



ARISE Adaptive Design New Participant Questionnaire

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Phone (Day): _____ (Evening): _____ Email: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Disability: _____ # Years with Disability: _____

School or Occupation: _____

I use a wheelchair: YES NO If yes, I use: ELECTRIC MANUAL

I am able to ambulate _____% of the time.

I use braces or other assistive devices: YES NO OTHER

If other, please describe: _____

Parent/Legal Guardian/Advocate: _____ Phone: _____

Address if different from above: _____ ZIP: _____ 0

Please provide information for yourself, or for the person desiring an adaptive co-design solution.

Do you have any adaptive products in mind that you would like us to help you create?

What are some of your passions, hobbies and/or pastime activities that you enjoy?

Do you require any assistance in order to take part in these hobbies or pastime activities?

Are there any tasks or activities that you have difficulty with in your home, out in public, at school, or at work?

Do you have any difficulty with posture, comfort, and/or balance while sitting?

Do you have any difficulties standing and weight-bearing?

How would you describe your strength and range of motion?

Are there any specific movements that you find difficult, or painful?

Is there any part of your body, and/or any movements that you would like to strengthen?

Would you like a product that helps with exercise? If so, what type of exercise?

Do you have any difficulties with eye-sight, or hearing?

Are there any textures, sights or sounds that bother you?

Do you have any family and/or friends who you would like to be part of your design team?

Do you currently receive occupational, physical or recreational therapy? If so would you like your therapist to be part of your design team?

Are there any activities you'd like to participate in, or learn to do?

Are there areas in your home, at school or at work that you wish you could access differently?

What assistive technologies or adaptive equipment do you own and use?

Is there anything else you'd like us to know about you?

ARISE Emergency Contact Form

I, _____, as a participant of ARISE Child & Family Service, understand that during the course of my participation with the Agency an emergency may arise. In the event of such an emergency, I authorize the Agency to contact the following on my behalf.

My home phone number: _____

1. _____

Emergency Contact Name

Address

Home Phone

Work Phone

Relationship

2. _____

Emergency Contact Name

Address

Home Phone

Work Phone

Relationship

Signature

Date

ARISE

LIABILITY RELEASE

The ARISE Adaptive Design program's goal is to create custom design solutions that address a need or function that commercial products fail to address. Although we do our best to practice safe construction techniques, as well as create products that are safe to use, we understand there are inherent risks associated with the creation and use of any product. As one-off solutions, they are not to be held to the same standards (product testing & safety certifications) as are required of commercial products. From a fabrication perspective, we work with materials that are easy to shape, glue, and fabricate. As such, they may need to be modified, or repaired by us, and/or the family over time. Doing so is encouraged, and we assume no liability for any injuries, or accidents that may occur through the product's creation, use, and/or modification.

I would like to participate in the ARISE Adaptive Design program. I acknowledge the risks and potential risks that my son/daughter/myself is taking, but feel that the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims for damages against ARISE Inc., ARISE at the Farm, ARISE & Ski, ARISE Adaptive Design, its Board of Directors, volunteers, and employees for any and all injuries and/or losses that I/my son/my daughter/or client may sustain while a participant in the ARISE Adaptive Design program. Additionally, I understand that any product made through the program is to be used appropriately for its intended purpose. By participating in the program I assume full responsibility of any product received and any consequences that may occur from its use, and/or modification.

Signature: _____ Date: _____

Participant

Signature: _____ Date: _____

Parent, advocate, legal guardian

ARISE
Authorization for Disclosure and Use of Protected Health Information

Name of Individual: _____ D.O.B. ____/____/____

Address: _____

Information is to be disclosed BY: ARISE_____

Address: 635 James St. Syracuse, NY 13203_____

Information is to be disclosed to: _____

Address: _____

Type of Information to be Used or Disclosed:

ARISE Adaptive Design related disclosure may include but is not limited to name, address, phone number, work, education, accommodations, health related information including but not limited to medical evaluations by physicians, therapists etc. This information may be shared with current and future staff and volunteers of the ARISE Adaptive Design program and professional partners.

Purpose of Use or Disclosure:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Coordination of Services |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Program Eligibility Determination |
| <input type="checkbox"/> Other _____ | |

Date or event on which this authorization expires: _____

Comments (optional): _____

Check to approve use of text _____ **Check** to approve use of email _____

"I choose to use email and/ or text messaging to communicate with my ARISE representatives and have ARISE communicate with others by email and/or text messaging on my behalf. I am aware that email and text messaging are not a secure form of communication. I have been advised that there is some level of risk that information could be read by a third party."

Initial _____ **Date** _____

Acknowledgements:

This Authorization may be revoked in writing at any time, except to the extent that the entity disclosing the information has already relied upon it. Signing this Authorization is not a condition for treatment, payment, enrollment, or eligibility for benefits. I understand that if this Authorization allows my protected health information to be disclosed to a recipient that is not a health care provider or a health plan, the information disclosed may no longer be protected under the HIPAA Privacy Rule.

SIGNATURE

Date signed:

If this authorization is signed by a personal representative of the individual, the representative's authority to act on behalf of the individual is:

Authority/Relationship _____ Print Name _____

ARISE

Photo Release Form

I, _____, grant permission to

(Please print full name of Participant/Parent or Legal Guardian)

ARISE Child and Family Service, and ARISE at the Farm, their successors, licensees, and assigns, the right to use to the photographs or films taken of me, or members of my family, without compensation, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am over the age of 18

the parent/legal guardian of the following:

Name/Age: _____

First Name

Last Name

Date of Birth

- I understand that use of the photographs/films taken of me may reveal or imply information about myself/my family member.
- I understand I may withdraw my permission at any time by writing to the address listed below. I understand that the withdrawal will not apply to photographs/videos that have already been released in response to this authorization.
- I understand that my/my family member's eligibility and participation in ARISE programs will not be affected if I do not sign this form.
- This form will expire when the Participant's involvement with ARISE ends or when permission is withdrawn in writing as noted above.

Signature _____ Date _____

Address _____

Street (Please print)

City, State, Zip

Phone _____