

Opportunities for Inclusion, Inc. Recreation PLUS - Fall 2019 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"/> Bentley Football	<input type="checkbox"/> Brandeis Buddies	<input type="checkbox"/> Disney Movie	<input type="checkbox"/> Waltham Day
<input type="checkbox"/> Apple Picking	<input type="checkbox"/> Boston Bowl	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Yoga
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Six	<input type="checkbox"/> Car Show
<input type="checkbox"/> Monster Golf	<input type="checkbox"/> Train Show	<input type="checkbox"/> Supply Drive	<input type="checkbox"/> African Drumming
<input type="checkbox"/> Healthy Cooking			

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 Opportunities for Inclusion staff of any behavioral concerns that occur within 24 hours of an activity. Opportunities for Inclusion 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. Space for activities that include transportation may not include space for support staff who may be required to provide independent transportation.

I authorize Opportunities for Inclusion staff to perform First Aid and seek emergency medical treatment if necessary for the above-named applicant. I also give permission for Opportunities for Inclusion staff to transport the above-named applicant in any vehicle used by Opportunities for Inclusion 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 2019 (Effective May 14, 2019)

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

Head of Household Name: _____

Household Address: _____

Address, City, State & Zip Code

Participant Information:

Please check all that apply

- Single female head of household Veteran Head of Household Homeless

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"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: |

Ethnicity:

- Hispanic or Latino

Household Income Information

Circle the number of people living in your household and the income range from the same column. (example: if you have 4 people in your family, circle 4. Next, circle the income range in that column.)

FY 2019	<i>Number of Persons In Family</i>							
Income Limit Category	1	2	3	4	5	6	7	8
Extremely Low	\$24,900-\$41,499	\$28,450-\$47,399	\$32,000-\$53,349	\$35,550-\$59,249	\$38,400-\$63,999	\$41,250-\$68,749	\$44,100-\$73,499	\$46,950-\$78,249
Very Low	\$41,500-\$62,449	\$47,400-\$71,399	\$53,350-\$80,299	\$59,250-\$89,199	\$64,000-\$96,349	\$68,750-\$103,499	\$73,500-\$110,649	\$78,250-\$117,749
Low	\$62,450+	\$71,400+	\$80,300+	\$89,200+	\$96,350+	\$103,500+	\$110,650+	\$117,750+

- ONLY 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/Parent/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.

