



AFTER Program Policies & Procedures

Our activities welcome people of all abilities to participate! Experienced staff will work with families and individuals to understand the needs of each participant and develop safe and effective adaptations. We will make every effort to make you or your loved one's participation a success.

REGISTRATION:

- Due to staffing needs and limited space in, registration is **preferred 48 hours prior** to an activity to secure a spot.
- If a person needs 1:1 support, they need to provide their own staff. We cannot provide 1:1 staff.
- Once registered, please make the commitment to attend the program that you have signed up for.
- Space is limited. Materials, reservations, and staffing are also dependent upon the number of participants.
- In cases of financial hardship scholarships may be available; please contact the AFTER Coordinator.

PAYMENT:

- Mail a check with list of activities to:
The Arc of Greater Haverhill-Newburyport - **Please make checks payable to: The Arc of GHN**
c/o AFTER Program
57 Wingate Street, Suite 301
Haverhill, MA 01832
- Pay in person at the activity
- Pay online through the **Donate** button at the top right of our website: www.thearcofghn.org
please make a note during online payment or send an email to the AFTER Coordinator for the activity you are paying for and the participant's name

INTAKE: All participants for in person activities **must** have an intake on file. Individuals may not participate in AFTER Program activities without an up-to-date form. The form is attached below.

WAITING LISTS: Should your program of choice be full; you will automatically be placed on the waiting list. The AFTER Coordinator will contact those on the waiting list should an opening occur. Being placed on the waiting list does not guarantee enrollment into a program.

REFUNDS/CANCELLATIONS: You must notify The Arc of GHN at **least two (2) days in advance of your cancellation to receive a refund**. Refunds will not be granted for missed classes or for special events requiring advance purchase of tickets unless a replacement is found. All participants will be notified via email if there has been a cancellation.

Credit or refunds will be granted if the AFTER Program cancels an activity.

Program schedules, fees, instructors, policies, and procedures are subject to change. Occasionally, there may be an error in the day, times, fees, or location. If so, everything will be done to correct the situation promptly!

Thank you for your patience and understanding should these situations arise.

I have reviewed the policies and procedures and the intake form is accurate to the best of my knowledge:

Signature: _____

Date: _____

Achieve with us.

57 Wingate Street, Suite 301, Haverhill, MA 01832 ▪ 4 Winter Street, Suite D, Newburyport, MA 01950

Phone: 978.373.0552 ▪ Fax: 978.373.0557 ▪ www.thearcofghn.org

Updated 3/16/2023

AFTER Program Intake Form

PLEASE PRINT CLEARLY

Name: _____ Date of Birth: ____/____/____ Sex: M ___ F ___

Address: _____ City/State/Zip: _____ Phone: _____

Email: _____ Parent/Guardian: _____

Emergency Contact Name 1: _____ Phone: _____

Emergency Contact Name 2: _____ Phone: _____

School or Day Program: _____

Is the individual DDS eligible (please circle)? YES NO UNKNOWN

Is the participant currently in an Arc of GHN Program (please circle)? YES NO UNKNOWN

If yes, which program: (AFC, Shared Living, AWC, Peer Support Etc.) _____

How did you hear about the AFTER Program? _____

SUPPORT NEEDS:

Communication: ___ Verbal ___ Verbal with adaptive equipment ___ Gestures ___ Sign Language

___ Communication board or book ___ Non-Verbal with adaptive equipment ___ Other:

Please describe any medical/physical restrictions: _____

Significant behavior characteristics: _____

Please describe strategies to promote positive behavior: _____

Safety awareness in community settings: _____

****Please note that if a person needs 1:1 support they need to provide their own staff. We do not provide 1:1 staff****

Will the individual be accompanied by a Personal Care Attendant, friend, or family member? Yes ___ No ___

MEDICAL INFORMATION AND HISTORY:

Allergies we should be aware of: _____

Medical conditions we should be aware of: _____

What specific symptoms occur and how often: _____

How long symptoms/conditions last and how you care for them: _____

Anything else we should know? _____

PHOTO CONSENT:

I, the person or legal guardian hereby provide permission to The Arc of GHN to use any photographic image(s) and/or video(s) for the purpose of promotions.

Please initial here: _____ Date: _____

Achieve with us.

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