

Day Program Packet Welcome to The Arc of Tri-Cities

You are receiving this packet because of your inquiry about The Arc Adult Day Programs. Inside, you will find information regarding the two daytime programs offered at The Arc. Although the programs are similar, you will find that your participant will be better suited to one or the other of the programs. Of course, the interview process will be the deciding factor for which program your participant is best suited.

Also inside, you will find an application. Please fill it out as completely as possible, and return it to Pat at the front desk, or to a Program Manager.

Please take special note of the transportation section. Your participant must be Dial-A-Ride eligible in order to participate in many of the program's activities. If your participant is not already eligible and current for Dial-A-Ride ridership, you will want to start that process immediately, as it can take up to 31 days for a final finding by Ben Franklin Transit. Program participants must carry a current monthly bus pass.

Finally, know that The Arc of Tri-Cities has been serving people with intellectual and developmental disabilities in the Columbia Basin since 1950. We look forward to serving your participant in the near future.

The Arc Staff

ADP

(Adult Day Program)

Program Details

All activities for the ADP schedule include an adaptive component, so all can participate.

Transportation

Participation in this program requires each participant be Dial-A-Ride eligible, and maintain a current monthly bus pass. Each day begins and ends at The Arc. Transportation from home to The Arc, and back again, can be provided by The Arc, or Dial-A-Ride. Even if transportation is provided by The Arc, or personal transportation, participants must be DAR eligible and carry a current monthly pass, as contracted by Ben Franklin Transit.

Group Fun

Activities at The Arc

Get your body moving through play in The Arc yard, short walks, visit parks, yoga, "sit n' stretch" sports, dance parties, and field trips

Indoor fun

Arts & crafts, board & card games, science projects, reading or music time Guest performances

Musical performances, art teachers, story time, or dentists/health dept. presentations, (virtual or in person)

Outdoor fun

Yard games, warm weather bar-b-ques, water play, cold weather fire pit gatherings, creative activities

Community fun

Program staff make an effort to include several outings in the monthly program schedule. The locations are planned ahead, and involve participant input. These community outings are provided by The Arc of Tri-Cities.

What daily support can I expect?

Personal care assistance is available as long as both the family and The Arc agree that it can be provided safely in the community.

Learn New Skills

Accessible to all

Behavior and personal-care support is available. Applicants and guardians meet with staff prior to attendance to assure needs can be met.

(Continued on back)

Schedule

Tuesday and Wednesday 8:30 -11 AM, or Monday thru Friday, 12:30—3:30 PM (each day is considered a session)

Additional sessions can be added based on demand.

How much does this program cost?

For participants with qualifying DDA funding, billing will be processed at current Washington State rates. For participants paying privately, a discounted rate is made possible by prompt monthly payments, as well as the annual program fee.

- Effective July 1, 2022 the private pay discounted rate for ADP will be \$60.00 per session. This is a rate made possible for private pay participants by the collection of a \$50.00 annual Program fee. The Arc will allocate \$10.00 of the annual Program fee to that year's Arc membership for the participant. The Annual Program fee is to be paid at time of invoicing. Monthly session costs, for those paying privately, are to be paid at the first of each month, as billed. In accordance with WAC 388-845-1615 (Washington administrative Code), individuals paying with DDA funding are not eligible for the reduced price and will be charged the regular daily session price.
- The Arc of Tri-Cities is a membership-based organization, and all participants are required to maintain an active annual membership.

What about COVID

The Arc follows all current department of health guidelines, as they evolve. We require anyone who feels an Arc participant may have been exposed, keep them home and notify program staff by phone. Should there be a time when masks are again required, either in the building or on vehicles, families will be notified by program staff.

Be Safe

As an agency serving a vulnerable population, The Arc recommends daily practice of the tips below.

Wash hands often

- Avoid close contact with large crowds in public
- Practice social distancing, as reasonable
- Stay home if you don't feel well
- Follow local & state health guidelines

How do I sign up?

An application is available at www.arcoftricities.com or pick up a copy at The Arc's office. Openings may be limited. Applicants may be grouped according to activity or safety preferences.

Contact: Jodie Wilson, ADP Program Manager, at <u>jodiew@arcoftricities.com</u>, or call (509)783-1131 x114

The Arc of Tri-Cities 7/2022

VIP

(Voluntary Inclusion Program)

Program Details

This program is designed to maximize affordability. Clients who qualify for VIP are fairly independent and do not require assistance with any personal care task or mobility.

Here's what to bring each day:

- Cold lunch (unless a lunch outing is listed on the calendar if you choose not to eat out, you can still bring your own food)
- Money for activities (specific amounts will be listed for crafts, general amounts for shopping are at your own discretion)
- Appropriate clothing and a backpack with your name written inside
- Sometimes we ask for each member to contribute supplies for activities (this will either be written on the calendar, or you will be informed individually)

Transportation

Participation in this program requires each participant be Dial-A-Ride eligible, and maintain a current monthly bus pass. Each day begins and ends at The Arc. Transportation from home to The Arc, and back can be provided by The Arc or Dial-A-Ride.

