

**Opportunities for Inclusion, Inc.**  
**Recreation PLUS - Spring 2020 Registration Form**  
 Please complete both sides of this form. Thank you.

<b>Activity List: Please check off any activity you are registering for.</b>			
<input type="checkbox"/> Lexington Tour	<input type="checkbox"/> Zoo	<input type="checkbox"/> Charles Riverboat	<input type="checkbox"/> Yoga
<input type="checkbox"/> Line Dancing	<input type="checkbox"/> I Love Dance	<input type="checkbox"/> Wax Museum	<input type="checkbox"/> Cooking Club
<input type="checkbox"/> Brandies Buddies	<input type="checkbox"/> Sewing Class	<input type="checkbox"/> Charles River Walk	<input type="checkbox"/> Disney Movie
<input type="checkbox"/> BC Baseball	<input type="checkbox"/> Bowling	<input type="checkbox"/> Art Class	

<b>Participant Information:</b>			
Name:			
Address:		City & Zip:	
Phone Number:		Date of Birth:	
E-Mail Address:			

Sex	Race	Age	Height	Weight	Build	Hair Color	Eye Color

<b>Distinguishing Marks, Scars, Etc. :</b>
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Medical Information:	Yes	No	If yes, please explain.
Allergies; including food:			
Medications:			
Seizures:			
Physical Limitations:			
Visual Problems:			
Auditory Problems:			
Other:			

<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 #:	

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 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<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White<br><input type="checkbox"/> Asian <i>and</i> White<br><input type="checkbox"/> Black/African American <i>and</i> White<br><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
<b>Extremely Low</b>	\$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
<b>Very Low</b>	\$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
<b>Low</b>	\$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.

