The Arc
Opportunity in
North Central Massachusetts

The Arc of Opportunity
in North Central Massachusetts

RECREATION PROGRAM

INTAKE PACKET

Edited 2/24/2026

Table of Contents

1. Member Handbook.....Pages 3-9

Please read carefully with the participant.

This is where contact info can be found as well.

2. Signature Page.....Page 10

Please sign and return

3. Recreation Assessment.....Pages 11-12

Please complete, sign and return

4. Program Release.....Page 13

Please complete, sign and return

5. Emergency Medical Information.....Page 14

Please complete, sign and return

6. Media Release.....See attached

Please complete as outlined below, sign and return

Fill in section I and III ONLY.

Section II is already filled in correctly.

7. Water Safety Assessment.....See attached

Please complete, sign and return

Please complete and return all required forms to become a member of the Saturday Recreation Club and attend Saturday Recreation.

The Arc
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RECREATION PROGRAM

MEMBER HANDBOOK

Edited 2/24/2026

TABLE OF CONTENTS

Introduction and Club overview/Focus
Intake Form and Emergency Contact Sheet
Sign-In Policy
Staffing
Transportation
Hours and Location
Membership and activity fees
Recreation Calendar
Medication Policy
Behavior Policy
Lost Items Policy
Health Policy
Weather Cancellations
Contact names and numbers

INTRODUCTION & CLUB OVERVIEW/FOCUS

The Arc of Opportunity's Recreation Club offers a variety of community-based recreational activities for people ages eighteen (18) and up. The club offers people the opportunity to engage in fun recreational activities throughout New England. It also offers opportunities to socialize with friends and meet new people. A lot of planning and coordination is involved in each weekend's activities and, thus, we require that participants 'pre-register' through the online registration link, or by contacting the Program Coordinator, Michelle Feliciano. **Please note, this is no longer a drop-in club, as everything is planned and budgeted ahead of time.**

Our #1 Saturday Goal is to provide interesting, meaningful, inclusive, recreational, and educational opportunities for as many people as is practical. Hence, the registration limitation to 6-18 participants, depending on staff availability. We have scheduled staff on Saturday, depending on activity and participants. **Thus, it is critical we include individuals who are independent in areas of self-care and have basic self-preservation skills.** We do not make exceptions to the limit of 6-18 participants. We want our participants to integrate into the general community with our gentle guidance, as we promote their potential for typical social/cultural interaction. We offer a variety of activities, ranging from in-house leisure crafts and activities to community exploration. **We trust that people are given the choice of attending on the days that include plans they enjoy.**

The activity fees vary based on the activity. The fee covers all the expenses from gas, to meals, to the cost of events, to staffing. Thus, in-house activities are often less costly than community activities.

Submission of the weekend recreation packet will make you a participant in the Weekend Recreation Club. **Weekend recreation packets are updated on an annual basis.** Firstly, we want to be sure we are giving everyone an equal chance to participate in the activities of their choice. Although we appreciate that our program is the first choice for many people, **we want to be sure that you are considering and discussing planned activities with the participant(s).**

INTAKE FORM AND EMERGENCY FACT SHEET

Anyone interested in becoming a club member must first complete an intake Weekend Recreation Packet. **The packet includes this club handbook, program release, recreation assessment, emergency medical information, and media release.** A club member will not be able to participate in any activities until the proper paperwork has been completed, reviewed by recreation staff and approved. This can take up to two weeks. Please plan accordingly.

Each member is responsible for keeping the information on the Emergency Fact Sheet up to date. Members must communicate any changes with the program staff. We minimally require a Program Release on an annual basis.

SIGN-UP AND SIGN-IN POLICY

In order to sign up for a weekend recreation club activity you must **register and pay for the event. This can be done online, in person or through the mail.** This allows for ample time to plan and prep for the activity. **Anyone who shows up on Saturday without prior registration will not be permitted to stay.** An emergency contact number for each member must also be left. No exceptions will be made. **Please DO NOT arrive prior to the scheduled time. There will not be any staff, and the doors will be locked. The Arc staff are not responsible for participants before arrival time. The arrival time will always be noted on the agenda sent out the day before each activity but is almost always 11am.**

STAFFING

The Recreation Club is staffed with well-trained and knowledgeable people. The club has a full-time Family Support and Recreation Coordinator, Michelle Feliciano, and rotating relief staff. The staff-to-club member ratio is typically no more than a one to six ratio; however, this can vary based on activities and transportation availability. Staff are responsible for ensuring the overall safety of the club members. Staff are also responsible for the coordination and transportation of club members to and from the community-based activity.

Staff are NOT responsible for transportation to and from the club, administering of any medications, and/or money management.

TRANSPORTATION

All club members are responsible for securing transportation to and from the club. The club is equipped with 1-2 vans that are used to transport club members to and from the scheduled community recreation activity. All club members are required to wear seat belts and act in a safe manner while riding in vehicles. Any infractions of this may result in discharge from the Recreation program.

HOURS AND LOCATION

The club is located at The Arc of Opportunity, 564 Main St., Fitchburg, Massachusetts. **Entrance is off 161 Boulder Drive through the main reception door.** The Recreation Coordinator's telephone number is (978) 382-4636.

