

Dear Friend,

Thank you for your interest in participating in Compassionate Heart Ministry. We look forward to learning more about who you are, as well as sharing more about who we are, with you. To be accepted to our program, please follow the application process as outlined below:

1. Fill out:
 - a. The Compassionate Heart Ministry Participant Application Form
 - b. The Compassionate Heart Pre-Interview Questionnaire
2. Call or email Katelyn Parker at 616-834-0501, extension 104 or katelyn@compheart.org to set up an interview
 - a. Mail or email the forms to Katelyn prior to the actual interview
3. If accepted to the program, there will be a 3-week trial period
4. After the 3-week trial period Katelyn will reconnect with you and determine full acceptance into the program.

PROGRAMS

- Compassionate Heart provides both a structured day (9 am to 5 pm) and drop-in (3 pm to 8 pm) program for your people with disabilities between the ages of 14 and 35.
 - Mondays, Tuesdays and Thursdays (Drop-in hours 3-8pm)
 - Mondays and Wednesdays (Full day program and half day available 9am-5pm)
- The focus of both the Structured Day and Drop-In Program is to foster purposeful and meaningful relationships through mentors and volunteers.
- The Day Program is structured around specific activities such as Care & Share, service projects, on-site group activities, outings, and special events. Participants bring a sack lunch and drink for lunch break.
- The Drop-In program is more relaxed—participants choose their own activities and decide if they want to participate in a scheduled activity on their own. Dinner is served at 5 pm. Participants may purchase a meal for \$5 or bring their own dinner.

REGISTRATION FEES

- Drop In Program: \$7.00 per visit (an additional \$5 for dinner)
- Structured Day Program: \$20 per visit

HOURS

Our hours may vary between the school year and summer. Please check our website for the most current information.

We are looking forward to meeting with you in the near future!

Compassionate Heart Ministry Participant Application Form



FOR OFFICE USE ONLY
 Interview Date: _____
 Date Denied: _____
 Provisional Acceptance Date: _____
 Follow up Date: _____
 Full Acceptance Date: _____

PARTICIPANT INFORMATION

Participant Name: _____ Birthdate: _____

Ethnicity: White Black/African American Hispanic Asian Pacific Islander American Indian/Alaskan Native Multi-Racial

Gender: F M Participant's School _____ Participant's
 School (if applicable): _____ Employer (if applicable): _____
Please attach a copy of the current IEP

Participant Address: _____

Participant Phone: _____ Participant Cell Phone: _____

Participant Home Church: _____ Participant Pastor: _____

Type of disability or disabilities: _____

Participant food and/or drug allergies: _____

FAMILY INFORMATION

Male Head of Household	Female Head of Household
LAST NAME: _____ FIRST NAME: _____ <i>ADDRESS (if different from participant)</i> _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Court Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Uncle <input type="checkbox"/> Other MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased LEGAL CUSTODY OF PARTICIPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Guardian must provide a copy of the Letter of Guardianship</i> EMPLOYER: _____ WORK PHONE: _____ <input type="checkbox"/> This is the primary mailing address	LAST NAME: _____ FIRST NAME: _____ <i>ADDRESS (if different from participant)</i> _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ RELATIONSHIP TO STUDENT <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Court Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Aunt <input type="checkbox"/> Other MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased LEGAL CUSTODY OF PARTICIPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Guardian must provide a copy of the Letter of Guardianship</i> EMPLOYER: _____ WORK PHONE: _____ <input type="checkbox"/> This is the primary mailing address



Compassionate Heart Ministry Participant Application Form

Group Home (if applicable)

Name of Group Home: _____

Address of Home: _____

Contact Person Name: _____ Contact Person Phone: _____

Contact Person Name: _____ Contact Person Phone: _____

This is the primary mailing address

Emergency Contact Information

The emergency contact must be someone other than the parent/guardian:

Name	Relationship	Phone/Cell
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Health Information

Do you currently have health insurance? Yes No

If yes, please complete the following information: _____

Primary/Secondary Insurance Company: _____

Subscriber's Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Policy #: _____ Group #: _____

Does your insurance company require pre-authorization for medical treatment? Yes No

- I confirm that I have fully and completely disclosed all information about the applicant and his/her disability.
- I understand that Compassionate Heart Ministry reserves the right to accept or deny participant applications.
- I understand that Compassionate Heart will not tolerate behavior that is not God honoring and that, if necessary, disciplinary action will be taken.

Parent/Legal Guardian Signature

Date