



### New Client Application Form

Applications are needed before attending Columbia Ability Alliance’s Community Center for the first time.

Please indicate you anticipated schedule:  Check here for drop-in status.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM Session:</b> 9:00 AM - 12:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM Session:</b> 12:00 PM - 3:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Applicant’s Information

Applicant Name: \_\_\_\_\_

Applicant’s Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Applicant must be 18 or older) Sex:  Male  Female

E-mail: \_\_\_\_\_

### Responsible Billing Party

Person Responsible for Billing: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact Information

Please list two emergency contacts in case one is unavailable.

1st Emergency Contact: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

1st Emergency Contact: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Medical Information

Applicant's Doctor's Name: \_\_\_\_\_

Please check if applicant can be taken to the nearest hospital in case of emergency.

Hospital Preference: \_\_\_\_\_

Medications: *(Please provide dosage, i.e. Vitamin C 200mg)*

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Will member be taking medications while attending the center?  Yes  No

If yes, do they require assistance? \_\_\_\_\_

Allergies:  No Known Allergies  Seasonal  Bee Stings  Peanuts

Other Allergies: \_\_\_\_\_

Does the applicant currently have a behavior plan in place?  Yes  No

*If "yes" please provide a copy with your application.*

Please State Primary Disability: \_\_\_\_\_

## Medical Information (Continued)

Please Rate the Categories of Capabilities Below on a Scale of 1 - 5. (5 Being Most Independent)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Initiate Activities     | <input type="checkbox"/> Verbal Communication        | <input type="checkbox"/> Uses sign/gestures      |
| <input type="checkbox"/> Relates to Others       | <input type="checkbox"/> Sexually Appropriate        | <input type="checkbox"/> Eating/Drinking         |
| <input type="checkbox"/> Clean and Orderly       | <input type="checkbox"/> Needs Prompts/Reminders     | <input type="checkbox"/> Aware of Personal Space |
| <input type="checkbox"/> Walking                 | <input type="checkbox"/> Controls Anger/Emotions     | <input type="checkbox"/> Help with Toileting     |
| <input type="checkbox"/> Receptive Communication | <input type="checkbox"/> Respects Property of Others | <input type="checkbox"/> Can Follow Directions   |

Please check all disabilities and/or medical conditions that apply. Please explain if marked.

- |  |   |   |  |                                       |
|--|---|---|--|---------------------------------------|
| <input type="checkbox"/> Hearing         | <input type="checkbox"/> Vision   | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Developmental   | <input type="checkbox"/> Learning/ADD |
| <input type="checkbox"/> Dementia        | <input type="checkbox"/> Seizures - Controlled (Yes/No: If Yes, How?) _____ |   |  |                                       |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fine Motor Skills                                  | <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Uses Wheelchair |                                       |
| <input type="checkbox"/> Mental Illness  | <input type="checkbox"/> Physical Limitations                               | <input type="checkbox"/> Medical Issues     |  |                                       |
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Other Pertinent Medical Information: \_\_\_\_\_

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## Racial/Ethnic Background

The Following Information is Voluntary. (Please Check All that Apply)

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Other: _____           |                                   |

## Additional Questions

1. List specific favorite activities or other interests (puzzles, bowling, computers, art music, etc.).

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2. What goals does the member have while participating in at the Community Center?

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3. Which individuals and/or organizations have permission to provide transportation services for you?  
(e.g., The Arc, public transit, Dial-a-Ride... for individuals, please state relationship)

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## Community Center Philosophy

- We believe that the rights and responsibilities of personal choice belong to all people with or without disabilities.
- We encourage those at the Center to choose and direct their own activities as much as possible.
- We provide staff to assist members in choosing healthy, safe, creative, and appropriate activities within the Center and our communities.

## Community Center Membership Guidelines

1. **Membership Eligibility & Application:** Applications may be returned in person or by mail. Eligibility will be determined on age (High School 16+) submission of a completed application, a commitment to the center Rights and Responsibilities, and the general level of support required. A personal tour of the Center is required prior to participation to determine the appropriateness of membership, and continuing participation requires the payment of all member fees as outlined in #3.
2. **Application Review:** The Community Center Manager and Activity Supervisor will review applications as promptly as possible to determine if we can effectively support the applicant in our program. To ensure a successful, on-going relationship, the Center Manager will periodically review our ability to support each individual member. If it is determined that the Center can't support a member, that individual will not be able to continue to attend sessions at the Center.
3. **Payment of Fees:** The Center offers two half-day sessions, one morning session ( 9-12), and one afternoon session (12-3). If you attend for a full day, you will be billed for two sessions. Attendance fees are billed the beginning of the month for the previous month's attendance. Payment is due within 10 days of invoice date. Late payment notices are written on current invoice each month.

