



Date of Application: _____

Returnee Application Form

Recreation and Respite House Services

INSTRUCTIONS: Please fully complete the entire application and return it by email or USPS with the supporting documentation. Incomplete applications will be returned. Registration for programs is contingent upon receiving this Returnee Application Form.

Services Desired: (check all that apply)

- Daycation/Day Trips Weekend Overnight Trips Arc Theater
- Gateway Program (Arc Westchester Choices only) Summer weeklong trips
- Summer Enrichment Program @ Manhattanville Echo on Stage @ WCC (summer)
- Free Standing Respite House-Thornwood

Applicant: _____

Home Address, if different than previous: _____

Applicant cell phone: _____ Applicant email: _____

Parent/ Guardian Contact Information: No changes **then continue to In case of emergency**

Parent Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Parent Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

In Case of Emergency (Other than parent/guardian)

Name	Relationship	Telephone #
_____	_____	_____
_____	_____	_____

Current School, Day Service or Employer (if applicable)

Name of school/agency/employer: _____

Address: _____

Contact Person: _____ Telephone #: _____

Transportation provided by: _____

Contact Person: _____ Telephone #: _____

Paratransit ID # (if applicable): _____

Please list other agencies or services received

Service	Agency	Contact Person/ Number/ Email
1. Care Management		
2.		
3.		
4.		

Medical Information

Primary Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

Additional Doctors

Name	Specialty	Contact #

Any new Medical Diagnoses?

Any new Psychiatric Diagnoses?

Does he/she take medication, either prescribed or Over the Counter? Yes* No

Can he/she self-administer medications: Yes No

If yes- a doctor's order for prescriptions and the Over the Counter Medication Administration form (the OTC form is only for Free Standing Respite House and the Summer programs) must be submitted annually or as changes occur

List of Medications:

Medication	Dosage	Times Given	Purpose

Please describe any changes in ambulation, vision, hearing:

Any new food, medication, or seasonal allergies? Yes No

If yes list allergies: (food/medications/environmental)

If yes, please list and indicate usual reaction/treatment if exposed to allergen:

Does applicant require an EpiPen? Yes No

If yes, do they carry it or require staff to? _____

Please list any recent hospitalizations (in past 2 years)

Hospital	Length of Stay (days)	Reason

Nutrition

Any changes in diet or nutrition? _____

Any new special instructions regarding eating (cut/chopped/pureed...):

Sleeping

Any changes in sleeping patterns: Yes No

Is there anything else we should know about the applicant?

Completed by: _____ Date: _____

Relationship to participant: _____

Returnee Application must be returned to:

**Ms. Crystal Johnson
The Arc Westchester
265 Saw Mill River Road
Hawthorne, New York 10532
Email: cjohnson@arcwestchester.org**

Received and reviewed by Arc staff: _____ Date: _____