

Opportunities for Inclusion, Inc.
Recreation PLUS - Spring 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"/> Thrift Shop	<input type="checkbox"/> Healthy Cooking May	<input type="checkbox"/> Lexington Tour	<input type="checkbox"/> Wenham Museum
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> ArtLab	<input type="checkbox"/> Nightmare Gallery
<input type="checkbox"/> Brandies Buddies	<input type="checkbox"/> Shriner's Circus	<input type="checkbox"/> Charles River	<input type="checkbox"/> Music Night
<input type="checkbox"/> BC Baseball	<input type="checkbox"/> Bowling	<input type="checkbox"/> USS Albacore	<input type="checkbox"/> Karaoke

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.

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 2018 (Effective May 14, 2018)

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

Participant Information:

Please check all that apply

- Single female head of household
- Veteran Head of Household
- Homeless
- Hispanic or Latino

Participant Race:

Please check only one

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African American *and* White
- Other Multi-Racial:

Head of Household Name: _____

Household Address: _____
Address, City, State & Zip Code

Household Income Information

Circle the number of people living in your household below and the income

	#	1	2	3	4	5	6	7	8
FY 2018									
Income Limit Category									
Income Limits Very Low		\$37,750	\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$71,150
Income Limits Extremely Low		\$22,650	\$25,900	\$29,150	\$32,350	\$34,950	\$37,550	\$40,150	\$42,750
Income Limits Low		\$56,800	\$64,900	\$73,000	\$81,100	\$87,600	\$94,100	\$100,600	\$107,100

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 _____ 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.

