

## CLIENT INFORMATION

NAME:	DOB:	GENDER
<hr/>		
PARENT/ GUARDIAN NAME	ETHNICITY - (THIS OPTIONAL INFORMATION IS REQUESTED FOR YEARLY CENSUS AND ADDITIONAL GRANT REPORTING.)	
<hr/>		
HOME STREET ADDRESS	CITY	STATE ZIP
<hr/>		
PRIMARY CELL PHONE <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SELF <input type="checkbox"/> GUARDIAN	SECONDARY CELL PHONE <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	
<hr/>		
PRIMARY EMAIL <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SELF <input type="checkbox"/> GUARDIAN	SECONDARY EMAIL <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN	
<hr/>		
PARENT/GUARDIAN OR INDIVIDUAL EMPLOYER	PARENT/GUARDIAN EMPLOYER	
<hr/>		
STREET ADDRESS OF NON-CUSTODIAL PARENT (IF APPLICABLE)	CITY	STATE ZIP
<hr/>		
SCHOOL/SPECIAL EDUCATION/WORK PROGRAM OR GROUP HOME:		
<hr/>		
NAME/TITLE OF OTHERS WHO ASSIST THE INDIVIDUAL/FAMILY	PHONE	

## INDIVIDUAL'S HEALTH & DEVELOPMENT STATUS:

PRIMARY DIAGNOSIS

SECONDARY DIAGNOSIS

### PLEASE CHECK ALL THAT APPLY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> DEVELOPMENTAL DELAY  | <input type="checkbox"/> COGNITIVE              | <input type="checkbox"/> ALLERGIES   |
| <input type="checkbox"/> COMMUNICATION        | <input type="checkbox"/> BEHAVIOR ISSUES        | <input type="checkbox"/> MEDICATIONS   |
| <input type="checkbox"/> MEDICAL RESTRICTIONS | <input type="checkbox"/> ADAPTIVE/ SELF-HELP    | <input type="checkbox"/> COMMUNICABLE DISEASE(S)   |
| <input type="checkbox"/> PHYSICAL             | <input type="checkbox"/> WHEELCHAIR/WALKER USER | <input type="checkbox"/> COVID-19 VACCINATION <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> VISION & HEARING     | <input type="checkbox"/> SEIZURES               | <input type="checkbox"/> OTHER _____   |

IF CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN:

## FAR THERAPEUTIC ARTS AND RECREATION

### PLEASE CHECK ALL THAT APPLY

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ART THERAPY            | <input type="checkbox"/> ADAPTIVE YOGA            | <input type="checkbox"/> CAMP                   |
| <input type="checkbox"/> MUSIC THERAPY          | <input type="checkbox"/> ADAPTIVE MUSIC LESSONS   | <input type="checkbox"/> BOWLING                |
| <input type="checkbox"/> DANCE/MOVEMENT THERAPY | <input type="checkbox"/> RECREATION/SOCIAL GROUPS | <input checked="" type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> RECREATIONAL THERAPY   | <input type="checkbox"/> MUSIC THERAPY GROUPS     |   |

### IT IS THE POLICY OF FAR:

- ANNUAL ENROLLMENT AND ACKNOWLEDGEMENT SIGNATURE FORMS MUST BE COMPLETED, SIGNED AND RETURNED TO THE OFFICE PRIOR TO THE FIRST SESSION.
- PAYMENT IS DUE IN FULL, PRIOR TO THE FIRST SESSION, UNLESS ALTERNATIVE ARRANGEMENTS HAVE BEEN MADE.
- CREDITS ON ACCOUNT MUST BE CLAIMED WITHIN SIX MONTHS OR WILL BE FORFEITED.
- PARENT/CAREGIVER MUST STAY IN THE BUILDING FOR THE DURATION OF THE THERAPY.
- I HAVE RECEIVED AND READ THE FAR POLICIES PAGE.

