

The Arc of Quad Cities Iowa – Enhanced Horizons for 2021 (Page 1 of 2)

The Arc of Quad Cities Iowa is pleased to announce the continuation of the leisure and recreation program Enhanced Horizons, **funded by the Davenport chapter of The Knights of Columbus Tootsie Roll Drive**. This program is offered to Scott County residents with a primary diagnosis of Intellectual and/or Developmental disabilities. The Arc can provide monetary assistance to qualifying individuals up to \$250 a year to enroll in organized leisure activities, with a \$150 limit per activity. These activities can include, but are not limited to, art classes, dance/music lessons, membership to local museums/zoo, local camps, sporting/holiday/musical events, and fair passes. **One application per activity**. All application decisions are final.

Applications will be accepted April 1 2021 thru May 30, 2021 or until funds are depleted. Funds will not be distributed before June 1, 2021. Our funds ARE limited; therefore our intent is to fund activities for individuals that could not participate without financial assistance.

- Enhanced Horizons does not pay deposits.
- If application is not legible we will not process, please print all information.
- All checks will be payable to the provider. Checks are void after 60 days.
- Email questions to: iowa@arcqca.org

Applicants Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

My Primary Diagnosis is: _____

Which waiver services do you receive? _____

***Contact information for person filling out application: Print**

Name* _____ Phone# _____

Agency/Relationship to applicant* _____

E-mail* _____ @ _____

(*Application will not be processed if this information is not included)

***Are you interested in being contacted to help with the Tootsie Roll Drive in August? Yes ___ No ___**

Please fill out both sides of application.

Enhanced Horizons 2021 (Page 2 of 2) Please fill out both sides of application.

Applicant Name _____

Activity Information:

Name of activity: _____ (1 activity per application)

Date Attending: _____ Are you registered? _____

Activity sponsor and location: _____

Total Cost of Activity: _____ Deposit Required _____

How much are you able to contribute to the cost of the activity? _____

Print - Name, phone number and email address of the contact person for this activity:

Applications are available through the websites arcscottcounty.com, arcqca.org,
or from Hand in Hand, New Choices, Family Home Health Care, and the
Handicapped Development Center.

Mail Completed applications to:

The Arc of Quad Cities Iowa, P. O. Box 1523, Bettendorf, IA 52722-0026

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I agree to let Arc of Quad Cities Iowa use any likeness of me in photos, videos or audiotapes for
future advertising and fund raising as long as my likeness is needed.

Agree ____ **Do not Agree** ____

Consumer Signature

Date of application

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FOR OFFICE USE Date Received _____ Date Processed _____

Granted _____ Remaining _____ Check # _____ Delivery _____