



Adult Day Program Application for Enrollment

Applications are needed before attending Adult Day Program for the first time.
You will then be advised of acceptance to begin your trial period.

Applicant Information

Applicant's Name:

Address

City

State

Zip

Home Phone #

Date of Birth

Family/Provider/Guardian Information

**Legal Guardian/
Family Member**

Phone #

Employer

Work Phone #

Address

City

State

Zip

E-mail Address

Provider

Phone

Provider Email Address

Emergency Contact

Home Phone

Work Phone

Emergency Contact

Home Phone

Work Phone

Disability Information

Primary Disability

Secondary Disability

Other Disabilities

Limitations/Restrictions

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 _____

Funding Information

The applicant will be funded through:

DDA Respite Hours Private Pay Both Respite AND Private Pay

Is the applicant on a **Waiver** through the DDA?

Yes No

If the applicant is not on a Waiver, does the family receive **Individual and Family Services** through DDA? Yes No

Name of Applicant's DDA Case Manager: _____

How many days per week would the applicant like to attend? *(Each "day" is 3 hours)*

of days per week desired _____

If you will be using respite hours AND private pay, please specify how you would like this arranged. For example: Use all of my respite hours, and then I will private pay for the remainder. OR: I would like to use respite for 1 day of the week and private pay for a 2nd day.

Preferred day(s) of the week: *(Check all that apply)*

Mon PM Tues PM Wed PM Thurs PM Fri PM
 Mon AM Tues AM Wed AM Thurs AM

Responsible Billing Party (for private pay participants)

Person responsible for billing: _____

Relationship to applicant: _____ Home phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Zip: _____

Billing E-mail: _____

Health, Behavior & Personal Care Information

Health Information

Physician's Name & Phone: _____

Medications: (Please provide dosage, i.e. Vitamin C 200mg)(Note: The Arc of Tri-Cities does not administer medication.)

Allergies: No Known Allergies Seasonal Bee Stings Peanuts

Other Allergies:

Please check all disabilities and/or medical conditions that apply; please explain if marked yes:

- Heart Condition _____
- Fine Motor Control _____
- Gross Motor Control _____
- Uses Wheelchair _____
- Mental Illness _____
- Physical Limitations _____
- Medical Issues _____

Does the applicant have seizures? Yes No

Please describe:

What should The Arc staff do in the event of a seizure? (*Our standard protocol is to call 911 after the seizure has lasted for 2 minutes. Staff members are trained in responding to seizures.*)

Please list any additional medical conditions:

Other pertinent medical information:

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 |

Behavior Information

Does applicant currently have a behavior plan in place? Yes No

If “Yes”, please provide a copy to The Arc. The plan will be reviewed before acceptance is granted.

If no behavior plan is in place, please describe behavior challenges:

Common triggers for behavioral issues:

Suggested methods of handling behavior issues:

Personal Care Information

If applicant requires personal care assistance, please describe:

Note: Participants will need to provide their own briefs and wipes during program hours.

Does the applicant need assistance with feeding? () Yes () No

Note: Adult Respite does not do tube feedings and staff can only support a limited number of participants with feeding assistance during lunch time.

Please describe the applicant’s feeding assistance needs:

Please describe a typical mealtime at home:

Family/Household Information

Parent or guardian place of work: _____
or other family members _____

The Arc of Tri-Cities often requests assistance with fundraising and advocacy from families and participants. Would you be interested in helping with the following:

- | | | |
|---|---------|--------|
| Fundraising (making baskets, attending events) | () Yes | () No |
| Advocacy (telling your story, meeting with legislators) | () Yes | () No |
| Volunteering at activities (dances, dinners, holidays) | () Yes | () No |
| Helping The Arc of Tri-Cities in any way! | () Yes | () No |

Applicant Interest Assessment

Indoor activities I enjoy:

Outdoor activities I enjoy:

I am good at doing (at home / at work / for fun / with family / with friends):

These things make me feel sad / scared / upset:

My favorite things / people / shows / songs / colors / animals / etc.:

This is what helps me get through challenging times and helps me cope:

Media Release

The Arc of Tri-Cities has my permission, (both during and any time after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of The Arc of Tri-Cities and/or applying for funds to support those purposes and activities. This release will be in effect until The Arc receives written notice that this media release is declined.

I **decline** the use of this media release by The Arc of Tri-Cities.

Participant Signature

Date

Parent/Legal Guardian Signature

Date

Medical Release

The applicant described herein has permission to engage in all program activities except as noted. I also give permission to the medical personnel selected by the Directory to order x-rays, routine tests and treatment for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Directory to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for me/or my child as named above. This form may be photocopied for use outside of The Arc. This release will be in effect until The Arc receives written notice that this medical release is declined.

I **decline** granting permission for this medical release. Instead, I would like The Arc of Tri-Cities staff to do the following in the case of an emergency:

Participant Signature

Date

Parent/Legal Guardian Signature

Date

Adult Respite Rights & Responsibilities

I have the right to make my own choices.

I have the responsibility to make choices that will not hurt myself, others, or property that does not belong to me.