INITIAL HERE YOUR UNDERSTANDING OF THE ABOVE \_\_\_\_\_

INITIAL HERE & COMPLETE Pg.2

**EMERGENCY CONTACT INFORMATION**  
**ADDITIONAL CONTACTS OTHER THAN PARENT/GUARDIAN LISTED ON FRONT**

EMERGENCY CONTACT PERSON (PRIMARY)

RELATIONSHIP TO INDIVIDUAL

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMERGENCY CONTACT PERSON (SECONDARY)

RELATIONSHIP TO INDIVIDUAL

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

**AUTHORIZATION AND RELEASE FOR INDIVIDUALS UNDER THE AGE OF 18 OR ADULT INDIVIDUAL WITH A GUARDIAN**

AS THE PARENT(S)/GUARDIAN(S) OF \_\_\_\_\_ (HEREAFTER, THE "INDIVIDUAL"), I/WE AGREE TO THE FOLLOWING:

- I/WE HEREBY RELEASE FAR THERAPEUTIC ARTS AND RECREATION (HEREAFTER "FAR"), ITS EMPLOYEES, AGENTS & CO-SPONSORS FROM ANY AND ALL CLAIMS OF LIABILITY WHICH MIGHT ARISE IN CONNECTION WITH ITS PROGRAMS AND PUBLIC PERFORMANCES AND ACTIVITIES.
- IN THE EVENT OF AN EMERGENCY, THE STAFF OF FAR IS AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY.
- PHOTO, VIDEO, FILM, INTERVIEWS AND ARTWORK OF THE INDIVIDUAL MAY BE SOLD OR REPRODUCED OR USED FOR INFORMATION OR PUBLICITY RELATING TO FAR IN PRINT, ON THE FAR WEBSITE OR ANY SOCIAL MEDIA.
- THE ABOVE INDIVIDUAL MAY PARTICIPATE IN PUBLIC PERFORMANCES WITH FAR.
- FAR MAY CONTACT THE ABOVE INDIVIDUAL'S TEACHER, SCHOOL, DOCTOR AND/OR THERAPIST FOR INFORMATION, AND I CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS.
- I/WE UNDERSTAND THAT FAR ASSUMES NO RESPONSIBILITY FOR ANY INJURY THAT MIGHT BE SUFFERED BY THE INDIVIDUAL AND THAT THE INDIVIDUAL AND PARENT ASSUMES ALL RISK FOR PERSONAL INJURY, LOSS OR DAMAGE OF PROPERTY INCLUDING BUT NOT LIMITED TO ANY INJURY SUSTAINED FROM RIDING IN THE FAR PROVIDED TRANSPORTATION DURING ACTIVITIES THAT INVOLVE TRAVEL (INCLUDING BUT NOT LIMITED TO, COMMUNITY ACTIVITIES, SOCIAL CONNECTIONS OR OTHER FAR RELATED EVENTS).
- I UNDERSTAND AND AGREE THAT I WILL REMAIN AT THE SITE AT WHICH MY CHILD IS BEING SERVED, AND THAT A RESPONSIBLE ADULT MAY BE SUBSTITUTED IF THERE IS A WRITTEN AUTHORIZATION ON FILE WITH THE OFFICE IN ADVANCE.

SIGNATURE OF PARENT(S)/GUARDIAN(S)

DATE

SIGNATURE OF PARENT(S)/GUARDIAN(S)

DATE

**AUTHORIZATION AND RELEASE FOR INDIVIDUALS AGE 18 AND OVER (IF OWN GUARDIAN)**

I, \_\_\_\_\_ (HEREAFTER, THE "INDIVIDUAL") AGREE TO THE FOLLOWING:

(INDIVIDUAL NAME)

- I HEREBY RELEASE FAR, ITS EMPLOYEES, AGENTS & CO-SPONSORS FROM ANY AND ALL CLAIMS OF LIABILITY WHICH MIGHT ARISE IN CONNECTION WITH ITS PROGRAMS AND PUBLIC PERFORMANCES AND ACTIVITIES.
- IN THE EVENT OF AN EMERGENCY, THE STAFF OF FAR IS AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY.
- PHOTO, VIDEO, FILM, INTERVIEWS AND ARTWORK OF THE INDIVIDUAL MAY BE SOLD OR REPRODUCED OR USED FOR INFORMATION OR PUBLICITY RELATING TO FAR IN PRINT, ON THE FAR WEBSITE OR ANY SOCIAL MEDIA.
- THE ABOVE INDIVIDUAL MAY PARTICIPATE IN PUBLIC PERFORMANCES WITH FAR.
- FAR MAY CONTACT THE ABOVE INDIVIDUAL'S TEACHER, SCHOOL, DOCTOR AND/OR THERAPIST FOR INFORMATION, AND I CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS.
- I UNDERSTAND THAT FAR ASSUMES NO RESPONSIBILITY FOR ANY INJURY THAT MIGHT BE SUFFERED BY THE INDIVIDUAL AND THAT THE INDIVIDUAL ASSUMES ALL RISK FOR PERSONAL INJURY, LOSS OR DAMAGE OF PROPERTY INCLUDING BUT NOT LIMITED TO ANY INJURY SUSTAINED FROM RIDING IN THE FAR PROVIDED TRANSPORTATION DURING ACTIVITIES THAT INVOLVE TRAVEL (INCLUDING BUT NOT LIMITED TO, COMMUNITY ACTIVITIES, SOCIAL CONNECTIONS OR OTHER FAR RELATED EVENTS).