Group Fun

Activities at The Arc:

Socialization, interactive and imaginative activities are planned in the monthly calendar, with participants input. Some things participants can expect to do in VIP is getting to know some pretty great people and developing friendships through everything that they do. Please feel free to suggest activity ideas for VIP, as well.

Indoor fun

VIP participants make crafts, cook, and enjoy a group exercise/Yoga class

Outdoor fun

VIP takes trips around the Tri-Cities for fun group activities, such as going to the movies, shopping, mini golf, or enjoying a stroll in the park.

Community fun

Program staff make an effort to include several outings in the monthly program schedule. The locations are planned ahead. Transportation for community outings are provided by The Arc of Tri-Cities.

(Continued on back)

Schedule

The VIP Program operates Tuesday and Thursday morning 8:30-11AM, and Monday thru Thursday afternoons, 12:30-3:30 PM. Participants have the opportunity to attend 2x weekly for the monthly flat fee. The fee is not reduced if participants attend less than 2x a week. However, a participant is required to attend no less than 2x each month to remain actively enrolled in the program.

How much does this program cost?

For participants with qualifying DDA funding, billing will be processed at current Washington State rates. For participants paying privately, a discounted rate is made possible by prompt monthly payments, as well as the annual program fee.

- Effective July 1, 2022 the private pay discounted rate for VIP will be \$65.00 per month. This is a rate made possible for private pay participants by the collection of a \$50.00 annual Program fee.
- The Arc will allocate \$10.00 of the annual Program fee to that year's Arc membership for the participant. The Annual Program fee is to be paid at time of invoicing. Monthly participation costs, for those paying privately, are to be paid at the first of each month, as billed. This program operates on an especially tight budget, therefore, should monthly payments be consistently late or missed, that participant no longer qualifies for the discounted rate and will revert to the standard \$83.20 monthly program rate. In accordance with WAC 388-845-1615 (Washington administrative Code), individuals paying with DDA funding are not eligible for the reduced price and will be charged 4 hours of Respite funding per month.
- The Arc of Tri-Cities is a membership based organization, and all participants are required to maintain an active annual membership.

What about COVID

The Arc follows all current department of health guidelines, as they evolve. We require anyone who feels an Arc participant may have been exposed, keep them home and notify program staff by phone. Should there be a time when masks are again required, either in the building or on vehicles, families will be notified by program staff.

Be Safe

As an agency serving a vulnerable population, The Arc recommends daily practice of the tips below.

Wash hands often

- Avoid close contact with large crowds in public
- Practice social distancing, as reasonable
- Stay home if you don't feel well
- Follow local & state health guidelines

How do I sign up?

An application is available at www.arcoftricities.com or pick up a copy at The Arc office. Openings may be limited. Applicants may be grouped according to activity or safety preferences.

Morning VIP, contact: Jasmane Krupa at <u>jasmanek@arcoftricities.com</u> or call, (509) 783-1131 x 102 Afternoon VIP, contact: BreAnna Vaughn, VIP Program Manager at <u>breannav@arcoftricities.com</u> or call (509)783-1131 x115



Adult Programs

Date of Application

Applications are required before attending The Arc Day Programs.		
ADP Respite VIP Adult Program TUES/THURS AM		
AM PM MON/WE	D PM TUES/THURS PM	
Applicant	Information	
Applicant's Name:		
Address:		
City:	State: Zip:	
Home Phone #:	Date of Birth:	
Family/Provider/Lega	al Guardian Information	
Guardian/Parent Name:	Phone #:	
Employer:	Work Phone #:	
Address:		
City:	State: Zip:	
E-mail Address:		
	ntact Information	
Emergency Contact Name:	ntact Information	
Emergency Contact Name: Relation to applicant:		
Emergency Contact Name: Relation to applicant: Home Phone:	Cell Phone:	
Emergency Contact Name: Relation to applicant:		
Emergency Contact Name: Relation to applicant: Home Phone: Email Address:		
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability:	Cell Phone:	
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability:	Cell Phone:	
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability:	Cell Phone:	
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability: Secondary Disability:	Cell Phone:	
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability: Secondary Disability:	Cell Phone:	
Emergency Contact Name: Relation to applicant: Home Phone: Email Address: Disability Primary Disability: Secondary Disability: Other Disabilities/Conditions: Limitations/Restrictions:	Cell Phone:	

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.)		
Allergies: ☐ No Known Allergies ☐ Seasonal ☐ Bee	Stings Nuts	
Other Allergies:		
Does the applicant have seizures? ☐ No ☐ Yes If yes, date of most recent: ☐ Please describe:	☐ Petit Mal ☐ ☐ Grand Mal	
What should The Arc staff do in the event of a seizure? (Our seizure has lasted for 2 minutes. Our staff are not nurse dele administering medications or VNS.)	•	
Please list any additional medical information or daily needs	:	
Mobility: ☐ Wheelchair ☐ Walker / Cane ☐ Crutches ☐ No mobility issues		
Toilet: ☐ No assistance/independent ☐ Reminders ☐	☐ Partial assistance ☐ Incontinent	
Note: Participants will need to provide their own briefs and v	vipes.	
Does the applicant need assistance with feeding?	′es □ No	
Note: Adult Respite does not do tube feedings and staff can a participants with feeding assistance.	only support a limited number of	