Program hours are typically from 11:00AM to 4:00PM on Saturdays. These times may vary due to the time and location of a scheduled activity. A lot of planning and coordination is involved in each weekend's activities, thus, we require that participants 'pre-register' through the online registration link, or by contacting the Program Coordinator, Michelle Feliciano. **The building is open at 11:00AM and the van leaves at 11:15AM.** The van will not wait for any person that is late.

It is important that the participant is picked-up on time. Staffing costs are included in the fees. We understand things happen, however, a pattern of failure to be on time could result in the participant not being allowed to attend future events.

PLEASE be considerate of others and adhere to the schedule when picking-up or dropping-off individuals. Also, the building is locked until staff opens the doors at 11:00AM; please do not arrive prior to opening time.

ACTIVITY FEES

All fees are payable before the day of attendance or in cash/check on the day of the activity. Members who arrive without their advanced or current payment will not be able to attend the club activity.

We do offer a need-based scholarship to cover Recreation costs for individuals for whom paying certain fees would present a hardship. If you are interested in applying for a scholarship for the Recreation Program, please contact Michelle Feliciano.

RECREATION CALENDAR

A monthly calendar is available online and at the Main Street office. Calendars are also emailed and shared on social media. The calendar will list the events and hours for each event, as well as include links to register for the events. Registration is open as soon as the calendar is distributed.

All activities and events are scheduled based on input from program members and our community. The club's focus is to offer each member a variety of enjoyable activities and strive to make it enjoyable for each member; **however, there may be times that an event or activity may not be appropriate or of interest to a member.** (*For example: A member that has difficulties ambulating on un-even terrain may not want to attend if there is a hiking trip planned, or a member that does not like loud noise may not want to attend a potentially loud event*).

MEDICATION POLICY

Any member requiring medications **must be able to self-medicate.** Recreation staff cannot administer medication. Staff may offer some assistance such as a reminder to take medication, holding medication envelopes, etc., but will not be responsible for physically administering medications or any type of preparation (crushing or mixing).

BEHAVIOR POLICY

To ensure that all Recreation program members can enjoy and safely participate in the community recreation activities the following behavior policy is in place:

Recreation participants are expected to stay with the group until they are picked up at the end of the day.

If a serious behavior (*i.e. physical aggression, non-compliance with staff, safety concerns, property destruction*) does occur on a trip or during a Recreation activity, the family member(s)/provider(s) will be called to come pick up the individual or to make immediate travel arrangements to return the individual home at their own cost. Serious behavior can result in suspension from and/or discharge from the Recreation program.

LOST ITEMS POLICY

The Arc of Opportunity, and its staff, are not responsible for any lost items or belongings that are lost while attending the recreation program. Please do not send or bring any valuables along, as the staff cannot ensure that they will not be lost. If the items are needed, the participant is responsible for ensuring that they do not lose or leave behind any belongings. Verbal reminders will be frequently given by staff to make sure no one leaves anything behind, but that is not a guarantee.

HEALTH POLICY

Although everybody enjoys attending Recreation events, there may be days when you/your family member does not feel well and cannot or should not attend. Listed below are specific health policies that must be followed:

Please use your best judgement when deciding to attend a Recreation event if you are not feeling well. We want to keep everyone healthy. If you have any illness that is contagious or communicable such as COVID-19, scabies, staph infections, strep throat, head lice, chicken pox, etc., please cancel your attendance. Also, if you are experiencing any COVID-19 symptoms, fever, diarrhea, vomiting, or persistent cough/abnormal discharge, you should also stay home. We are looking out for the best interest for everyone. In the event of illness, you will be reimbursed your pre-payment for events.

WEATHER CLOSING ANNOUNCEMENTS

If the weather causes a delay and cancellation, a phone call will be made to all family members/providers of registered individuals as soon as a decision is made. You can also contact Michelle Feliciano, the Recreation Coordinator, with questions or concerns about the weather.

While we hope to offer all scheduled activities, we are not willing to risk the safety of individuals to do so. If there is any doubt an activity will take place, please confirm it is happening and the hours prior to leaving home. Please make sure that you see your individual enter the building with a staff prior to leaving during drop-off. Thank you for your cooperation.

CANCELLATION POLICY

The deadline for cancelling your attendance at a Recreation event (with the exception of an overnight or week-long trip) is 24 hours before the scheduled time of the event. **Anything after the deadline will not be refunded or credited,** except in the case of illness.

The deadline for cancelling your attendance on an overnight or week-long trip is 30 days prior to the trip to receive a credit or refund. **Anything after the deadline will not be refunded or credited.**

CONTACT NAMES & NUMBERS

Maribel Roman, Program Director of Family Supports and Recreation
(978) 343-6662, ext. 1094 or (978) 972-0601 m.roman@arcofopportunity.org

Michelle Feliciano, Program Coordinator of Family Supports and Recreation
(978) 343-6662, ext. 1013 or (978) 382-4636 m.feliciano@arcofopportunity.org
Recreation Club, Michelle Feliciano 978-382-4636

Maia Wentrup , Division Director of Day Hab and Family Supports
(978) 343-6662, ext. 1073 or 978-857-0911 m.wentrup@arcofopportunity.org

Please keep this handbook for your own reference.

