



New Client Application Referral & Intake Process

We Care Arts, Inc.
3035 Wilmington Pike
Kettering, OH 45429
937-252-3937

Thank you for your interest in We Care Arts ("WCA"). WCA is a non-profit organization that proudly assists individuals by supporting them in a positive atmosphere to embrace their disabilities by discovering possibilities through a creative art process. Each applicant needs to be referred by a professional, such as a doctor, therapist, pastor, social worker, occupational/physical therapist, rehab, counselor, or case manager who believes they will benefit from attending We Care Arts. The referral source shall complete, sign, and date the form. The referral source is also required to send us an appropriate release of information form at the time of the referral. Please include the release of information with the application.

A WCA representative will reach out to you to discuss your application after the fully completed application has been returned and reviewed.

In the interview, a WCA representative will discuss the program, provide a tour of the facility, and answer any questions that may arise. After the interview, if the prospective client shows interest and would like to join the program, the WCA representative will then proceed with an intake assessment to find if the applicant is appropriate for acceptance. If accepted, the applicant will be introduced to their assigned instructor and will be given a scheduled start date.

For more information, please call 937-252-3937 or email program@wecarearts.org.



New Client Application Referral Form

3035 Wilmington Pike
Kettering, OH 45429
937-252-3937

NAME		DOB		
NICKNAME		SSN		
ADDRESS		APT #		
CITY	STATE	ZIP		
COUNTY	EMAIL			
PHONE	HOSPITAL PREF			
RACE	AFRICAN AMERICAN/BLACK	AMERICAN INDIAN/ALASKAN	APPALACHIAN	ASIAN/PACIFIC ISLANDER
	HISPANIC/LATINO	<input type="checkbox"/> MORE THAN ONE RACE	WHITE/CAUCASIAN	<input type="checkbox"/> OTHER
GENDER	FEMALE	MALE	TRANS FEMALE	TRANS MALE
	NON-BINARY	I CHOSE NOT TO RESPOND	MY GENDER IS NOT LISTED HERE	
WAIVER STATUS	<input type="checkbox"/> NO WAIVER <input type="checkbox"/> HAVE A WAIVER/ ISP			
LIVING ARRANGEMENT	<input type="checkbox"/> INDEPENDENT <input type="checkbox"/> WITH FAMILY <input type="checkbox"/> GROUP HOME/RESIDENTIAL <input type="checkbox"/> OTHER:			
ANNUAL HOUSEHOLD INCOME	<input type="checkbox"/> \$14,580 and under <input type="checkbox"/> \$14,581-\$21,870 <input type="checkbox"/> \$21,871-\$29,160 <input type="checkbox"/> \$29,161 and above			
INSURANCE COM.				
KNOWN ALLERGIES				
MEDICAL DIAGNOSIS				
DSM-V (MENTAL HEALTH DIAGNOSIS) Required if applicable In order to provide appropriate support				
DO YOU CURRENTLY HAVE SEIZURES, OR EVER HAD SEIZURES?		<input type="checkbox"/> NO YES (EXPLAIN):		
WHAT DO YOU FIND MOST HELPFUL WHEN YOU ARE IN A STRESSFUL SITUATION?				
ARE THERE ANY AGENCIES THAT YOU HAVE RECEIVED SERVICES FROM WITHIN THE LAST YEAR? IF SO, WHERE?				
ARE YOU CURRENTLY RECEIVING THESE SERVICES?		<input type="checkbox"/> NO YES (EXPLAIN):		
GOALS	ART			
	JOB			
	LIFE			
	SOCIAL			
HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME?*		<input type="checkbox"/> NO YES (EXPLAIN):		
COMMUNICATION STRENGTHS	AUDITORY	KINESTHETICALLY (SENSORY TOUCH)	VISUALLY VERBALLY	

CHOICE OF LOCATION	<input type="checkbox"/> BERKELY CENTER CAMPUS (KETTERING)	<input type="checkbox"/> TOWN & COUNTRY (job training)
	<input type="checkbox"/> VIRTUAL	<input type="checkbox"/> HYBRID (combination of programming)

** NOTICE: WCA reserves the right to conduct a criminal background check on all applicants*

Emergency Contacts

Important Contacts	NAME	RELATIONSHIP	PHONE
EMERGENCY CONTACT			
TRANSPORTATION			
PRIMARY CARE DOCTOR			
MENTAL HEALTH PROFESSIONAL			
SSA			
ANYONE ELSE IMPORTANT TO KNOW			

LEGAL GUARDIAN NAME (if applicable)

IN CASE OF EMERGENCY, WCA PROCEDURE IS TO CALL 911 AND EMERGENCY CONTACT IS THIS APPROPRIATE FOR YOU? YES NO

IF NO, EXPLAIN:

** NOTICE: WCA reserves the right to contact individuals as needed*

WE CARE ARTS OFFICE USE ONLY BELOW

DETERMINATION	ACCEPTED <input type="checkbox"/> NOT ACCEPTED (EXPLAIN):
NOTES	
WE CARE ARTS REPRESENTATIVE	DATE

REFERRING AGENCY		DATE	
ADDRESS		PHONE	
COMPLETED BY		TITLE	
I attest the applicant has undergone qualified assessment, and been found to pose low risk of harm to self and others:		Sign to attest* (required)	