SIGNATURE OF INDIVIDUAL

DATE



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## FAR Client information

### CLIENT HEALTH & DEVELOPMENT STATUS:

**CLIENT NAME:**

**DESCRIBE CLIENT GENERAL PERSONALITY:**

**LIKES/ DISLIKES (FOR MUSIC THERAPY: PLEASE INCLUDE FAVORITE INSTRUMENTS/SONGS):**

**DESCRIBE ANY SENSORY NEEDS OR SENSITIVITIES:**

**MOBILITY/ABILITY/ RESTRICTIONS:**

**BEHAVIORS OF NOTE/ ANY TRIGGERS? If YES- WHAT IS BEHAVIOR DO YOU SEE FROM THIS TRIGGER**

**HAS CLIENT RECEIVED SERVICES IN THIS DISCIPLINE BEFORE? If YES- PLEASE PROVIDE PREVIOUS REPORTS OR TERMINATION REPORT**



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## ACKNOWLEDGEMENTS

ACKNOWLEDGEMENT	
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FAR THERAPEUTIC ARTS AND RECREATION <b>GENERAL POLICIES</b> PAGE AND AGREE TO ABIDE BY ITS TERMS.	INITIALS
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FAR THERAPEUTIC ARTS AND RECREATION <b>HEALTH AND SAFETY PROTOCOLS</b> AND AGREE TO ABIDE BY ITS TERMS.	INITIALS
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FAR THERAPEUTIC ARTS AND RECREATION <b>GRIEVANCE PROCESS</b> AND AGREE TO ABIDE BY ITS TERMS.	INITIALS
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FAR THERAPEUTIC ARTS AND RECREATION <b>AGENCY ATTENDANCE POLICY</b> (IF APPLICABLE) AND AGREE TO ABIDE BY ITS TERMS.	INITIALS
<b>INDIVIDUAL'S NAME:</b>	
<b>AGENCY, IF APPLICABLE</b>	
<b>SIGNATURE</b> <input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN	<b>DATE</b>

PLEASE RETURN THIS FORM TO THE FAR OFFICE OR TO YOUR FAR THERAPIST PRIOR TO THE START OF THERAPY. YOU MAY DROP IT OFF DURING REGULAR BUSINESS HOURS, LEAVE IT IN THE SECURE LOCKBOX OUTSIDE THE OFFICE AFTER HOURS, OR MAIL IT.

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FAR THERAPEUTIC ARTS AND RECREATION  
1669 W. MAPLE RD.  
BIRMINGHAM, MI 48009  
248.646.3347

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**FAR**  
THERAPEUTIC ARTS  
AND RECREATION

