



# Stepping Out, Inc.

A Group for Young Adults with Special Needs

## PROCEDURES FOR NEW MEMBERS

The following procedures shall be used for registering new members in the Stepping Out young adult group and their parents or guardian into Stepping Out, Inc., corporation.

1. Any interested parent, guardian with membership or any health care professional associated with the Groden Center, the Cove Center or it's affiliated agencies who has active knowledge of Stepping Out, Inc., as well as anyone on the Board of Directors, may solicit and/or receive the application for parent membership into the Corporation and the young adult into the youth group.
2. The parties listed above may solicit potential parent and youth members by sending a general letter to various individuals and/or organizations outlining the objectives, benefits and membership requirements. This may include, but is not limited to, the Stepping Out, Inc. brochure.
3. Interest in joining Stepping Out, Inc. must be submitted in writing (either by a letter of interest or a completed application) to the Stepping Out, Inc. Membership Director or the Professional Staff by interested families/guardians or young adults.
4. Since the Stepping Out, Inc. Charter states that the membership in Stepping Out is a family membership, then family membership is required and gives the young adult the opportunity to attend and join the young adult activities. Family membership may be waived by the Stepping Out, Inc. Board of Directors.
5. After receipt of the letter of interest or the completed application, Stepping Out, Inc. will request that the current Professional Staff Leader provide a professional recommendation on the suitability of the young adult to join the young adult group. This may require that the potential new member (and possibly his or her family) be interviewed by the Professional Staff. The cost for this staff time for this review of application and interview will be borne by Stepping Out, Inc. The cost of transportation or other expenses incurred by the young adult to attend the interview will not be paid by Stepping Out, Inc.
6. After receipt of a positive recommendation from the Professional Staff, the potential new member will be invited to attend one month's activities (currently three to four activities) of the young adult's group. The potential new member and his or her family will be required to pay \$285 in advance for the following:
  - \$35 for the trial month of activities
  - \$150 for the first 12 months of Annual Family Dues
  - \$100 for enrollment fees
  - \$285 total required prior to attending the activities

7. The young adult may drop out after attending the trial month of activities. At that time, a refund will be made to the family of \$250. Because staff expenses have been incurred from the potential application, review and interview, \$35 will not be refunded.
  
8. After the first month of trial activities, if the new member decides to continue in Stepping Out, Inc., he or she will be billed on a monthly basis for the current monthly dues of \$35. These dues are to be paid whether or not the member attends the activities. The member's family or guardian will be billed for the Annual Family Dues of \$150 each January, and this fee will be prorated for the first year if a member joined on a month other than January.
  
9. The Annual Family Dues are non-refundable if the young adult drops out of Stepping Out, Inc. anytime during the year. The young adult and his or her family members may drop out of Stepping Out, Inc. at anytime after notifying the Professional Staff and the Treasurer **IN WRITING** of their intent. The member will be responsible for paying all the dues through the last date of attendance.
  
10. The cost of the Groden Center and Cove Center Professional Staff for these trial activities will be borne by Stepping Out, Inc. The individual cost for the activities must be borne by the potential new member, as it is identical to the costs paid by the present members of the young adult group.

## Application for Membership into Stepping Out, Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please tell us how you first heard of Stepping Out, Inc. \_\_\_\_\_

Education (List the school or program you attended last and the grade or level completed):  
\_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Are you paid? \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Where do you work and what do you do? \_\_\_\_\_

What are your special interests or hobbies? \_\_\_\_\_

What do you like to do in your free time? \_\_\_\_\_

Are you now or have you ever been part of another group? Please list which one(s) and the dates attended: \_\_\_\_\_

The group or program leader's name and phone number: \_\_\_\_\_

Do you know anyone who is a past or current member of Stepping Out, Inc.? \_\_\_\_\_

Who? \_\_\_\_\_

Do you have any medical problems that would prevent you from participating in sports activities? \_\_\_\_\_

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

List all medications you are on and what you are taking them for: \_\_\_\_\_

Name(s), Address(es), and Phone Number(s) of your Parents or your Legal Guardian:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference (Please list the name, address, and phone number of a Doctor, Teacher, Counselor, Social Worker or Psychologist who knows about your developmental disability):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I grant permission for \_\_\_\_\_ to give information to the Stepping  
(print name of above reference)

Out, Inc. professional staff for the purpose of determining my eligibility for membership. The Stepping Out, Inc. professional Staff shall hold my information in strict confidence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please enclose a \$285 check to cover your enrollment fees, the first 12 month's Annual Family Dues, and the first Monthly Dues for attending three trial meetings. If, after these trial meetings, you decide not to join Stepping Out, Inc., \$250 will be refunded to you. (Because staff expenses have been incurred from your application, you understand that \$35 of the above amount will not be refunded should you decide not to join.) After the first month's trial meetings and your indication of your continued attendance in Stepping Out, Inc., you will be billed and are responsible for each month's dues, which are currently \$35, and the family members or guardian will be responsible for the Annual Family dues (currently \$150) which will be billed in January of each year and are non-refundable if dropped during the year. You understand that these dues must be paid whether or not you attend the activities. You may drop out of Stepping Out, Inc. after you notify the professional staff and the treasurer **in writing**, and understand that you will be responsible for paying all the dues through the last date of your attendance.

**Please mail this application and check to:**

Stepping Out, Inc., 19 South Drive, Middletown, RI 02840