General Assistance Information

Activities to be encouraged:			
Activities to be limited:			
Activities to be illilited.			
Please rate the categories below on a scale of 1 to 5 [5 kg	eing the most	independent]:	
Initiates participation	Aware of	personal space	
Relates to others	Follows ve	erbal directions	
Respects property of others	Wears fac	ial covering	
Controls emotions/anger	Stays with	group/staff member	
Communicates verbally		ppropriate	
Communicates with sign	Cleans up		
Communicates with technology	Aware of	community safety	
How does the applicant show anger or frustration?			
Suggested methods of handling any behavior issues:			
Family/Household Information			
Parent or guardian place of work: or other family members			
The Arc of Tri-Cities often requests assistance with fund participants. Would you be interested in helping with th	_	ocacy from families and	
Fundraising (making baskets, attending events)	☐ Yes	□No	
Advocacy (telling your story, meeting with legislators)	☐ Yes	□ No	
Volunteering at activities (dances, dinners, holidays)	□ Yes	□ No	
Helping The Arc of Tri-Cities in any way!	□ Yes	□ No	

Transportation

Transportation to and from The Arc of Tri-Cities for programming: ☐ Dial-A-Ride ☐ Personal vehicle
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 Please note that we may use BFT vehicles during program time, requiring Dial-A-Ride eligibility.
Payment Information
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 use these hours. (see attached checklist)
Responsible Billing Party (for Private Pay members only)
Person responsible for billing:
Relationship to applicant: Home phone:
Address: Cell phone:
City: State: Zip:
Rilling F-mail:

Media Release

The Arc of Tri-Cities has my permission, (both during and any ti television, radio, film, newspapers, magazines, and other media communicating the purposes and activities of The Arc of Tri-Citi activities. This release will be in effect until The Arc receives wri	es and/or applying for the purpose of advertising or
Participant Signature	Date
Tarticipant signature	Dutc
Parent/Legal Guardian Signature	Date
Medical F	Release
The applicant described herein has permission to engage in all the medical personnel selected by the Directory to order x-rays, cannot be reached in an emergency, I hereby give permission to secure proper treatment, order injections, anesthesia, or surger photocopied for use outside of The Arc. This release will be in erelease is declined. I decline granting permission to engage in all the medical personnel selected by the Directory to order x-rays, cannot be reached in an emergency, I hereby give permission to engage in all the medical personnel selected by the Directory to order x-rays, cannot be reached in an emergency, I hereby give permission to secure proper treatment, order injections, anesthesia, or surgery photocopied for use outside of The Arc. This release will be in expected by the Directory to order x-rays, cannot be reached in an emergency, I hereby give permission to secure proper treatment, order injections, anesthesia, or surgery photocopied for use outside of The Arc. This release will be in expected by the Directory to order x-rays, cannot be reached in an emergency, I hereby give permission to secure proper treatment, order injections, and the property photocopied for use outside of the Arc. This release will be in expected by the Directory to order x-rays, and the property photocopied for use outside of the Arc.	routine tests and treatment for me/or my child. In the event I of the physician selected by the Directory to hospitalize, by for me/or my child as named above. This form may be
Instead, I would like The Arc of Tri-Cities staff to	do the following in the case of an emergency:
Participant Signature	Date
Parent/Legal Guardian Signature	Date
Health & Safety Procedures / Stay	y Home Stay Safe Requirement
The applicant or undersigned legal guardian, hereby acknowled transmission of the COVID-19 virus and other communicable disapplicant participates in programming with The Arc. In considerate to comply with health and safety procedures, including mask-we guidelines adopted by the Health Department and the State of V	seases, and recognizes that exposure may occur while the ation for direct support services provided by The Arc, I agree earing, hand-washing, social distancing, and all applicable
Participant Signature	Date
Parent/Legal Guardian Signature	

Date o	f Application

Adult Day Program and VIP

Preferences

Participant Name: _			Phone:
	prefer, it may take	•	ogram will try to get me nto the program, in order
I prefer: (Please che	eck your preferenc	e)	
Tuesda	ay/Thursday morni	ng VIP	
Tuesda	ay/Wednesday mo	rning ADP	
Monda	ay/Wednesday aft e	ernoon VIP	
Tuesda	ay/Thursday aftern	oon VIP	
Monda	ay-Friday afternoo n	n ADP – choose day	v(s):
Monda	ау	Tuesday	
Wedne	esday	Thursday	Friday
I have	no preference, I ju	st want to get start	ed in a program.

Please note: There is NO discount for attending only one day per week. The cost for VIP is a flat \$65 dollars for members and \$70 for non-members per MONTH.