AUTHORIZATION FOR RELEASE OF INFORMATION To be completed by applicant and referring agent	<p>All information obtained in association with this Release will be held in strict confidence by the recipient and is not to be further disclosed without specific written authorization. Information collected by this Authorization will be used only to provide appropriate support during the term of service. The Ohio Revised Code requires that Authorizations for Release of Information remain in effect for sixty (60) days. I agree that this authorization shall remain in effect as indicated below:</p> <p><input type="checkbox"/> Until termination of services provided by We Care Arts <input type="checkbox"/> Until an expiration date specified in this space: ___/___/___</p> <p>I understand that except to the extent that action has been taken based on my authorization, I may withdraw this authorization at any time by written notification to the parties involved. Upon revocation of consent, further release of information shall cease immediately.</p> <p>I hereby grant permission for the release of information relating to my care as indicated below:</p> <p>From (referring agency): _____ To: We Care Arts, 3035 Wilmington Pike, Kettering, OH 45429</p>
Please Note	<p>All matters relating to alcohol or drug abuse records are considered privileged and the following Federal Law applies directly to you: P.L. 93-282, 42 CFR, Part 2, prohibits further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.</p>
Authorization Signature/s	<p>Full Legal Name: _____</p> <p>Applicant Signature: _____ Date: _____</p> <p>Legally Responsible Other Name: _____</p> <p>Legally Responsible Other Signature: _____</p> <p>Date: _____ Relationship: _____</p> <p>Name of Staff Facilitating Request/Witness: _____</p> <p>If the above signature is not that of the client, explanation will be provided, and documentary evidence of guardianship may be required.</p>



New Client Application Assessment

3035 Wilmington Pike
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NAME		DOB	
THE APPLICANT CAN...		IF NO PLEASE COMMENT BELOW	
1.	Eat independently	YES <input type="checkbox"/> NO	
2.	Toilet independently without reminders or assistance	YES <input type="checkbox"/> NO	
3.	Behave in such a way as to not cause injury to self or others	YES <input type="checkbox"/> NO	
4.	Behave in such a way as to not cause damage to his/her own property or the possessions of others	YES <input type="checkbox"/> NO	
5.	Display appropriate social interaction skills (i.e. taking turns, participates in group, is free from disturbing utterances, etc.)	YES <input type="checkbox"/> NO	
6.	Follow basic rules	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.	Adequately maintain personal hygiene	YES <input type="checkbox"/> NO	
8.	Take ongoing prescriptions without reminders or assistance	YES <input type="checkbox"/> NO	
9.	Follow sterile procedures, administer correct dosage, and completes injection of prescribed medication	YES <input type="checkbox"/> NO	
10.	Get to and from the facility	YES <input type="checkbox"/> NO	
11.	Understand the content of ordinary spoken conversations in his/her primary language	YES <input type="checkbox"/> NO	
12.	Communicate adequately with others to make their own needs known	YES <input type="checkbox"/> NO	
13.	Free from substance abuse	YES <input type="checkbox"/> NO	
14.	History of wandering or elopement	YES <input type="checkbox"/> NO	
ADDITIONAL COMMENTS:			



New Client Application Enrollment Agreement

3035 Wilmington Pike
Kettering, OH 45429
937-252-3937

CLIENT NAME

DOB

We Care Arts ("WCA") is a non-profit organization that serves adults by teaching them job, life, and socialization skills. Any artwork produced belongs to WCA. When the art pieces sell, clients will receive up to 30% portion of the selling price

Acceptance into the program is determined solely by WCA. If enrolled in the program, WCA reserves the right to remove any client from the program at any without cause.

I have read the Enrollment Agreement, understand its terms, and wish to participate in the program.

CLIENT SIGNATURE

DATE

CLIENT NAME (PLEASE PRINT)

WE CARE ARTS REPRESENTATIVE SIGNATURE

DATE

WE CARE ARTS REPRESENTATIVE NAME (PLEASE PRINT)



New Client Application

Waiver and Assumption of Risk

3035 Wilmington Pike
Kettering, OH 45429
937-252-3937

CLIENT NAME

DOB

The undersigned, _____ ("Client"), voluntarily makes and hereinafter grants this Waiver and Assumption of Risk in favor of We Care Arts ("WCA"): consideration for the opportunity to use facilities, equipment, materials, and/or other assets of WCA and/or to engage in activities, events, festivities, and/or gatherings sponsored by WCA. The Client hereby waives releases all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my use or receipt.

The Client understands and recognizes that there are certain risks, dangers and perils connected with such uses and/or receipt, which the Client hereby acknowledges have been fully explained and fully understand, and which the Client nevertheless accepts, assumes and undertakes after injury and investigation of extent, duration, and completeness wholly satisfactory and acceptable.

The Client further agrees to use his/her best judgment in undertaking these activities, use and/or receipt and to faithfully adhere to all safety instructions and recommendations, whether oral or written.

