

# Opportunities for Inclusion, Inc. Recreation - Summer—Fall 2021 Registration Form

<b>Activity List:</b> Please check off any activity you are registering for.							
<input type="checkbox"/> Brandeis Buddies	<input type="checkbox"/> Bentley Hockey						
<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Community Service						
<input type="checkbox"/> Topsfield Fair	<input type="checkbox"/> Train Show						
<input type="checkbox"/> Art For All							
<b>Participant Information:</b>							
Name:							
Address:		City & Zip:					
Phone Number:		Date of Birth:					
E-Mail Address:							
<b>Sex</b>	<b>Race</b>	<b>Age</b>	<b>Height</b>	<b>Weight</b>	<b>Build</b>	<b>Hair Color</b>	<b>Eye Color</b>
<b>Distinguishing Marks, Scars, Etc. :</b>							
<b>Medical Information:</b>		<b>Yes</b>	<b>No</b>	<b>If yes, please explain.</b>			
Allergies; including food:							
Medications:							
Seizures:							
Physical Limitations:							
Visual Problems:							
Auditory Problems:							
Other:							
Fully Vaccinated:							
<b>Emergency Contact Information: Please provide two contacts.</b>							
Person #1:		Person #2:					
Relationship:		Relationship:					
Home Phone #:		Home Phone #:					
Cell Phone #:		Cell Phone #:					
Other Phone #:		Other Phone #:					
<b>Activities for Daily Living:</b>		<b>Independent</b>	<b>Needs Assistance</b>	<b>Please explain.</b>			
Toileting:							
Eating:							
Dressing:							

Please complete both sides of this form. Thank you.

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.

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 2021 (Effective April 1, 2021)**

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/Alaska Native & White |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian & White                         |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American & 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 2021	<i>Number of Persons In Family</i>							
	1	2	3	4	5	6	7	8
<b>Income Limit Category</b>								
<b>Extremely Low</b>	Up to \$28,200	\$28,201-\$32,200	\$32,201-\$36,250	\$36,251-\$40,250	\$40,251-\$43,500	\$43,501-\$46,700	\$46,701-\$49,950	\$49,951-\$53,150
<b>Very Low</b>	Up to \$47,000	\$47,001-\$53,700	\$53,701-\$60,400	\$60,401-\$67,100	\$67,101-\$72,500	\$72,501-\$77,850	\$77,851-\$83,250	\$83,251-\$88,600
<b>Low</b>	Up to \$70,750	\$80,850+	\$90,950+	\$101,050+	\$109,150+	\$117,250+	\$125,350+	\$133,400+

- 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.*