**FAR THERAPEUTIC ARTS AND RECREATION  
AGENCY ATTENDANCE POLICY**

APPLICABILITY
THIS POLICY APPLIES TO FAR INDIVIDUALS WHO ARE INVOICED THROUGH A THIRD-PARTY AGENCY, INCLUDING MORC, MCCMH, EASTER SEALS, OAKLAND FAMILY SERVICES OR OTHER SIMILAR AGENCY.
REGISTRATION REQUIREMENTS
ALL FAR INDIVIDUALS MUST SUBMIT AN ANNUAL ENROLLMENT FORM AND ACKNOWLEDGEMENT PAGE. IT IS YOUR RESPONSIBILITY TO INFORM THE FAR STAFF OF ANY CHANGES IN CONTACT INFORMATION.
ATTENDANCE
<p>BY ENROLLING AT FAR, INDIVIDUALS MAKE A COMMITMENT TO ATTEND REGULARLY SCHEDULED THERAPY SESSIONS. FAR IS REQUIRED TO PAY THERAPISTS WHETHER AN INDIVIDUAL ATTENDS THE SESSION OR NOT. THEREFORE, MORE THAN TWO ABSENCES PER QUARTER MAY RESULT IN EXCLUSION FROM THE FAR PROGRAM AT THE DISCRETION OF THE FAR OFFICE. IF AN INDIVIDUAL IS EXCLUDED UNDER THIS POLICY, HE OR SHE MAY BE READMITTED AFTER PAYING A \$50.00 REINSTATEMENT FEE.</p> <p>IF AN INDIVIDUAL WILL HAVE AN EXTENDED ABSENCE DUE TO MEDICAL REASONS, IT IS INCUMBENT ON THE PARENT OR GUARDIAN TO NOTIFY THE FAR OFFICES. IF ADVANCE ARRANGEMENTS ARE NOT MADE AND AN INDIVIDUAL IS EXCLUDED FROM THE PROGRAM, FAR DOES NOT HAVE AN OBLIGATION TO HOLD THE INDIVIDUAL'S SCHEDULED SPOT, AND THE TIME SLOT MAY BE FILLED AT FAR'S DISCRETION. LOSS OF A TIME SLOT MAY RESULT IN BEING PLACED ON A WAITING LIST FOR FUTURE OPENINGS.</p>
COMMUNICATION
ALL ABSENCES SHOULD BE REPORTED TO THE FAR OFFICE PRIOR TO THE SCHEDULED CLASS TIME AT 248/646-3347 OR AFTER HOURS AT 248/781-5477. PLEASE COMMUNICATE DIRECTLY WITH YOUR THERAPIST REGARDING ANY SCHEDULING CHANGES OR CONCERNS.



# FAR

THERAPEUTIC ARTS  
AND RECREATION

## 2025 - 2026 FAR GENERAL POLICIES

### GENERAL

- Enrollment in programming at FAR is open to any person with a physical, intellectual, or emotional impairment regardless of age, race, color, sex, religion or national orientation.
- Regardless of age, any minor child or an adult requiring guardianship must have a responsible adult in the building with them during therapy sessions.
- For the safety and protection of our individuals, you must provide written authorization to the office for your child to be released to anyone other than a family member or authorized support staff, as in the case of carpooling.

### THERAPY TIMES

- Specific therapy times are scheduled for each individual and group session time. In consideration of both our therapists and other individuals attending the program, it is important that these scheduled times remain consistent. Changes to scheduled session times will only be made prior to the start of a new semester
- To promote a safe and healthy environment for the entire FAR community, each therapy session will include a mandatory cleaning protocol.
  - 30 minute sessions: 25 minutes of direct therapy with the last 5 minutes dedicated to cleaning and disinfecting.
  - 45 minute sessions: 40 minutes of direct therapy with the last 5 minutes dedicated to cleaning and disinfecting.
  - Groups: all groups are now scheduled for 45 minutes with the last 10 minutes dedicated to cleaning and disinfecting.
- If an individual is more than ten minutes late for a half hour session or 20 minutes for an hour session, the session is considered cancelled.

### CANCELLING SESSIONS

- Please call the main office at 248-646-3347 to cancel any session. We request the courtesy of advance notice whenever possible. In the event of a last minute notification after 5:00 p.m., please send an email to your therapist or leave a message at Birmingham: 248-646-3347 and at Macomb: 248-525-5907.

### MISSED SESSIONS

- Private Sessions. Regardless of the number of sessions an individual misses per semester, one make up session will be provided. This make up session is to be held during make up week, which is scheduled at the end of the fall and winter semesters. No additional arrangements will be made for individuals who do not attend sessions they are entitled to during make up week. If a therapist cancels private sessions, or if sessions are missed due to weather related issues, the individual is entitled to either tuition or time credit for each session missed. Please see *Refunds and Tuition Credits* for details regarding this policy.
- Group sessions. Group sessions will only be rescheduled for make up if the therapist cancels or if there is a weather related cancellation. No reimbursement in the form of credits or rescheduled sessions will be made to individuals who do not attend group sessions that were held as scheduled.
- Special consideration will be made in writing to these policies in the event of an extended closure due to COVID-19 or other community-wide, state mandated health advisory.

