



The Arc of Rowan After School Program

The Arc of Rowan After School Program is an after school care program for school age individuals diagnosed with intellectual and developmental disabilities. The program will operate out of the large respite area in The Arc of Rowan's office. The program hours will be from 2:30pm to 6pm on school days, and the program will run on the same schedule as the Rowan-Salisbury School System (attached). The cost for the program is \$5 per day.

The Application Process:

1. Complete a Pre-Application, provide a copy of the individual's IEP, and schedule an interview to review.
2. The After School Program Selection Committee will review the completed Pre-Application and determine the individual's eligibility. If the Pre-Application gets approved, a Full Application warranting further information will need to be completed.
3. Once the Full Application is completed, the After School Program Selection Committee will further review all information provided to determine a final decision.



The Arc of Rowan
Phone: (704) 637-1521
108 Dorsett Drive
Salisbury, NC 28144
www.thearcofrowan.org



CARF has accredited The Arc of Rowan County for its Residential Services Program

The Arc of Rowan After School Program

PRE-APPLICATION

Date: _____

Personal Information:

Name: _____ Age: _____ DOB: _____ Gender: _____

Residence: Family Group Home AFL/Foster Home Other: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ E-mail: _____

Parent/Guardian Name(s): _____ Phone #: _____

Staff Name, if applicable: _____ Phone #: _____

Emergency Contact & Relationship: _____ Phone #: _____

Current School: _____ Current Transportation: Bus Car rider

I am interested in my child attending The After School Program on: (check all that apply)

Mondays Tuesdays Wednesdays Thursdays Fridays

Disability: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Pica |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Nonverbal/Speech Impaired |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Fine/Gross Motor Delay | <input type="checkbox"/> Other: _____ |

Personal/Social Skills:

Eating: Independent With Assistance Dependent on Others Tube Fed

Toileting: Independent Needs Prompting With Assistance Diapers/Briefs

Communication: Verbal Sign Language Nonverbal Other: _____

Typical Mood: Friendly Cooperative Flat Resistant Aggressive Shy

Dislikes/Fears/Sensitivities: _____

Recreation/Leisure Activities: _____

How to Redirect Bad Behavior: _____

Assistive Devices: None Glasses Walker Hearing aids Wheelchair

Other: _____

Supervision: Independent Requires one-on-one Other: _____

Medical Information: (check all that apply)

Asthma Diabetes Seizures Allergies Other: _____

If seizures: Type: _____ Frequency: _____ Date of Last: _____

Triggers: _____ Characteristics: _____

If allergies: To what: _____ Epi pen: Yes No

Diet Restrictions? No Yes, Explain: _____

Medications: No Yes (see below—list all prescribed medications)

NAME OF MEDICATION	DOSAGE	FREQUENCY	REASON FOR TAKING	SIDE EFFECTS

Which medications will need to be administered during The Arc of Rowan After School Program (2:30pm-6pm on school days)? _____

By signing this application, I give The Arc of Rowan and The After School Program Selection Committee the right to use this information to determine whether my child is eligible to attend The Arc of Rowan After School Program. I agree that all information provided is correct and current. I understand that all provided information will remain confidential to The Arc of Rowan and The Respite Selection Committee.

Individual's Name: _____

Parent/Guardian Name: _____

Parent/Guardian/Individual Signature: _____

Date: _____