The Client hereby certifies that he/she understands this waiver and of his/her own free will, being under no compulsion or duress.

CLIENT SIGNATURE

DATE

CLIENT NAME (PLEASE PRINT)

WE CARE ARTS REPRESENTATIVE SIGNATURE

DATE

WE CARE ARTS REPRESENTATIVE NAME (PLEASE PRINT)



New Client Intake Bill of Rights Agreement

We Care Arts, Inc.
3035 Wilmington Pike
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CLIENT NAME

DOB

We Care Arts ("WCA") is an inclusive community comprised of individuals from all walks of life. Every individual has rights and if an individual feels that any of the written rights have been violated, he or she has the right to have their grievance heard, be responded to quickly, and obtain resolution of the issue. It is the responsibility of We Care Arts to remind the individuals of their rights, as well as assist them in understanding the process when an issue becomes a grievance. It is further the responsibility of We Care Arts to help find a suitable advocate for the individual that may require assistance during the grieving process.

This agreement acknowledges that I have read both the Rights of Persons with a Developmental Disability and Rights of a Person with a Mental Health Diagnoses and understand its terms.

CLIENT SIGNATURE

CLIENT NAME (PLEASE PRINT)

DATE

WE CARE ARTS REPRESENTATIVE SIGNATURE

WE CARE ARTS REPRESENTATIVE NAME (PLEASE PRINT)

DATE



Confidentiality Policy for Artist-Clients, Employees, Volunteers, and Board Members

A basic value of We Care Arts is respecting the privacy of the artist-clients, donors, members, staff, and volunteers of We Care Arts, Inc. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the executive director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information, and that documents containing confidential information are not left in the open or inadvertently shared.

Artist-clients, employees, volunteers, and board members of We Care Arts, Inc. may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of We Care Arts, Inc. that such information must be kept confidential both during, and after the time of separation or expiration of service.

We Care Arts, Inc. expects you to respect the privacy of other artist-clients. Artist-clients are responsible for maintaining the confidentiality of information relating to We Care Arts' staff, volunteers, or other artist-clients.

If there are questions regarding specific confidential information, contact the executive director to discuss the appropriateness of sharing that information including requests from media and government representatives. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline up to and including dismissal from programming. This provision does not apply to discussions that are protected by applicable laws.

ACKNOWLEDGEMENT OF WE CARE ARTS' CONFIDENTIALITY POLICY

I agree to treat as confidential all information about current or former We Care Arts community members, and their families that I learn during my time as an artist-client. I understand that it would be a violation of policy to disclose such information to anyone without checking first with the director of programming, or the executive director.

Signature: _____ **Date:** _____

Print Name: _____

Revised 4/2023

Reviewed April 2023



We Care Arts Media Consent Form

I understand that as a participant in the We Care Arts Program, my picture and/or life story may be used in promotional material.

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs and/or videos intended for We Car Arts publications, social media, and promotional materials. I grant We Care Arts the right to edit, use and reuse said products for nonprofit purposes including use in print, on the Internet, and all other forms of media. I also hereby release We Care Arts and its agents and employees from all claims, demands and liabilities whatsoever in connection with above.

I understand that I may revoke this release at any time by providing We Care Arts with written notice of said revocation. However, a revocation of this release will not be applicable to any materials already produced or in the process of being produced by the Organization.

Name (Print)

Name (Signed)

Date

Office Use Only



New Client Application
Intake Questionnaire

We Care Arts, Inc.
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NAME		TOURED?	<input type="checkbox"/> YES NO
INSTRUCTOR		START DATE	
Is this applicant able to communicate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does this applicant show interest in the program?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the applicant respond appropriately during conversation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this applicant able to follow directions?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the applicant painted or created any kind of art previously?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the applicant indicate they could follow a regular schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the applicant able to read and comprehend printed material?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the applicant need any special accommodation or adaptive equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this applicant willing to set goals and take steps to achieve reaching them?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the applicant taking any medication we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the applicant understand any art created is subject to being placed in the gift shop to be sold, and they will receive up to 30% of the sale?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the applicant interested in learning?			
What type of transportation will the applicant be using?			
Who should we contact in case of emergency?			

QUESTIONNAIRE COMPLETED BY _____

DATE _____



New Client Application Intake Check List

We Care Arts, Inc.
3035 Wilmington Pike
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CLIENT NAME

DOB

NEW CLIENT

- Toured
- New Client Packet
- Reviewed Grievance Procedure
- Reviewed Confidentiality & Privacy Policies
- Reviewed Client Bill of Rights
- Tour to identify first aid, restrooms, washing stations, exits etc.
- Introduced to Assigned Instructor
- Client Sign In Sheet
- Interested in Virtual Classes

WE CARE ARTS

- Completed Application/Referral
- Client Assessment
- Enrollment Agreement
- Waiver & Assumption of Risk
- Media Consent
- Intake Questionnaire
- ISP Form (where applicable)
- Non Disclosure
- Annual Renewal (if applicable)

CLIENT SIGNATURE

DATE

WE CARE ARTS REPRESENTATIVE SIGNATURE

DATE