

2020 Adult Social Recreation Registration

What is The Arc Adult Social Recreation Program?

We are a membership program in which a group of post-high school adults with intellectual and related developmental disabilities participates in various activities. The program is sponsored and supported by The Arc of Fort Bend County and the Fort Bend County CDBG program and members must reside in Fort Bend County. **Each person's provider is responsible for the members' transportation and supervision. If you do not have a provider, a family member may attend with you.**

What kind of events and activities does the Social Recreation program offer?

Each month activities are planned for members. Some of these are:

1. Dances
2. Sporting events such as the Houston Rockets, Astros, SaberCats, Harlem Globetrotters, Monster Trucks, Supercross and Sugar Land Skeeters, etc.
3. Fort Bend County Fair and Houston Livestock Show and Rodeo
4. Mardi Gras Ball
5. Arabia Shrine Circus
6. Star Cinema and Grill
7. Fort Bend Symphony Orchestra
8. Formal Holiday Dinner
9. And many other fun activities and events

How can one become an active member of The Arc Social Recreation Program?

To be an **Active Member** of the program you must complete, sign and date both pages of the registration form, the CDBG eligibility forms with copies of the required documents and return it to The Arc of Fort Bend County, 123 Brooks Street Sugar Land, Texas 77478 along with \$20 Annual Membership fee. Thereafter you will need to remit \$15 per month when you turn in your reservation form each month. You may make checks payable to The Arc of Fort Bend County. If you prefer you may pay your dues semi-annually or annually.

You must remain current on your monthly dues

Each **Active Member** of the Social – Recreation Club must pay their dues each month unless they are unable to attend the activities planned for that month. Funds are budgeted to carry over from month to month to pay for activities throughout the year.

Each year we update the Social Recreation registration and the CDBG eligibility forms and required information. If the new information is not received by the due date, you will no longer be an Active Member and will not receive the monthly calendar.

Each Active Member of the Club is mailed a Monthly Calendar...

After the 20th of each month, a reservation packet will be sent to **All Active Members**. This mailing will include a calendar listing all activities offered for the next month along with reservation forms to be returned to The Arc of Fort Bend County and specific information about activities.

You have until the due date to return the reservation forms to Nancy Dobert at The Arc of Fort Bend County at 123 Brooks Street Sugar Land, Texas 77478 for processing. If you do not send in your reservation, you will not be able to attend the activities for that month. Reservations for anyone living in a group home will be made through their group home. Reservations will not be accepted over the phone, you must send in a written reservation form. If you are faxing (281-494-5960) your form, you need to call 281-494-5926 to verify that it was received. You may also email the reservation form to ndobert@arcoffortbend.org .

All tickets are given out on a first come first serve basis...

We are limited to the number of tickets we get to certain activities such as sporting events and the rodeo. If your reservation form was received after all the tickets have been given out, you will be notified and you will be put on a waiting list. If you do not have an answering machine or voicemail you may want to call to verify that you are on the list for the limited activities. If you have any questions about your reservations, you may call Nancy Dobert at The Arc of Fort Bend County at (281) 494-5926 or the Social Recreation information line at 281-494-5939 the Friday before each activity.

You must call and cancel your reservation if you are unable to attend an event...

If you cannot attend an event you have signed up for, you will need to call (281) 494-5926 to cancel your reservation. If possible, a 24-hour notice would be appreciated. There is always a waiting list of people to fill your spot. **If you do not phone in your cancellation and a ticket is wasted, you will not be given first priority for the next ticketed event.**

Policy and Procedures...

For the safety and protection of the Social Recreation members and staff, inappropriate behavior will not be tolerated. Any participant exhibiting inappropriate behavior while in attendance at any activity will not be permitted to participate in the next two events they have signed up for. The Arc may terminate your membership in the Social Recreation Club for inappropriate behavior.

You must make The Arc of Fort Bend County aware of any changes on your membership form.

You need to alert The Arc if any of the following changes occur:

- a. Change of address
- b. Change of medication
- c. Change in diet
- d. Change in drug or food allergies
- e. Any other situation we will need to be aware of in order to better serve the participant and keep everyone safe and comfortable.

If you have any further questions about the Social – Recreation Club, you may call Nancy Dobert at The Arc office at (281) 494-5926 email at nndobert@arcoffortbend.org. The Social Recreation information line is 281-494-5939.

The Arc of Fort Bend County
2020 Adult Social Recreation Registration

1. Member's Name: _____

2. Address: _____

3. Date of Birth: _____

4. Home Phone Number: _____

5. Alternate Phone Number: _____

6. E-mail Address: _____

7. Emergency Contact (Name): _____

Relationship to member: _____

Address: _____

Phone Number: _____

Alternate Number: _____

8. Service Provider (Agency Name): _____

9. Service Coordinator: _____

10. Phone Number: _____

11. I will pay my dues by:

_____ Monthly participation rate (\$15 a month) _____ per

activity

In order for the Social Recreation Program to better serve the needs of the members, Please answer the following questions:

1. List all drug allergies: _____

2. List all food allergies: _____

3. List all other allergies: _____

4. Are you on a special diet? _____

5. Do you need accessible wheelchair seating? Yes No

6. Do you have trouble walking long distances? Yes No

Please explain: _____

7. Are there any other special needs or behaviors that we need to be aware of?

8. What is your disability? _____

9. Are you your own guardian? Yes No

If you are not your own guardian, please fill out the guardian information below. If the information is the same as the emergency contact, you may put same as emergency contact.

