



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.

INTAKE: All participants attending 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.

REGISTRATION:

- Due to staffing needs and limited space, registration is **preferred 48 hours prior** to an activity to secure a spot.
- Once registered, please make the commitment to attend the program that you have signed up for.
- If a person needs 1:1 support, they need to provide their own staff. We cannot provide 1:1 staff.
- **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 Recreation Supervisor.

PAYMENT:

- Pay online at our website: www.thearcofghn.org, pay in person at the activity, or mail a check 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

DROP OFF/PICK UP: Arc of GHN staff will be on the premises 15 minutes before the activity, and 15 minutes after the activity ends. Please arrange for reliable transportation to and from each activity.

LIABILITY RELEASE: I and/or my guardian/parent understand that attending this activity/event presents reasonable risk. I agree on behalf of myself or the person I am guardian for, to hold harmless The Arc of GHN and its employees or any other representatives associated with this event from any and all actions, claims, damages, costs, expenses and all consequential damage arising from attending the event or in connection with any injury or cost of medical treatment in connection therewith.

WAITING LISTS: If your program of choice is full; you will automatically be placed on the waiting list. The Recreation Supervisor 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 11/26/2024

AFTER Program Intake Form

PLEASE PRINT CLEARLY

Participant 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/Day Program/Group Home: _____

Is the participant DDS eligible (please circle)? YES NO UNKNOWN (if yes, service coordinator) _____

Is the participant currently in an Arc of GHN Program (please circle)? YES NO If yes, which program: _____

Does the participant have MassHealth? YES NO UNKNOWN

SUPPORT NEEDS:

Does the participant need help with their Activities of Daily Living (ADL's): YES NO

If yes, please describe: _____

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 characteristic and strategies: _____

Safety awareness in community setting: _____

Is there a safety/behavioral plan? YES NO (if yes, please attach a copy)

****Please note if the participant needs 1:1 support they need to provide their own staff. We do not provide 1:1 staff****

Will the participant be accompanied by a Personal Care Attendant, friend, or family member? Yes ___ No ___ Name: _____

How did you hear about the AFTER Program? _____

MEDICAL INFORMATION AND HISTORY:

Is the participant under guardianship (for those over age 18) YES NO

Allergies we should be aware of: _____

Medical conditions we should be aware of: _____

PHOTO CONSENT:

I, the participant 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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