Sick Policy:** Since there are many members that attend our Programs, colds and other ailments can spread from one person to another. If you exhibit any of the conditions listed below, it would be necessary to stay at home until you feel better, or until you are able to see a doctor if you need to. If you came to the Center or develop such conditions while present, care provider(s) will be contacted to take you home.

**Deep congested cough**  
**Any rashes or sores**  
**Fever or clamminess**  
**Headache**  
**Abdominal pain**  
**Unusual irritability**  
**Complaining of pain**

**Excessive nasal discharge**  
**Flushed appearance**  
**Sore throat**  
**Diarrhea**  
**Head/body lice**  
**Unusual listlessness**  
**Conjunctivitis (pink eye)**

*If you are contacted to pick up a member for reasons of illness or behavior we request that you are on site to pick up within 30 minutes of notification of incident.*

- 8) **Emergencies:** In the event of an emergency, The Arc Community Center will follow standard first-aid and CPR procedures, then contact the home-site as soon as possible. For non-911 emergencies, the home-provider will be expected to pick the person up within 30 minutes; therefore, it is imperative that we have a working emergency number in each member's file.

# Membership Application

- 9) **Participation:** We provide a variety of activities each day and encourage all members to participate. Those who choose not to participate will be allowed to find their own productive activities. Any activity that is limited to a certain number of people will be offered on a first-come, first-served basis. Some outings may cost additional money as noted on the quarterly calendar.
- 10) **Transportation:** Rides to and from the center must be arranged by the participant or provider and must coincide with session times. The official session times are 8:30-noon, and noon-3:30. Arrival and departure from the center should be within 15 minutes of the noted times. Non-compliance of this will result in an additional fee of \$5 per 15 minutes for any additional supervision unless non-compliance is the result of STA/First Transit transportation delay. The center closes promptly at 4:00.
- 11) **After Hours Activities:** The Center often hold evening activities like dances and dinner and a movie nights. There is an admission charge, discounted for members. Dances are open to both members and non-members. Rides must be scheduled for drop off “no earlier than 5pm” and pick up “no later than 7pm.” Home site staff should accompany people requiring special care and attention.

Thank you for considering The Community Center. If you have any questions or need further assistance with this application, please contact us at 789-8791.

Please return completed application to:

**The Arc of Spokane Community Center, 320 E. 2nd Avenue, Spokane, WA 99202**

**Fax: 509-328-6342 or [programs@arc-spokane.org](mailto:programs@arc-spokane.org)**

To the best of my knowledge, I affirm the above is true. I have read, understood and agree to The Arc Community Center’s Membership Guidelines in this document and the Rights and Responsibilities attached to this application.

- ✓ I accept full responsibility for my participation on any equipment, or as a passenger in any vehicle, operated by The Arc of Spokane or its staff.
- ✓ I accept full responsibility for payment of The Arc Community Center fees.
- ✓ **If any of the information required in this application changes, I will notify The Arc Community Center staff as soon as possible at (509) 789-8791.** If I fail to do so, I understand that it may affect the Community Center’s ability to safely serve me.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# MEDIA RELEASE AUTHORIZATION

The Arc of Spokane's Marketing & Communications department will often join the Community Center for activities, outings, and special occasions in order to take photos and videos.

I understand the photographs or videos will be used to promote the organization and its goals to serve persons with developmental disabilities and increase community understanding.

I understand that there is no model fee involved and all rights to the negatives or film remain with The Arc of Spokane.

I understand that my name may not be printed with the photo.

**Please select one of the following options:**

**I hereby give my consent** for The Arc of Spokane to use voice content, photography images, and video produced. I understand these images could be used in marketing/communications and promotions the agency pursues.

**I hereby withhold my consent** for The Arc of Spokane to produce any of my voice content, photography images, and video produced.

\_\_\_\_\_  
Client Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if applicable)

\_\_\_\_\_  
Date