

OFFICE USE ONLY

Recreation Support
Assessment on file:
Yes ____ No ____

Recreation Support Services Request Form

Form completed (check one):

BY PHONE: ____

BY EMAIL: ____

ON ARC WEBSITE: ____

IN PERSON: ____

Date form completed: _____

Individual who wants support: _____

If applicable, name of person completing form and relationship to individual who wants support:

Name of person completing form

Relationship to person who wants support

How did you (or person completing the request form) hear about The Arc NCR's Recreation Support Services? Please check all that apply:

- Recreation "Fun Times" Newsletter
- Family Services Newsletter
- Arc website
- Other: _____
- Word of mouth
- An employee of The Arc NCR
- My gym/athletic club (specify: _____)

What is your disability? _____

Contact information for individual wanting support or person completing form for this individual

Contact person: _____ Phone number: _____

Home address: _____

Email address: _____

Recreation activity for which you want support

Description of activity: _____

Date(s) and time(s) support of activity needed: _____

Location at which activity takes place: _____

Why support do you need to take part in above activity? Please DESCRIBE all that apply.

SUPPORT / COACHING (SPECIFY NATURE & LEVEL OF SUPPORT NEEDED)	
FINANCES (MONEY)	
TRANSPORTATION	
OTHER INFORMATION	

Signature of person completing this request form

Date

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Date received: _____

Name of staff receiving this request: _____

Activity & Location(s): _____

Date(s) & Time(s): _____

The supports will be coordinated: YES NO

*If yes, by when: _____ *If no, why: _____

Supports to be coordinated are listed below:

SUPPORT / COACHING	
FINANCE	
TRANSPORTATION	
OTHER	

Comments: _____

Signature of Coordinator

Date

The signature below confirms that the arrangements were made and completed –

Signature

Date