I have the right to participate in the activities I choose.

I have the responsibility to choose activities that are not already filled and are currently being offered.

I have the right to express my feelings.

I have the responsibility to express myself in a way that does not harm anyone or anything.

I have the right to be angry.

I have the responsibility to express my anger in a calm voice, or to go away from others until I can do this.

I have the right to interact (do things) with other people.

I have the responsibility to treat them with respect, and to make sure they want to do things with me.

I have the right to do things when I want.

I have the responsibility to make sure I am ready to go when the activity starts, or when my ride comes to pick me up.

I have the right to bring things to Adult Respite with me.

I have the responsibility to keep track of these things, and to keep them out of the way of other people.

I have the right to use any and all **public** rooms designated for Adult Respite.

I have the responsibility to ask before using any offices, storerooms, or locked places.

I have the right to use items that belong to Adult Respite for the purpose of activities.

I have the responsibility to keep these things in good shape, to put them away when I am finished, and to share them with anyone else who wants to use them.

I have the right to ask The Arc staff for help and attention.

I have the responsibility to ask in a nice way, and to let them help others as well.

I agree that these are my rights and responsibilities and that I will follow them to the best of my ability at all times.

Applicant Signature

Date

Membership Guidelines

1.) Membership Eligibility & Application: Applications may be returned in person or by mail. Eligibility will be determined on age (must be 18 years or older), submission of a completed application, a commitment to the program's Rights and Responsibilities, and the general level of support required.

2.) Application Review: The Program Manager will review applications as promptly as possible to determine if we can effectively support the applicant in our program. After the application is reviewed the applicant will be contacted regarding acceptance into the program. The Arc is committed to working with individuals to ensure their success in the program. In order to ensure a successful, on-going relationship, the Program Manager will periodically review our ability to support each individual member. If it is determined that The Arc can't support a member, that individual will not be able to continue to attend without a support plan in place.

3.) 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, a behavior plan will be put in place. If the behavior is not corrected, the participant may be suspended from the program, and terminated as a last resort.

4.) Personal Assistance: The Arc staff is able to provide assistance with personal care to a certain extent. This includes changing and toileting assistance (generally up to two times per day), feeding (limited number of people per session), mobility assistance and transferring in and out of a wheelchair. We DO NOT administer medication, change catheters or do tube feedings.

5.) Emergencies: In the event of an emergency, The Arc staff will follow standard first-aid and CPR procedures, and 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.

6.) 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. For members who regularly choose not to participate in Adult Respite activities, we recommend that the member's care provider have the member bring something from home that the member would enjoy doing.

7.) Transportation: The Arc provides transportation to and from our facility through

Ben Franklin Transit Vanpool vehicles. However, to access this transportation system the participant MUST be signed up with and accepted by Dial-A-Ride and purchase a monthly bus pass or tickets. Any other transportation must be arranged by the participant and/or his or her provider.

Thank you for considering The Arc’s Adult Respite program. If you have any questions or need further assistance with this application, please contact us at 783-1131 ext. 129 or 114. Please return completed application to:

**The Arc of Tri-Cities
1455 SE Fowler Street
Richland, WA 99352
Fax: 509-735-7706**

To the best of my knowledge, I affirm the above is true. I have read, understood and agree to The Arc’s Adult Respite Membership Guidelines in this document and the Rights and Responsibilities attached to this application. I accept full responsibility for my participation in the program, or as a passenger in any vehicle, operated by The Arc of Tri-Cities or its staff. I accept full responsibility for payment of all fees, if applicable. **If any of the information required in this application changes, I will notify The Arc staff as soon as possible at (509) 783-1131. If I fail to do so, I understand that it may affect The Arc’s ability to safely serve me.**

Applicant Signature Date

Parent/Guardian/Provider Signature Date

New Client Checklist

This checklist is designed to help you understand and manage all the required steps as you progress through the application process.



Step 1: Meet with Arc staff (and any interested parties, such as CRM or providers) to determine appropriateness of placement in the program.

Step 2: Did you submit your paperwork to The Arc?

- Completed Adult Day Program application
- Proof of guardianship (if applicable)

Step 3: The Arc must confirm the following before proceeding to Step 4:

- Availability of staffing and transportation in desired sessions
- Funding approval
[Either approval received from Case Manager for use of Respite funding or a private pay schedule set in advance with Arc Program Manager.]

Step 4: Do you have a Dial-A-Ride pass?

- Yes [Proceed to Step 5]
- No ↗
 - Submit a completed Dial-A-Ride application to The Arc
 - Include a doctor's note expressing diagnosis of disability
 - Purchase a Dial-A-Ride pass or tickets

Step 5: Before the first day of service, please make sure you understand the following:

- Yes, I know what outcomes I can expect from Day Program service with The Arc.
- Yes, I meet all requirements The Arc expects from me in order to participate.
- Yes, I have communicated any special considerations to The Arc and I know how my plan will meet my identified needs.
- Yes, I know when, where, and how my program will take place.
- Yes, I am participating in activities I like.
- Yes, I know how to contact The Arc.
- Yes, I know about other programs and services within the community.