

# Community Engagement

## ONE ON ONE

Community Engagement connects individuals with intellectual and developmental disabilities to local places, people, hobbies, clubs, technology and other interests in order to fully access their community, and reduce isolation and lack of purpose.

## GROUPS

These activities are pre-planned for individuals with similar interests get together as small groups in the community.

## INDIVIDUAL PLANNING

The Arc Community Engagement Services offer exploratory activities that help the individual expand their experiences so they can decide what they like and make informed decisions on what they want to be connected to.

The Arc works with participant to navigate barriers including, transportation, communication, accessibility, physical supports, scheduling, anxiety, and other barriers to participate in activities and hobbies.

**This is a one-on-one service or small group service available to individuals on a Waiver with DDA, in accordance to WAC 388-845-0650**

Questions ? Please visit: [www.arcoftricity.com](http://www.arcoftricity.com),  
or email Sue: [suep@arcoftricity.com](mailto:suep@arcoftricity.com)



## ACTIVITIES COULD INCLUDE:

- Attending Sporting events.
  - Hockey, baseball, football etc.
- Attending cooking classes
- Attending community events
- Arts & crafts
- Board game nights

## HOW TO REGISTER

- Fill out the attached registration form
- Contact your DDA case manager
- Email completed registration form to: [suep@arcoftricity.com](mailto:suep@arcoftricity.com). Registrants will receive a response within 2-3 business days to schedule an individual planning meeting.





# Community Engagement

1455 Fowler St.  
 Richland, WA 99352  
 (509) 783-1131  
 Fax (509) 735-7706  
[www.arcoftricitie.com](http://www.arcoftricitie.com)

**Date of Application**

*“One on One” Community Engagement*

*“Group” Community Engagement*

### Applicant Information

<b>Applicant’s Name:</b>		
Address:		
City:	State:	Zip:
Home Phone #:	Date of Birth:	

### Family/Provider/Legal Guardian Information

<b>Guardian/Parent Name:</b>	Phone #:
Employer:	Work Phone #:
Address:	
City:	State: Zip:
E-mail Address:	

### Emergency Contact Information

<b>Emergency Contact Name:</b>	
Relation to applicant:	
Home Phone:	Cell Phone:
Email Address:	

### Disability Information

Primary Disability:
Secondary Disability:
Other Disabilities/Conditions:
Limitations/Restrictions:

### Racial/Ethnic Background – *Checking the following information is OPTIONAL*

- Black/African-American     
  White/Caucasian     
  Asian/Pacific Islander

Am. Indian or Alaska Native     Hispanic                       Other \_\_\_\_\_

## Health & Personal Care Information

Physician's Name & Phone: \_\_\_\_\_

Medications: (Please provide dosage, i.e. Vitamin C 200mg)(Note: The Arc of Tri-Cities does not administer medication.)

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Allergies:  No Known Allergies     Seasonal             Bee Stings     Nuts

Other Allergies:

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Does the applicant have seizures?     No             Yes

If yes, date of most recent: \_\_\_\_\_             Petit Mal             Grand Mal

Please describe:

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What should The Arc staff do in the event of a seizure? *(Our standard protocol is to call 911 after the seizure has lasted for 2 minutes. Our staff are not nurse delegated, which prevents us from administering medications or VNS.)*

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Please list any additional medical information or daily needs:

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Mobility:

- Wheelchair                       Manual             Electric
- Walker / Cane
- Crutches
- No mobility issues

## General Assistance Information

Activities to be encouraged:

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Activities to be limited:

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Please rate the categories below on a scale of 1 to 5 [5 being the most independent]:

<input type="text"/>	Initiates participation	<input type="text"/>	Aware of personal space
<input type="text"/>	Relates to others	<input type="text"/>	Follows verbal directions
<input type="text"/>	Respects property of others	<input type="text"/>	Wears facial covering
<input type="text"/>	Controls emotions/anger	<input type="text"/>	Stays with group/staff member
<input type="text"/>	Communicates verbally	<input type="text"/>	Sexually appropriate
<input type="text"/>	Communicates with sign	<input type="text"/>	Cleans up messes
<input type="text"/>	Communicates with technology	<input type="text"/>	Aware of community safety

How does the applicant show happiness?

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How does the applicant show anger or frustration?

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Suggested methods of handling any behavior issues:

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### Family/Household Information

Parent or guardian place of work:  
or other family members

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The Arc of Tri-Cities often requests assistance with fundraising and advocacy from families and participants. Would you be interested in helping with the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Fundraising (making baskets, attending events)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advocacy (telling your story, meeting with legislators) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Volunteering at activities (dances, dinners, holidays)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helping The Arc of Tri-Cities in any way!               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Transportation

I am currently Dial-A-Ride eligible:

Yes       No

Expiration Date for Dial A Ride eligibility \_\_\_\_\_

I have a current Dial-A-Ride pass or tickets:

Yes       No

Current Dial A Ride member identification number \_\_\_\_\_

*Please note that we may use BFT vehicles during program time, requiring Dial-A-Ride eligibility.*

## Payment Information

Community Engagement is a DDA funded Program.

Would you like to authorize The Arc of Tri-Cities to bill the DDA for this program?

Yes       No

Name of Applicant's DDA Case Manager: \_\_\_\_\_

You must pre-authorize The Arc of Tri-Cities to access this funding. (see attached checklist)

## Media Release

The Arc of Tri-Cities has my permission, (both during and any time after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of The Arc of Tri-Cities and/or applying for funds to support those purposes and activities. This release will be in effect until The Arc receives written notice that this media release is declined.

I **decline** the use of this media release by The Arc of Tri-Cities.

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Participant Signature

Date

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Parent/Legal Guardian Signature

Date

## Medical Release

The applicant described herein has permission to engage in all program activities except as noted. I also give permission to the medical personnel selected by the Directory to order x-rays, routine tests and treatment for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Directory to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for me/or my child as named above. This form may be

photocopied for use outside of The Arc. This release will be in effect until The Arc receives written notice that this medical release is declined.

I **decline** granting permission for this medical release.

Instead, I would like The Arc of Tri-Cities staff to do the following in the case of an emergency:

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Participant Signature

Date

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Parent/Legal Guardian Signature

Date

**Health & Safety Procedures / Stay Home Stay Safe Requirement**

The applicant or undersigned legal guardian, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus and other communicable diseases, and recognizes that exposure may occur while the applicant participates in programming with The Arc. In consideration for direct support services provided by The Arc, I agree to comply with health and safety procedures, including mask-wearing, hand-washing, social distancing, and all applicable guidelines adopted by the Health Department and the State of Washington.

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Participant Signature

Date

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Parent/Legal Guardian Signature