## TUITION, REFUNDS AND CREDITS

- Payment for each semester is expected in full at the time of registration. In some instances, arrangements can be made to pay in two installments. Contact the FAR office if you would like to discuss this option. FAR accepts cash, checks, Visa, MasterCard, and American Express and Venmo.
- Generally speaking, tuition and fees are not refundable. Refunds will only be considered if a group is cancelled due to insufficient enrollment or in the case of permanent withdrawals. In all cases, all requests for refunded tuition must be submitted in writing to FAR's president and are subject to approval.
- Individuals are entitled to time or tuition compensation in the event of missed sessions due to therapist or weather related cancellations. Please discuss options for rescheduling the time with your therapist. If no workable solution can be made for making up the session time, a credit will be applied to your account. Please note, all credits must be submitted to the office by your therapist and are subject to approval.
- Accrued credits expire six months after their issue. Credited session time will not be converted to monetary reimbursement.

## WEATHER OR BUILDING RELATED CLOSURES

- In the event of severe weather or a building emergency, FAR reserves the right to cancel sessions. Cancellations of this nature will be rescheduled for private or group sessions on-site. Credits will be applied to off-site programming.
  - **Weather Related:** FAR's decision to close due to weather is made independently and will be communicated via the website and social media. Please check the website at [www.FAR-therapy.org](http://www.FAR-therapy.org) for updates regarding weather related closures. The decision to cancel morning sessions will be made by 8:00 a.m.; the decision to cancel evening sessions will be made by 2:00 p.m. Please note: some FAR locations may remain open when others are closed.
  - **Building Related:** In the case of unexpected building issues, such as power outages, you will receive a call from either your therapist or the FAR office. Please understand that the nature of these emergencies is often last-minute; advance notice will be provided as it is possible.

## PHOTOGRAPHY AND VIDEOGRAPHY

- In respect to privacy rights of both our individuals and our staff, photos or videos of group or individual therapy is strictly prohibited. FAR also limits the use of photography and videography at FAR-sponsored performance events; in these cases, we earnestly request your compliance to printed or announced restrictions. FAR reserves the right to video sessions for staff training and evaluation, in which case you will be approached for informed consent.

## DOCUMENTATION REQUESTS

- FAR provides documented progress reports for all individual and group therapy participants on a regular schedule. Please reply to email notifications of these prepared reports to receive a copy.
- If you are receiving services as part of the Child Waiver program, please request copies of annual and interim progress notes through your agency case manager.

## CONTACT INFORMATION

- FAR Birmingham (including main offices) are located at 1669 W. Maple Rd. Birmingham, MI 48009. Office hours are M-F from 8:00a.m.-5:00p.m.
- FAR Macomb is located at 55355 Mound Rd, Shelby Twp., MI 48316
- Phone: 248.646.3347; Fax 248.646.4480
- Web address: [www.FAR-therapy.org](http://www.FAR-therapy.org)
- Email: FAR uses a first-initial-last-name naming convention for all employees. For example, John Martin's email address would be [jmartin@FAR-therapy.org](mailto:jmartin@FAR-therapy.org).

## EXTENDED CLOSURES DUE TO HEALTH ADVISORIES

- State mandated closures or advisories will be managed as they are issued. Information pertaining to these circumstances will be communicated to the FAR community in a timely manner.
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**FAR**  
THERAPEUTIC ARTS  
AND RECREATION

# GRIEVANCE PROCEDURE

## **FAR THERAPEUTIC ARTS AND RECREATION GRIEVANCE PROCESS**

All individuals who receive services from the programs directly operated by FAR Therapeutic Arts and Recreation (hereafter "FAR"), have equal access to the Grievance Process as set forth herein. All individuals have the right to file a formal Request for Reasonable Accommodation for Disability if there is disagreement with actions taken or decisions made by employees of FAR, or if the individual feels there has been a denial of access to services for reasons the individual reasonably deems unfair.

As set forth in more detail below, when a disagreement arises, one should first discuss it with the involved staff person. If the problem is not resolved at that level, then the individual should discuss the matter with the President and submit a Request for Reasonable Accommodation for Disability. If the Request is not resolved to the satisfaction of the individual by the President, who shall issue a decision regarding the Request in writing, the individual may file a Grievance with the Chairperson of the Board of Directors, who shall submit the matter to the Executive Committee to review the Grievance.