Guardian Name: _____

Address: _____

Phone number: _____ **Relationship to member:** _____

Signature

Date

2020 DATA FOR ELIGIBILITY FOR CDBG FUNDING

Please print or type all information:

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Number of people living in household _____

Group Home Apartment Own Home Foster Home

Annual Income of Individual _____

Ethnicity	Male	Female
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>

Race	Male	Female
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

What is your disability?

Intellectual Disability Spina Bifida Cerebral Palsy
 Down Syndrome Autism Asperger's Syndrome
 Other

Please provide the following information and return it with Eligibility forms:

- 1. Copy of personal identification with picture.**
- 2. Documentation of address if current address is not on picture ID.**
- 3. Copy of the 2020 Social Security Award letter.**
- 4. Copy of Determination of Intellectual Disability (DID) or Determination of Mental Retardation (DMR).**
- 5. Copy of the Contact Information sheet or the first page of your Person Directed plan from your service provider.**

**Income Information for CDBG-Funded Programs
2020 Income Limits**

Client Name: _____

The Arc of Fort Bend County Social Recreation Program is partially funded by the Fort Bend County Community Development Block Grant funds. It is required that the income be verified for all participants. Please check the number of persons living in the household and the annual income for the individual.

<input type="checkbox"/> 1 Person Household <input type="checkbox"/> less than \$16,050 (>30%) <input type="checkbox"/> between \$16,051 and \$26,749 (31% - 50%) <input type="checkbox"/> between \$26,750 and \$42,749 (51% - 80%) <input type="checkbox"/> over \$42,750 (<80%)	<input type="checkbox"/> 2 Person Household <input type="checkbox"/> less than \$18,350 (>30%) <input type="checkbox"/> between \$18,351 and \$30,449 (31% - 50%) <input type="checkbox"/> between \$30,550 and \$48,849 (51% - 80%) <input type="checkbox"/> over \$48,850 (>80%)
<input type="checkbox"/> 3 Person Household <input type="checkbox"/> less than \$20,650 (>30%) <input type="checkbox"/> between \$20,651 and \$34,349 (31% - 50%) <input type="checkbox"/> between \$34,350 and \$54,949 (51% - 80%) <input type="checkbox"/> over \$54,950 (<80%)	<input type="checkbox"/> 4 Person Household <input type="checkbox"/> less than \$22,900 (>30%) <input type="checkbox"/> between \$22,901 and \$38,149 (31% - 50%) <input type="checkbox"/> between \$38,150 and \$61,049 (51% - 80%) <input type="checkbox"/> over \$61,050 (<80%)
<input type="checkbox"/> 5 Person Household <input type="checkbox"/> less than \$24,750 (>30%) <input type="checkbox"/> between \$24,751 and \$41,249 (31% - 50%) <input type="checkbox"/> between \$41,250 and \$65,949 (51% - 80%) <input type="checkbox"/> over \$65,950 (<80%)	<input type="checkbox"/> 6 Person Household <input type="checkbox"/> less than \$26,600 (>30%) <input type="checkbox"/> between \$26,601 and \$44,299 (31% - 50%) <input type="checkbox"/> between \$44,300 and \$70,849 (51% - 80%) <input type="checkbox"/> over \$70,850 (<80%)
<input type="checkbox"/> 7 Person Household <input type="checkbox"/> less than \$28,400 (>30%) <input type="checkbox"/> between \$28,401 and \$47,349 (31% - 50%) <input type="checkbox"/> between \$47,350 and \$75,749 (51% - 80%) <input type="checkbox"/> over \$75,750 (<80%)	<input type="checkbox"/> 8 Person Household <input type="checkbox"/> less than \$30,250 (>30%) <input type="checkbox"/> between \$30,251 and \$50,399 (31% - 50%) <input type="checkbox"/> between \$50,400 and \$80,599 (51% - 80%) <input type="checkbox"/> over \$80,600 (<80%)

I certify that the information provided regarding income is true and correct.

Signature

Date



123 Brooks Street ♦ Sugar Land, Texas 77478 ♦ (281) 494-5959 ♦ Fax: (281) 494-5960

**PERMISSION TO PHOTOGRAPH OR VIDEOTAPE
PERMISSION TO USE NAME**

I, _____, give The Arc of Fort Bend County permission to photograph or videotape me at my place of work, residence, Arc programs/and or Arc events or at other activities.

I understand that these photographs or videotapes will be used only for the purpose of promoting The Arc of Fort Bend County and its services, programs and/or activities. I give my permission for my photo or videotape to be used in any of the following: The Arc's newsletter, PowerPoint presentations, promotional products or brochures, television, films, newspapers, magazines, web pages and other media.

I also give The Arc of Fort Bend County permission to caption the photo with my:

- _____ First name only
- _____ Last name only
- _____ Both my first and last names
- _____ I do not give The Arc permission to use my name with the photo.

I understand that I have the right to withdraw my consent at any time, until a reasonable time before the photograph or videotape is used by sending a written request to The Arc of Fort Bend to withdraw my consent.

Signature of Individual, Parent and/or Legal Guardian:

Individual: _____ Date: _____

Parent: _____ Date: _____

Legal Guardian: _____ Date: _____