



ADAMS COUNTY ARTS COUNCIL

Cultivating an arts-rich community

125 S. Washington Street

Gettysburg, PA 17325

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www.adamsarts.org

HEALING ARTS INTAKE FORM

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I currently reside in Adams County YES NO Township/Borough: _____

Birthdate: _____

To be eligible for this program, you must have a referral from a medical professional, therapist, counselor, teacher, clergy, or other qualifying agency, OR you can self-refer by identifying with one of the following beneficiary categories (additional verification documentation may be required):

Student with Individualized Education Plan (IEP) or 504 Plan

Survivor of Abuse (childhood or adult)

Senior Citizen (Age 62 or over, must provide proof of age/address)

Homeless

Illiterate Adult

Migrant Farm Worker

Person with a disability diagnosis: _____

I am recovering from a trauma, challenge, or stressor not included on this list.

By signing this form, I certify the following:

The information provided on this form is accurate. I understand that ACAC's Healing Arts Program is NOT a substitution for formal therapy. While participants are strongly encouraged to agree to confidentiality guidelines set within the group, participation does NOT provide the same standards of therapist-patient confidentiality that apply in a formal therapy setting. I also understand that the therapist(s) facilitating this group is/are mandated reporters who are required by law to report to the appropriate state agency any cases of child abuse that he/she has reasonable cause to suspect.

By checking this box, I give ACAC permission to use images of artwork created by student in this program for marketing purposes and/or to report to funding sources on program efficacy (optional).

By checking this box, I give ACAC permission to use images of student participating in this program for marketing purposes and/or to report to funding sources on program efficacy (optional).

Signature: _____ Date: _____

SUBMIT FORM VIA EMAIL