

VIP CLUB

So what exactly is VIP Club?

VIP is a club for adults with intellectual and developmental disabilities who want to give back to their community, socialize, and have loads of fun!

When do they meet?

Tuesdays and Thursdays each week

Time: 12:30pm-4:30pm

Mondays and Wednesdays each week

Time: 12:30pm-4:30pm



What kind of activities?

We begin and end the day at The Arc of Tri-Cities and take daily trips to various locations within the community. Transportation to and from The Arc facility is available (see application for details).



- Movies
- Shopping
- Bowling
- County Fair
- Cooking projects
- Video games
- Dances
- Planetarium
- Picnic at the park
- Crafts and games
- Library trips
- Lunch outings
- Karaoke
- Lunch clubs with local schools and colleges

Monthly calendars are posted on the website. All activities are for VIP members only!

How much does it cost?

\$55 per month for Arc members
(\$10 annual membership fee for self-advocates)

\$60 for non-members

****VIP Club members are required to set up Automatic Withdrawal****

PLUS – you can now pay thru DDA Respite funding!

What do I bring?

- Sack lunch (unless otherwise marked on the calendar)
- Spare clothes
- Additional spending money (example: we buy movie tickets, you buy your popcorn)

How do I cancel?

The Arc of Tri-Cities is asking 24 hour notice for cancellation in order to offer a slot to someone on the waiting list. All members **must attend at least once per month.**

No-Shows

A no-show is when you do not call within 24 hours to cancel.

Two (2) no-shows in a three (3) month period may temporarily suspend your membership.

What kind of support can I expect?

There is no personal care support. You must be able to join community outings at a staffing ratio of 1 to 10.



Transportation

The Arc of Tri-Cities can provide door-to-door transportation as part of the program to members who are Dial A Ride (DAR) eligible living in Pasco, Kennewick, West Richland, and Richland. Times may vary day to day.

If you are not currently a DAR client, you will need to fill out an application and turn it in to The Arc of Tri-Cities for processing. You will also need to purchase tickets or monthly passes, even if not using our transportation to and from The Arc.

- Pick up times will range from 11:00am to 12:25pm
- Take home will be no later than 6:00pm – weather permitting
- If transportation is a challenge please call dispatch at 783-1131 ext. 130



VIP Club Membership Form

VIP Monthly Dues:

Arc Members = \$55.00

Non-Members = \$60.00

APPLICANT INFORMATION		DATE:	
Name:	E-Mail Address:		
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Gender:	Age:	Date of Birth:	

PROVIDER INFORMATION			
Name:	E-Mail Address:		
*Address:			
*City:	*State:	*Zip:	
*Home Phone:	Work Phone:	Cell Phone:	

** if different from applicant's*

DISABILITY INFORMATION - Please provide disability info & any limitations, allergies, etc.:

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 |



VIP Club Releases

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.

Parent/Guardian Signature _____ Date_____

Participant Signature _____ Date_____

MEDICAL TREATMENT 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 Director to order x-rays, routine tests and treatment for applicant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for applicant as named above. This form may be photocopied for use out of the club.

Parent/Guardian Signature _____ Date_____

Participant Signature _____ Date_____

RELEASE OF LIABILITY

In consideration for acceptance, I hereby release and waive any claim, cause or action which may accrue against The Arc of Tri-Cities, any employee thereof, or any other person acting with their permission, arising from injury during his/her stay at The Arc of Tri-Cities site or facility, or during any activity approved by any of said persons.

Parent/Guardian Signature _____ Date_____

Participant Signature _____ Date_____