## Community Center Membership Guidelines (Continued)

Payment should be sent or taken to Columbia Ability Alliance's main office at 900 S. Dayton St., Kennewick, WA 99336. When an invoice becomes 60 days late, a notice will be sent suspending the member's attendance until the account is paid in full. Fees are set-up in the following categories:

Number of Monthly Sessions Attended	Fees
Respite Services	\$30.00 / Session
Private Pay	\$20.00 / Session

- 4. Member Responsibility:** Participants need to act in an appropriate manner. This includes, but is not limited to: showing respect and consideration for each participant and staff member, following staff instructions, managing anger, respecting others' personal property, etc. The Center is not equipped to resolve severe behavioral issues. Therefore, if a member has behavioral issues that are highly irritating to others or is violent towards himself/herself or others, he or she will not be allowed to continue membership with the Center. Any member can be sent home immediately if they have inappropriate behavior that cannot be managed on-site. Immediate dismissal will occur with any act of violence.
- 5. Supervision:** The ratio of participants to staff can vary. We cannot provide one-on-one supervision at any time. Anyone requiring this level of supervision to maintain safe and respectful behavior will not be able to participate in our Center's program.
- 6. Personal Assistance:** Columbia Ability Alliance staff will provide on-going personal assistance except for the following:
  - Administering medications.
  - Providing full toileting assistance.We will assist people with food prep, including cutting fruits, vegetables, sandwiches, opening snacks, dressing, and undressing (coats, hats, gloves, etc.) and other personal care routines. With minimal assistance in the rest room such as buttoning and unbuttoning pants, hand washing and hygiene. Personal assistance onto van for transportation and on community outings will be provided. Center staff will offer verbal prompts and reminders. Physical redirection will be used only to prevent immediate danger from occurring.
- 7. Emergencies:** In the event of an emergency, the Center will follow standard first-aid and CPR procedures, and then contact the home-site as soon as possible. For non-911 emergencies, the home provider will be expected to pick the person up within 30 minutes, therefore, it is imperative that we have a working emergency number in each member's file.
- 8. Participation:** We provide a variety of activities each day and encourage all members to participate. Those who choose not to participate will be allowed to find their own productive activities. Any activity that is limited to a certain number of people will be offered on a first come, first serve basis. Some outings may cost additional money as noted on the quarterly calendar. For members who regularly choose not to participate in Center activities, we recommend that the member's care provider have the member bring something from home that the member would enjoy doing.
- 9. Transportation:** Rides to and from the Center must be arranged by the participant or provider and must coincide with session times. The official session times are 9:00 – 12:00 and 12:00 – 3:00. Arrival and departure from the Center should be within 15 minutes of noted times. Non-compliance of this will result in an additional fee of \$5 per 15 minutes for any additional supervision unless non-compliance is the result of The Arc or Dial-a-Ride transportation delay.

## Thank you for considering the Columbia Ability Alliance: Community Center!

If you have any questions or need further assistance with this application, please contact us at 509.582.4142 extension 1201. Please return this application to:

### **Columbia Ability Alliance: Community Center**

900 S. Dayton St.  
Kennewick, WA 99336

**Fax:** 509.586.3825

To the best of my knowledge, I affirm the above is true. I have read, understood, and agree to the Community Center's Membership Guidelines in this document and the Rights and Responsibilities attached to this application. I accept full responsibility for my participation on any equipment, or as a passenger in any vehicle, operated by Columbia Ability Alliance or its staff. I accept full responsibility for payment of Columbia Ability Alliance: Community Center fees.

**If any of the information required in this application changes, I will notify Columbia Ability Alliance: Community Center staff as soon as possible at 509.582.4142. If I fail to do so, I understand that it may affect the Community Center's ability to safely serve me.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Provider/Guardian/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Rights and Responsibilities

I have the **RIGHT** to make my own choices.

I have the **RESPONSIBILITY** to make choices that will not hurt me, others, or property that does not belong to me.

I have the **RIGHT** to participate in the activities I choose.

I have the **RESPONSIBILITY** to choose activities that are not already filled and are currently being offered.

I have the **RIGHT** to express my feelings.

I have the **RESPONSIBILITY** to express myself in a way that does not harm anyone or anything.

I have the **RIGHT** to be angry.

I have the **RESPONSIBILITY** to express my anger in a calm voice, or to go away from others until I can do this.

I have the **RIGHT** to interact (do things) with other people.

I have the **RESPONSIBILITY** to treat them with respect, and to make sure they want to do things with me.

I have the **RIGHT** to do things when I want.

I have the **RESPONSIBILITY** to make sure I am ready to go when the activity starts, or when my ride comes to pick me up.

I have the **RIGHT** to bring things to the center with me.

I have the **RESPONSIBILITY** to keep track of these things and to keep them out of the way of other people.

I have the **RIGHT** to use any and public rooms in the Center.

I have the **RESPONSIBILITY** to ask before using any offices, storerooms, or locked places.

I have the **RIGHT** to use anything that belongs to the Center members.

I have the **RESPONSIBILITY** to keep these things in good shape, to put them away when I am finished, and to share them with anyone else who wants to use them.

I have the **RIGHT** to ask Center staff for help and attention.

I have the **RESPONSIBILITY** to ask in a nice way, and to let them help others as well.

I agree that these are my rights and responsibilities and that I will follow them to the best of my ability at all times.

Name: \_\_\_\_\_ Date: \_\_\_\_\_