## **GENERAL GUIDELINES**

1. Formal Grievances may be made by or on behalf of an individual of services from FAR only after Request for Reasonable Accommodation for Disability has been submitted to the President and a written decision made on the Request. Only a parent, guardian, immediate family member or personal advocate having prior designation in writing on file may make a grievance on behalf of an individual.
2. All persons described in above may attend any of the meetings involving the individual.
3. A written Grievance is necessary in all cases, with appropriate accommodations made for persons unable to do so. The format is up to the individual making the Grievance, but should include the following: the Request for Reasonable Accommodation, the written decision of the President, the nature of the concern; a factual description of the situation; and a proposed resolution.
4. Any staff member of FAR may assist an individual who needs assistance in preparing a Grievance.
5. If any part of the process explained above is unclear, or does not proceed as expected, contact the President of FAR at (248) 646-3347 at any stage for assistance.

## **STEPS TO FILING A GRIEVANCE**

1. Discuss the situation with the staff member involved in the activity. Wherever possible, and in order to facilitate a swift resolution, this contact should be made within five days of the disagreement at issue. If you are not satisfied after talking with the staff person, contact the President and submit a formal Request for Reasonable Accommodation for Disability. This call should be placed within five business days of meeting and/or speaking with the staff person regarding the disagreement. The President may choose to meet with you within ten business days of your submission, or otherwise respond to the Request. A final determination by the President regarding the Request will be issued in writing within 10 business days of receipt of the Request.
2. After the President issues a written decision on the Request, if you believe the problem remains unresolved, contact the Chairperson of the Board of Directors for FAR Conservatory (the appropriate contact information will be supplied by the President). Contact with the Chairperson of the Board should be made within ten business days of the written decision on the Request by the President. The Chair of the Board will accept a formal written Grievance at this point (if one has not already been submitted) and hold a meeting with the Executive Committee within fifteen business days of your contact. If the Board Chair is unavailable, another member of the Executive Committee will be contacted. The Chairperson of the Board will contact you with the Executive Committee's decision within ten business days of their meeting. This decision will be presented to you in writing.
3. Determinations and recommendations made by the Executive Committee are final. The Executive Committee shall only review the appropriateness of the President's decision on the Request for Reasonable Accommodation for Disability.
4. If the issue is still unresolved, it is recommended that you contact the following advocacy agencies:
  - The ARC of Oakland County 1641 W. Big Beaver Troy, MI 48084 (248) 816-1900  
Thomas Kendzioriski, Executive Director
  - The ARC of Macomb County 44050 N. Gratiot Ave Clinton Twp., MI 48036 (586) 469-1600  
Lisa Lepine, Executive Director
  - Michigan Protection & Advocacy Services 4095 Legacy Pkwy., Ste. 500 Lansing, MI 48911  
(517) 487-1755





# FAR

THERAPEUTIC ARTS  
AND RECREATION

## HEALTH AND SAFETY PROTOCOL

### FAR FAMILIES HEALTH AND SAFETY PROTOCOL

- EVERYONE MUST ENTER THROUGH THE LION ENTRANCE OFF OF MAPLE AT OUR BIRMINGHAM LOCATION AND THE MAIN ENTRANCE IN MACOMB.
- HAND SANITIZER IS AVAILABLE FOR WHEN YOU ENTER THE BUILDINGS. WE ARE ASKING EVERYONE TO SANITIZE THEIR HANDS PRIOR TO THEIR THERAPY SESSION.
- FAMILIES ARE ASKED TO NOT WANDER THE BUILDINGS AND WILL BE ASSIGNED A DESIGNATED WAITING AREA.
- FAR HAS 2 DESIGNATED BATHROOMS AT THE BIRMINGHAM LOCATION AND 1 IN MACOMB. THEY ARE ALL HANDICAP ACCESSIBLE AND SIGNAGE IS ON EACH RESTROOM. PLEASE DO NOT USE ANY OTHER BATHROOMS IN THE BUILDINGS.
- FACE COVERINGS OVER BOTH THE NOSE AND MOUTH **ARE OPTIONAL** IN THE BUILDING FOR CAREGIVERS AND CLIENTS AT BOTH OUR BIRMINGHAM AND MACOMB LOCATIONS

PLEASE CONTACT [INFO@FAR-THERAPY.ORG](mailto:INFO@FAR-THERAPY.ORG) WITH ANY QUESTIONS OR CONCERNS YOU MAY HAVE. WE ARE AVAILABLE AT THE FAR OFFICE AT 248-646-3347 OR IN CASE OF AN EMERGENCY CALL PAMELA AYRES, FAR'S PRESIDENT, AT 248-444-0300.