

HEALTH AND LIABILITY/IMMUNIZATION FORM

I ATTEST THAT THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE

Participant Name _____

Date of Birth _____

Height _____

Weight _____

NOTICE: If participant requires inhaler, participant must carry inhaler at all times.

Allergies (put NA if not applicable):

Describe all medical conditions and diagnoses (put NA if not applicable):

List all medications you take, including over the counter medications (put NA if not applicable): _____

MEDICAL RELEASE: In the event of an emergency, I understand every effort will be made to notify the emergency contact or physician provided on this form. If these contacts cannot be reached, I give permission to the physician selected by Alexander Jewish Family Service staff to hospitalize, secure proper treatment, order injections, anesthesia, and/or surgery.

ACKNOWLEDGEMENT OF RISK & UNDERSTANDING PARTICIPANT

RESPONSIBILITY: Alexander Jewish Family Service/ d.b.a. Celebration Co. staff have been properly certified with Red Cross First Aid and CPR training, and are present at programs. However, through your participation in Celebration's employment activities, you acknowledge there are associated risks and dangers. Acknowledging these risks, you assume these risks in program participation. Alexander Jewish Family Service/d.b.a. Celebration Co. is NOT LIABLE for loss or damage to personal items, including damage or theft of any kind.

You are responsible for preparing yourself for Alexander Jewish Family Service employment and training programs, including a thorough review of provided materials so you and your guardian are familiar with the content and physical activities involved. You are responsible for bringing the appropriate gear and clothing. You are responsible for ensuring you are in the necessary appropriate condition. If any aspect of the program including safety considerations and etiquette or hygiene is NOT clear to you, it is your responsibility to ask questions. If your medical record or needs should change after the date listed below, it is your responsibility to submit a medical update in writing prior to further participation. The safety and enjoyment of the entire group depends on your fulfillment of these responsibilities

Participant/Guardian Name _____

Participant/Guardian Signature _____

Date: _____

Fees and Scholarship Form

Jewish Family Service/ d.b.a. Celebration Company

Participant's Name: _____

THE FEES AND COSTS SET FORTH HEREIN APPLY TO THIS CALENDAR YEAR AND
MAY BE ADJUSTED BY ALEXANDER JFS FOR FUTURE YEARS

Please mark what Program Schedule and Transportation Needs you have chosen with an X.

Program Schedule Please indicate which option is best (If scholarships have been granted- fees will be adjusted according to that granted amount)

Please indicate what weekdays you plan on attending : M, T, W, Th, F

_____ 5 days a week/\$1,500 monthly

_____ 4 days a week/\$1,325 monthly

_____ 3 days a week/\$1,150 monthly

_____ 2 days a week/\$800 monthly

_____ 1 day a week/\$500 monthly

Bus Fees:

_____ Full time 4-5 days a week: \$150 monthly

_____ Part time 1-3 days a week OR one way: \$100 monthly

Additional Supports:

_____ Glucose Monitoring: \$75/month

_____ Restroom Support (assistive device or increased hygiene support): \$100/month

_____ Feeding support and/or special diets: \$75/month

In order to make sure we are offering the best services possible to our participants we are looking for feedback in knowing if you would be interested in an extended day option (otherwise known as "Second Shift" from 3:00-6:00) if it was offered for an additional fee?

Yes

No

Maybe, explain?

Payment Plan

Unless paying in full, all payments will be made through Automatic Check Handling “ACH”.
Jewish Family Service will draw from your ACH account at the beginning of each month.

AUTOMATIC CHECK HANDLING AUTHORIZATION

I authorize Celebration Company to withdraw yearly, bi-annual or monthly funds for the participant listed in Section I above. Please attach a voided check to this document.

Name: _____

Routing Number: _____

Account Number: _____

Signature of Account Holder: _____

Date: _____

Fees and Scholarship Form

Jewish Family Service/ d.b.a. Celebration
Company

Scholarship Information

Scholarships are available for those who qualify. Jewish Family Service utilizes a third-party company, [FACTS Grant & Aid Assessment Program](#), in determining financial aid. The confidential [financial aid application process](#) is completed entirely online. We understand that the participants of Celebration Company may not have the financial means themselves to support their desire to be a part of the program. Therefore, we are asking that the person who is designating themselves as the “Guarantor” to please provide **their** financial information. Please be assured that this process is entirely confidential, and that the information is kept in strict confidence by the JFS. A family's financial situation is known only by the Scholarship Committee.

Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by **the deadline stated by the CC Director**. Applicants can apply online by clicking the FACTS link at <https://www.alexanderjfs.org/forms/celebration-company-enrollment-contract> Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your recent W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers’ Compensation, and TANF.

All supporting documentation can be uploaded in pdf format online.

Documentation can also be faxed to 866-315-9264 or mailed to the address below. **Please be sure to include the applicant ID on all faxed or mailed correspondence.**

FACTS Grant & Aid Assessment

P.O. Box 82524

Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 866-441-4637.

RELEASE OF INFORMATION

CLIENT INFORMATION:

Client Name		Client Date of Birth
Parent/Legal Guardian Name (if applicable)		Parent/Legal Guardian Date of Birth
Address	Zip Code	Client Credible ID

INFORMATION TO BE RELEASED TO/ FROM:

Name	
Relationship	
<input type="radio"/> External Provider <input type="radio"/> Immediate Family <input type="radio"/> Friend <input type="radio"/> Other:	
Address (include city and state)	Zip Code
Email	Fax Number
Specific Information to be released	
<input type="checkbox"/> Complete Record <input type="checkbox"/> Family History <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Vocational Evaluation <input type="checkbox"/> Progress Note <input type="checkbox"/> Closing Summary <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Resume/Job Search <input type="checkbox"/> Other:	
Specific Purpose for which information is required	
<input type="checkbox"/> Continuity of Care <input type="checkbox"/> Legal <input type="checkbox"/> Job Search <input type="checkbox"/> Education <input type="checkbox"/> Financial Aid <input type="checkbox"/> Medicine Management <input type="checkbox"/> Other:	

This document shall remain in effect for one year from date of signature, unless revoked by the undersigned. This release is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance thereon. Revocation must be submitted in writing. The undersigned is aware that material released by Jewish Family Service may contain information about treatment for alcohol/drug abuse and/or mental illness. This form applies to all emancipated minors, and must be signed by that minor rather than the parent or legal guardian.

Jewish Family Service is not responsible for confidential information which is passed on to any party not named in this release.

I authorize the release of information to Jewish Family Service ,4131 South Braeswood, Houston, TX 77025 713-667-9336	Client/Parent/Legal Guardian Signature	Date
I authorize Jewish Family Service 4131 South Braeswood, Houston, TX 77025 713-667-9336 to release information to the above named institution(s) or individual(s)	Client/Parent/Legal Guardian Signature	Date
Witness Signature	Title	Date