



Unified Resources Recreation

705A Oakwood St

Ravenna, Oh 44266

330-297-0078

www.fcsserves.org/program/unified-resources/

A new registration packet must be filled out for the 2017-2018 year!

Eligibility

- Participants must be 18 years old and eligible for service from the Portage County Board of Developmental Disabilities.

Fee Schedule

There will be a monthly fee for each URR participant.

- ⇒ If you attend 1-4 activities a month, you will owe \$5.
- ⇒ If you attend 5-8 activities a month, you will owe \$10.
- ⇒ If you attend 9 or more activities a month, you will owe \$15.

A monthly bill will be sent out the 15th of each month and will need to be paid by the last day of the month to continue participation.

Transportation

- Unified Resources Recreation cannot transport you if you have 24 hour staff or aid. When we can, we will only provide transportation if you live at home and/or do not have any other funded transportation.
- You must have a parent, personal aid or staff attend the whole event if you need assistance in the restroom, with medication or eating.
- If you have a behavior support plan, you will be required to have a personal aid, family or staff present at the whole event.

Rules

- URR must have the registration form, a signed understanding the rules, ISP release form and emergency medical form before attending events (even if attending with family or staff).
- URR reserves the right to wait up to 2 weeks after receiving this packet before signing you up for activities. Please check in with URR to check your status.
- Any changes to the forms must be submitted in writing to the Unified Resources Recreation office.

These are for the 2017-2018 URR year and are subject to change.

URR REGISTRATION PACKET 2017-2018

Personal Information

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: Ohio Zip Code: _____

Phone Number: Home: _____ Cell: _____

E-mail: _____

I prefer the calendar to be emailed to me. If you choose this option, no calendar will be mailed to your physical address.

Gender: _____ Date of Birth: _____ Age: _____

Emergency Contact 1:

Name: _____

Relationship: _____

Phone Number: _____

Other Number: _____

Emergency Contact 2

Name: _____

Relationship: _____

Phone Number: _____

Other Number: _____

Office Use only:

Date Received: _____ Date Called: _____ Date Started: _____

URR REGISTRATION PACKET 2017-2018

Have you attended Unified Resources Recreation before? Yes No

Participant lives (check one)

Supported Living/ Waiver With family Alone Other: _____

Do you currently have a waiver? Yes No

If yes, what waiver? Level One IO Self Other: _____

Do you currently have staff or a provider? Yes No

How many hours a week does your staff work with you? _____

Please list the company or independent provider: _____

Do you receive mileage for recreation events? Yes No

Where do you work or attend school? _____

*If you work at Portage Industries or Portage Industries Inc, check with us before filling out an emergency medical form.

Are you your own guardian? Yes No

If no, who is your guardian: _____

SSA (case worker at DD): _____

Disability: _____

Can the POWERcorps staff offer you:

Bug Spray: Yes No

Sunscreen: Yes No

Have you ever been charged with a misdemeanor or felony? Yes No

If yes, please explain

Who is assisting you with this application: _____

URR REGISTRATION PACKET

2017-2018

Skills:

Can you sign up for activities on your own? ___Yes ___No

If no, who should we talk to? _____

Can you order your own food at activities? ___Yes ___No

Can you eat food on your own? ___Yes ___No

Can you manage your own money at activities? ___Yes ___No

If no, please put your name, the amount of money, and what you can buy in an envelope for the URR staff.

Can you count the amount of money for your bill? ___Yes ___No

Can you socialize with others? ___Yes ___No

Can you ask for help when needed? ___Yes ___No

Can you tell a volunteer when you need to use the bathroom? ___Yes ___No

What is the word or method for bathroom? _____

Can you use the bathroom on your own? ___Yes ___No

If no, you will need to have staff, an aid, or a family member present for the entire event.

Can you be dropped off at home if no one is there? ___Yes ___No

URR REGISTRATION PACKET

2017-2018

Photo Release:

Please check the appropriate box(es)

Please Print name: _____

Permission is given to URR to use any photograph, videotaping, and artwork of the participant and the participant's name for television, news stories, newspaper articles, news releases, publications (brochures, newsletters, website, yearbook, URR Facebook page, twitter account, etc.) and community awareness programs and campaigns.

Permission is given to URR staff, and volunteers to take pictures of the participant to be used only for their Facebook/Twitter, other internet pages, and personal enjoyment.

Please, no photos.

Signature

Guardian Signature

COMMUNICATION ABILITIES

Normal Impaired Limitations

Hearing Ability _____

Vision Ability _____

Time-Concept _____

Memory _____

Other communication difficulties _____

Uses Communication Board/System YES NO _____

Verbalizes, may be difficult to understand YES NO _____

URR REGISTRATION PACKET

2017-2018

General Medical Information:

This is in addition to the Emergency Medical Form.

* URR staff and volunteers cannot administer medications*

Do you have a seizure disorder? Yes No

If yes, describe how often, type, duration, characteristic, etc. _____

Are you a choking risk? Yes No

Any special guidelines that URR should know about food you can or cannot eat:

Are you Ambulatory Non-ambulatory

If ambulatory, can you walk independently? Yes No

Do you ever use a walker or a wheelchair? Yes No

If yes, please specify

If non-ambulatory, what type of chair will you bring to the activity?

Manual Electric

If manual, can you self-propel? Yes No

Any other limitations:

URR REGISTRATION PACKET 2017-2018

Behaviors	Yes	No
Self abuse		
Wandering		
Physically Abusive		
Sensitive to touch		
Emotional outbreaks		
Verbally abusive		
Lying		
Stealing		
Temper Tantrums		

Additional Space for details:

How do you react when upset or frustrated? _____

What methods should be used to manage these behaviors?

* If you have a behavior support plan, you will be required to have a personal aid, family or staff present at the whole event.

URR REGISTRATION PACKET

2017-2018

Interest:

What is your favorite:

- **Color:** _____
- **Food:** _____
- **Sport:** _____
- **Movie:** _____
- **TV Show:** _____
- **Music:** _____
- **Book:** _____
- **Outdoor activity:** _____
- **Indoor activity:** _____
- **Holiday:** _____
- **Season:** _____

Do you participate in other recreation programs or events outside of URR?

Yes No

If yes, please list:

Any other information you want to share with URR: