



CREATING POSSIBILITIES..

Habilitation Information Vocation & Education Inc.

---

Membership Application

**All Clubhouse members must complete the following information:**

*Please print clearly*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person completing application (circle):

Self Parent Caregiver Guardian Staff Sibling Other \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Applicant Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City/Zip \_\_\_\_\_

Applicant Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Applicant Email: \_\_\_\_\_

(OPTIONAL) Please answer the following for the purposes of grant funding:

Race (*select one or more*):

- American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 African American  
 Caucasian  
 Asian

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Other Language Not Listed: \_\_\_\_\_

Primary Disability Diagnosis: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_

Allergies and

Reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Government Assistance: Please check all that apply

SSI     SSDI     Medicaid     Medicare     Other

\_\_\_\_\_

Is Applicant their own legal guardian?  YES     NO

If YES, who do we have permission to talk to/consult (name/relationship)?

\_\_\_\_\_

Who does applicant live with (name/relationship)? \_\_\_\_\_

**PARENT/CAREGIVER INFORMATION**

**Primary Parent/ Caregiver (PC) Name:** \_\_\_\_\_

PC Relationship: \_\_\_\_\_

PC Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PC Home Phone: # \_\_\_\_\_ PC Cell Phone: # \_\_\_\_\_

PC Employer: \_\_\_\_\_

**Secondary Caregiver (SC) Name:** \_\_\_\_\_

SC Relationship: \_\_\_\_\_

SC Home Phone: # \_\_\_\_\_ SC Cell Phone: # \_\_\_\_\_

SC Email: \_\_\_\_\_

**Other Important Contacts (FHP, Case Manager, Family Members, Etc)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT: The emergency contact should be a person other than the stated primary caregiver/guardian. This contact can be a relative, neighbor, or friend who can be contacted in the event the primary caregiver cannot be reached.**

Emergency Contact Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Emergency Contact Employer: \_\_\_\_\_

**MENTORS**

Will someone accompany the applicant? YES [ ] NO [ ]

If yes, is that mentor family, friend, or paid employee? \_\_\_\_\_

If paid employee: Hired by you? Or what agency? \_\_\_\_\_

**All paid mentors coming to the HIVE must sign an agreement to our values prior to or on their first day at the HIVE.**

**REMIND TEXTS:**

We send out regular texts with important information about programming changes, closings, upcoming events, etc. All members with a phone and all mentors who accompany a member must be on our text list. Please list who will receive our texts below:

Name/Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Name/Relationship/number:**

Please check all that you have participated in:

\_\_\_\_\_ Special Olympics in \_\_\_\_\_ County

\_\_\_\_\_ The Buddy House/DSSKY

\_\_\_\_\_ CEC/KAP

\_\_\_\_\_ Camp Happy Days/BGPR Special Populations

\_\_\_\_\_ Aktion Club

\_\_\_\_\_ Top Crops

\_\_\_\_\_ Arc of \_\_\_\_\_ County

\_\_\_\_\_ Other \_\_\_\_\_

May we contact the director of the agencies checked above in regards to this applicant?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Please list at least two references below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

We are interested most in (please number in order of importance as best you can, with #1 being top priority. You may put the same number on more than one if they are of equal importance to you. Please number to at least 3)

- |   |   |
|---|---|
| <input type="checkbox"/> Fitness, Healthy Lifestyle           | <input type="checkbox"/> Resources & community activities |
| <input type="checkbox"/> Cooking, Independent living          | <input type="checkbox"/> Recreation, fun, friendship      |
| <input type="checkbox"/> Vocational skills, Job connections   | <input type="checkbox"/> Self-advocacy                    |
| <input type="checkbox"/> Social skills, Relationship building | <input type="checkbox"/> Arts, Music, Sensory             |
| <input type="checkbox"/> Reading, Math, Real-life academics   | <input type="checkbox"/> Other                            |

Any hospitalizations in the past 12 months? YES \_\_\_ NO \_\_\_

If yes, please explain:

---



---



---

History of aggressive or violent behavior? YES \_\_\_ NO \_\_\_

If yes, is this still an issue? Please explain

---



---



---

Do you have a behavior plan? YES \_\_\_ NO \_\_\_

If so, please list name of behavior therapist \_\_\_\_\_

---

**PERMISSIONS****TRANSPORTATION:**

I understand that the HIVE is not responsible for transporting members, therefore

members must arrange their own transportation. By signing below, I understand and assume the risks of \_\_\_\_\_ participation in vehicle transportation.

For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold the HIVE, Inc. and their employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from their participation in transportation.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PHOTO RELEASE \* We occasionally use photos/videos for our website, social media, print or television.**

**I agree** to allow the HIVE to use my image, likeness, and voice.

**I do not agree.**

Initial: \_\_\_\_\_

**RELEASE & WAIVER:**

I understand and agree to abide by the regulations and policies of Habilitation, Information, Vocation & Education, Inc, hereafter referred to as the HIVE. In consideration of the HIVE allowing me to participate in their events and activities, I agree to waive, release, absolve and hold harmless and indemnify the HIVE, its officers, agents, and employees from any and all claims, suits, actions, damages, and/or causes of action for any personal injury, loss of life, property damage and other liability arising out of my participation in these activities or in any way relating to or arising from any incidence occurring during activities including attorney's fees and costs. This waiver and release is intended to be an express waiver of and release from any and all claims against the HIVE, its officials, officers, agents or employees arising from use of HIVE activities and events, including all claims or causes of action based on the alleged negligence or gross negligence of the HIVE, its officials, officers, agents or employees. I expressly agree that his waiver and release shall be interpreted as releasing the HIVE, its officials, officers, agents and employees from all liability and claims to the fullest extent allowed by Kentucky law. I further understand that I engage in all HIVE activities and events at my own risk.

Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Signature \_\_\_\_\_

**Anti-Bullying Policy:** I/WE (circle) understand that the HIVE is a “NO BULLY ZONE.” BULLYING, VIOLENCE, OR ABUSE OF ANY TYPE WILL NOT BE TOLERATED. Anyone (member, mentor, staff, anyone) who chooses to not uphold the values clearly stated and posted by the HIVE may be asked to leave or even be prohibited from participating in HIVE activities in the future.

I understand and agree to all of the above and what is expected of me as a member of the HIVE. All information above is true to the best of my knowledge. I understand that falsifying any information may result in the termination of my membership. I also understand neglecting to uphold the values and expectations of the HIVE may result in termination of membership.

I am a legal representative of (member name)

\_\_\_\_\_ and I understand that my signature gives the HIVE permission for the above

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

We are so excited to have you join us!!

We can't wait to conquer the world with you!!

See you again soon!!

