Opportunities for Inclusion, Inc.
Recreation - Spring 2023 Registration Form

Please complete both sides of this form. Thank you.

Activity List: Please check off any activity you are registering for.

- ☐ I Love Dance
- ☐ Brandeis Buddies
- ☐ Ping Pong Night
- ☐ Sheepshearing Festival
- ☐ Baking Night
- ☐ Art For All
- ☐ Steampunk Festival
- ☐ Basketball Night
- ☐ Walk Along the Charles

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:			
Fully Vaccinated:			

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:			

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:	

Note: If you have a guardian, they **MUST** sign this form.

INCOME CERTIFICATION

FY 2022 (Effective April 1, 2022)

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
- ☐ Head of Household
- ☐ Hispanic or Latino*

***Race and Ethnicity are different categories. Race must be completed.**

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:

Household Income Information

FY 2022	***Number of Persons In Family***							
Income Limit Cate2ory	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
EL	$0-$29,450	$0 $33,650	$0-$37,850	$0-$42,050	$0 -$45,450	$0-$48,800	$0 -$52,150	$0 -$55,550
VL	29,451-$49,100	$33,651-$56,100	$37,851-$63,100	$42,051-$70,100	$45,451-$75,750	$48,801-$81,350	$52,151-$86,950	$55,551-$92,550
L	49,101-$78,300	$56,101-$89,500	$63,101 $100,700	$70,101 $111,850	$75,751 $120,800	$81,351-$129,750	$86,951-$138,700	$92,551 $147,650

☐ **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.