----------Sign & Return below----------

By signing this document, I am acknowledging the following:

- **I have received receipt of the Recreation Member Handbook**
- **The attendee and their caregiver, provider and/or guardian have reviewed this Handbook together.**
- **I understand the expectations of the Recreation Program**
- **I agree to follow all policies and procedures within the Recreation Member Handbook.**

_____

Individual Attendee Signature or Initials

_____

Caregiver/Provider/Family Signature

_____

Date

_____

Recreation Participant Signature

_____

Date

The Arc of Opportunity

Recreation Assessment

Edited 2/24/2026

Name:

Does the individual (currently or within the last year):

- Hit, bite, or have other aggressive behaviors towards others?
  Frequently Occasionally Rarely Never
  Describe:

- Bite, hit, or have other self-injurious behaviors?
  Frequently Occasionally Rarely Never
  Describe:

- Yell, scream, swear, or have other inappropriate social behaviors?
  Frequently Occasionally Rarely Never
  Describe:

- Any inappropriate sexual behaviors?
  Frequently Occasionally Rarely Never
  Describe:

Is the individual independently able to:

- Self-administer medication Yes No
- Take pills from envelope Yes No
- Dress and undress Yes No
- Sleep through the night Yes No
- Get up in the morning Yes No
- Go to bed Yes No
- Shower, brush teeth, comb hair, other hygiene tasks Yes No
- Use bathroom, toileting, menstrual care (if applicable) Yes No
- Walk for short distances Yes No
- Walk for long distances Yes No
- If using a walker, stamina for waking distances Yes No N/A
- Able to keep up with group at average pace Yes No
- Able to ambulate without frequent rests Yes No
- If using a wheelchair, able to propel Yes No N/A
- If using a wheelchair able to transfer Yes No N/A

- Communicate needs and preferences Yes No
- Able to follow directions and stay in assigned group Yes No
- Comfortable to travel with a 1:6 ratio (of staff:peers) Yes No
- Comfortable in hotel room with peer/newly acquainted peer Yes No
- Able to handle spending money independently Yes No
- Recognize and respond to fire alarm appropriately Yes No
- Recall name, address and phone number Yes No
- Seek out help if needed Yes No

Any specialized medical needs? (i.e. equipment, diabetes, seizures, etc.) Yes No

Able to handle them independently? Yes No

If no describe help needed.

Would recognize and medical emergency/ need for first aid and seek out help? Yes No

If no describe help needed.

If over 21, travelers may order alcoholic beverages with their own money, unless prohibited.

May this individual drink alcoholic beverages? Yes No

Forms must be filled out completely and accurately. It is important to have accurate information to ensure everyone's appropriate placement and safety. Information known to The Arc Staff will also be considered. The Program Staffrwill assess every packet before a person can participate in recreational services.

Inaccuracies could result in an individual being sent home from a trip, eligibility for the level of service being changed, and/or impact future trip participation.

Certain measures automatically determine if participation is possible at all: other measures determine if a 1:1 assistant is required. In most cases, the combined answers determine the level of support required.

Person completing this form, relationship with the individual _____

_____ _____

Signature Date

The Arc
Opportunity in
North Central Massachusetts

The Arc of Opportunity

Recreation Program Release

_____ will be attending The Arc of Opportunity's Recreation activities, including Saturday Recreation activities, Weekday Recreation activities, Overnight/Weekend Recreation activities, and/or Vacation Trip activities.

In the event of a medical emergency, permission is given for _____ to be transported to the hospital for treatment if deemed necessary. I also give permission for the above mentioned person to be treated by medical personnel and for The Arc's staff to share medical information with the attending medical personnel, as needed.

It shall be the responsibility of The Arc's staff to notify families/guardians and/or residential staff in the event of a medical emergency.

_____ _____

Individual's Printed Name Individual's Signature

_____ _____

Guardian's Printed Name (if applicable)

Guardian's signature (if applicable)

_____Date

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Emergency Medical Information
The Arc of Opportunity Recreation Program

Name: _____

DOB: _____/_____/_____ Social Security #: _____

Phone Number: _____

Address: _____ City: _____ State: _____

CURRENT PHOTO

Email Address: _____

GUARDIAN INFORMATION (IF APPLICABLE)

Name: _____ Phone Number: _____

Email: _____

EMERGENCY CONTACT(S):

Name: _____ Phone Number: _____

Email: _____

MEDICAL INFORMATION:

Physician's Name: _____ Phone Number: _____

*Medication	Dosage	Frequency	Reason Prescribed

*Medication must be self-administered as rec-staff is not certified to administer medication.

Medical and/or Special Conditions: (Including Dietary):_____

_____

Allergies:

_____

Date of Last Tetanus Shot: _____

INSURANCE:

Type: _____

Policy Number:_____

Date Form Completed: _____

See attached Media Release sent with this packet

See attached Water Safety Assessment sent with this packet