



## 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 your loved one's participation a success.

### REGISTRATION:

- Due to staffing needs and limited space in, 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. 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 AFTER Coordinator.

### PAYMENT:

- Mail a check with list of activities 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
- Pay in person at the activity
- Pay online through the Donate button at the top right of our website: [www.thearcofghn.org](http://www.thearcofghn.org)  
*\*\*please make a note during payment or send an email to the AFTER Coordinator for the activity you are paying for and the participant's name\*\**

**INTAKE:** All participants 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.

**WAITING LISTS:** Should your program of choice be full; you will automatically be placed on the waiting list. The AFTER Coordinator 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 in order 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](http://www.thearcofghn.org)

Updated 10/12/2022

## AFTER Program Intake Form

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Ethnicity: \_\_\_ Indigenous People \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Hispanic or Latino \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White/Caucasian \_\_\_ Other \_\_\_

*Is the individual DDS Eligible (please circle)?* YES NO UNKNOWN

School or Day Program: \_\_\_\_\_

Emergency Contact Name 1: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

*Is the participant currently in an Arc of GHN Program (please circle)?* YES NO UNKNOWN

If yes, which program: (AFC, Shared Living, AWC, Peer Support Etc.) \_\_\_\_\_

How did you hear about the AFTER Program? \_\_\_\_\_

### SUPPORT NEEDS:

Communication: \_\_\_ Verbal \_\_\_ Verbal with adaptive equipment \_\_\_ Gestures \_\_\_ Sign Language \_\_\_ Communication board or book \_\_\_ Non-Verbal \_\_\_ Other Comments: \_\_\_\_\_

Please describe any medical/physical restrictions: \_\_\_\_\_

Significant behavior characteristics: \_\_\_\_\_

Please describe strategies to promote positive behavior: \_\_\_\_\_

Safety awareness in community settings: \_\_\_\_\_

Will the individual be accompanied by a Personal Care Attendant, friend, or family member? Yes \_\_\_ No \_\_\_  
*If yes, please contact AFTER so we can make appropriate accommodations*

### MEDICAL INFORMATION AND HISTORY:

Allergies we should be aware of: \_\_\_\_\_

Medical conditions we should be aware of: \_\_\_\_\_

What specific symptoms occur and how often: \_\_\_\_\_

How long symptoms/conditions last and how you care for them: \_\_\_\_\_

Anything else we should know about? \_\_\_\_\_

### PHOTO CONSENT:

I 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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