



ROC Your Flight

with Arc & TSA

The Arc of Monroe has teamed up with Frederick Douglass-Greater Rochester International Airport (ROC) and TSA to bring to you **ROC Your Flight!**

Roc Your Flight is a travel training program open to community members who would like to gain some experience with the process of flying. The program is held on a Saturday evening and participants are given an introduction to the security process, undergo passenger security screening in the checkpoint, and are able to board a commercial aircraft. This program gives participants an opportunity to become familiar and confident with air travel.

We are proud to offer the next training sessions on:

SATURDAY, May 14th, 2022

SATURDAY, August 6th, 2022

SATURDAY, November 5th, 2022

To register, please complete the attached information sheet and photo release. Trainings are approximately 2 hours in length; time TBD. Once we receive your completed information sheet and photo release, we will send you an information packet to prepare you for the training.

Questions about the program?

Contact Matt Fico at (585) 672-2222 or

MFico@arcmonroe.org

Roc Your Flight Information Sheet

(PLEASE PRINT)

Session you wish to attend (*please pick one*)

May 14th

August 6th

November 5th

Name: _____

(*as it appears on your valid government issued identification*)

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Birthdate: _____ MALE FEMALE

If you are over the age of 18, do you have a valid government issued photo identification that has not expired? Yes No

PLEASE CHECK ANY ACCOMMODATIONS THAT APPLY TO YOU:

Wheelchair

Aisle chair required

Personal manual wheelchair

Onboard wheelchair assistance

Walker/Cane

Blind/Visually Impaired

Deaf/Hard of Hearing

Need a Sign language Interpreter

Traveling with a service animal

Traveling with a mobility or other assistive device (please specify) _____

Do you have any concerns that we need to be aware of (in regards to the airport experience)?

Do you receive services from The Arc? Yes No

If no, do you receive services from any other agency? Yes No

If yes, which agency? _____

Full name of all that are attending with you as it appears on their government issued identification:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Thank you! We will send you a training information packet and more details about parking and directions to the airport meeting room a few days before the session date. **FORMS NEED TO BE SUBMITTED 1 WEEK PRIOR TO THE TRAINING DATE.** PLEASE SEND TO:

THE ARC OF MONROE

ATTN: MATT FICO

2060 BRIGHTON-HENRIETTA TOWNLIN ROAD ROCHESTER, NY 14623

or EMAIL to: MFICO@ARCMONROE.ORG



APPROVED NOT APPROVED

HIPAA Authorization for Use/Disclosure of Information for Publication, Videos and Photos The Arc of Monroe County, A Chapter of NYSARC, Inc.

By signing below, I authorize the disclosure of the protected health information for the individual named on this form as indicated below.

Person's name: _____

What information will be disclosed: *The Arc of Monroe County **may disclose** the following, as pertains to the person named above: first name, photos, videos and other likenesses; quotes, artwork, music, writings, or other creative work; the name of the person's Arc program or residence.*

The purpose of this disclosure is: *The purpose of the use of this information is marketing, fundraising, and raising public awareness of The Arc of Monroe County and its mission while celebrating the achievements of people to display their artwork, music, other creative work, and successes.*

Who will disclose the information: *The Arc of Monroe County and The Arc Foundation of Monroe*

To whom the information will be disclosed: *The general public and media outlets*

When this authorization will expire (by date or event): *This authorization will be in effect until you revoke it or until you leave all services provided by The Arc of Monroe County.*

By signing below:

- I understand that I will not receive any payment or compensation for the use or disclosure of the information about me that I have authorized for publication purposes by signing this document.
- I understand that I can refuse to sign this authorization and that by doing so, services to the person named above cannot and will not be affected.
- I understand that I have the right to revoke this authorization at any time by doing so in writing to the agency's privacy officer. However, to the extent that the previously published information has already been distributed, it will not be possible to stop the continued use of information which has already been made public.
- I understand that this information could be re-disclosed by parties who receive it if they are not bound by state or federal regulations to protect it. The Arc of Monroe County is not responsible for such re-disclosure.
- I acknowledge that the form was completed fully at the time I signed.
- I have reviewed and understand the information on and the intent of this form.

Printed Name

Signature

Date

Relationship to individual listed above:

- Self
- Legal representative of this person (must use the first present on the following list):
- Court-appointed guardian
 - Actively involved spouse
 - Actively involved parent
 - Actively involved adult child
 - Actively involved adult sibling
 - Actively involved adult family member

*****PERSON SIGNING THE FORM MUST RECEIVE A COPY OF THIS FORM*****

A signed copy of this form is to be maintained electronically in the person's main file in PrecisionCare.

AFFORDABLE CARE ACT NON-DISCRIMINATION NOTICE: ENGLISH

The Arc of Monroe County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Arc of Monroe County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Arc of Monroe County:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact please contact the director of your program or service.

If you believe that The Arc of Monroe County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Deanna Crosser, Quality Improvement Director, The Arc of Monroe County, 2060 Brighton-Henrietta Townline Road, Rochester, NY 14623, 585-271-0660 x1685, Fax: 585-672-2230, email: dcrosser@arcmonroe.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Deanna Crosser is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

AFFORDABLE CARE ACT NON-DISCRIMINATION NOTICE: ESPAÑOL

The Arc of Monroe County cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. The Arc of Monroe County no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

The Arc of Monroe County:

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

Intérpretes de lenguaje de señas capacitados.

- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Deanna Crosser, Quality Improvement Director: 585-271-0660 x1685.

Si considera que The Arc of Monroe County no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: Deanna Crosser, Quality Improvement Director, The Arc of Monroe County, 2060 Brighton-Henrietta Townline Road, Rochester, NY 14623, 585-271-0660 x1685, Fax: 585-672-2230, Email: dcrosser@arcmonroe.org. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo. Deanna Crosser, Quality Improvement Director está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Affordable Care Act Non-Discrimination Language Support

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-946-9733

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-946-9733

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-946-9733

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-946-9733。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-946-9733

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-946-9733

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-946-9733 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-946-9733

לאצפא ןופ יירפ סעסיוורעס ףליה ךארפש ךייא ראפ ןאהראפ ןענעז, שידיא טדער ריא ביוא :מאזקרעמפיוא
טפּור 1-866-946-9733

লক্ষ্য করনঃ যিদ আপিন বাংলা, কথা বলেত পারেন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপলব্ধি আছ।
েফান করন 1-866-946-9733 ।

كل رفاوتت ةىوغلل ا ةدعاسملا تامدخ نإف ، ةغلللا ركذا ثدحتت تنك اذإ : ةظوحلم - 1-866-946-9733
مقرب لصتا . ن اجملاب

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-946-9733

سىم تفم تامدخ ىك ددم ىك نابز وك پآ وت ، سىم ىتلوب ودرا پآ رگا : رادربخ
لاک - سىم باىتسد
سىرك 1-866-946-9733

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-946-9733.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-946-9733.