

Dear Caseworker or Parent:

Enclosed please find information and the application form for the ACTIVITY CENTER, a program of Red River Human Services Foundation. Any individual wishing to attend the Activity Center must complete and sign the following forms. If you have any questions regarding membership, please feel free to call.

Sincerely,

**Phyllis Briss
Program Director
Activity Center
RRHSF
235-2444**

MEMBERSHIP

Any person with a developmental disability and/or mental illness, interested in attending the Activity Center (A.C.) will be required to apply for membership.

A person is eligible for membership if he/she fits any of the criteria outlined below:

- A. is living at or has lived in a group home.
- B. has been referred to the Activity Center by an agency that handles person with a developmental disability or mental illness like South East Human Services, Community Living or the Social Club.
- C. If uncertain about a person's eligibility, that person must have a written statement from a former caseworker, teacher, counselor, etc., that states that this person has a handicap and membership will be reviewed by the AC Membership Committee.

The Activity Center reserves the right to screen according to past participation at the Center.

Applicants must be at least 17 years of age to be eligible.

Membership to the Activity Center is free.

MEMBERSHIP PROCEDURE

1. Applicant gives membership application form to their caseworker.
2. Caseworker submits application to the Activity Center.
3. A.C. staff reviews application, and determines participation based on eligibility requirements.
4. In situations where A.C staff has concerns over the application, referral will be made to the Membership Committee.
- 5.
6. Accepted applicants will receive a membership card that will be necessary to gain entrance into the Center.
7. Applicants denied membership can re-apply no sooner than six months after the initial application.
8. Denied applicants will be provided reasons in writing as to why membership was denied. This information will also be provided to the casework.

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MEMBERSHIP PROCEDURE

1. Applicant gives membership application form to their caseworker.
2. Caseworker submits application to the Activity Center.
3. A.C. staff reviews application, and determines participation based on eligibility requirements.
4. In situations where A.C staff has concerns over the application, referral will be made to the Membership Committee.
5. Decisions regarding eligibility will be given to applicant's caseworker.
6. Accepted applicants will receive a membership card that will be necessary to gain entrance into the Center.
7. Applicants denied membership can re-apply no sooner than six months after the initial application.
8. Denied applicants will be provided reasons in writing as to why membership was denied. This information will also be provided to the casework.

CONSENT FOR RELEASE OF INFORMATION

I, _____
(Name)

of _____
(Address)

Hereby give permission to _____
(Agency filling out application)

of _____
(Address)

to release information regarding _____

This information will be released to _____

For the purpose of _____

The Receiving party may not release to third parties or use information for other than
above expressed purposes. This consent expires on _____
unless otherwise revoked by me in writing prior to that time. I understand what
information is being released. All above spaces have been filled in prior to my signature.

SIGNITURE _____ **DATE** _____

ACTIVITY CENTER
Red River Human Services Foundation
1104 2nd Ave. S. Ste 100
Fargo, North Dakota 58103

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT _____ DATE _____

ADDRESS _____

PHONE NO. _____ DATE OF BIRTH _____

HOME TOWN _____

APPLICANT'S CASEWORKER/AGENCY _____

TYPE OF DISABILITY _____

CURRENT PLACE OF EMPLOYMENT _____

NAME OF GUARDIAN (if not own guardian) _____

DOES APPLICANT HAVE A HISTORY OF AGGRESSIVE BEHAVIOR? _____ If yes, please

Comment _____

DOES APPLICATN HAVE ANY SPECIAL NEEDS/MEDICAL CONDITIONS? _____ If yes,

Please comment _____

REASONS WHY APPLICANT WOULD BENEFIT FROM THE ACTIVITY CENTER PROGRAM _____

DOES APPLICANT HAVE ANY SPECIAL ISSUES OR CONCERNS THAT WOULD EFFECT THEIR INVOLVEMENT AND/OR PARTICIPATION AT THE ACTIVITY CENTER (ie. Eating disorder, behavior, seizure conditions, past history, etc.)? _____

ADDITIONAL COMMENTS _____

Applicant's Signature

Caseworker/Parent's Signature

WAIVER OF LIABILITY

Activity Center
Red River Human Services Foundation

I acknowledge that I will be using the Activity Center facilities and/or participating in Activity Center sponsored activities at my own risk and I, on my own behalf, hereby release, discharge and indemnify the Activity Center from all liability for injury to person or damage of property of myself.

Applicant's Signature

Date

Activity Center

Red River Human Services Foundation

CONSENT FOR PHOTO USAGE

I _____
(Name)

hereby give permission to Red River Human Services Foundation to use any photographs or electronic media, taken during Activity Center events, of me and/or for whom I am guardian, to use in promotional material for the agency and/or the Activity Center. This may include, but is not limited to the following; brochures, articles, newsletters, advertising, video presentations or electronic media used on the web site.

Please **do not** use any of my photos.

This consent maybe revoked by me or my legal guardian at any time when written notice is submitted to the Activity Center.

Signature

Date

Signature of Legal Representative

Date