SPECIAL NEEDS AND ASL/CLOSED CAPTION INSTRUCTIONS Goshen 2027

PLEASE NOTE

1. The Center is unable to provide wheelchairs or other medical equipment for personal use. Please bring what you need. For information on local equipment rentals, please see the bottom of this sheet. The suppliers may deliver items to your hotel or motel.
2. You may request seating for one companion by checking the appropriate box. Companions must be able to attend to all the Special Needs guest's needs, including using the restroom. Either male or female companion may accompany the Special Needs guest into the companion restroom. Please do not expect this service from sevadars. Companions must remain with the Special Needs guest at all times and must be able to attend to their needs. Additional family members/friends must enter and sit with the general sangat.
3. Please bring your 2027 Special Needs Access Card with you to each Satsang Program. Those who come without a 2027 Special Needs Access Card will have to stand in line at the Special Needs entry to receive a seating pass.

WHEN AND HOW TO APPLY

1. **You must apply every year for a Special Needs Access Card and Parking Pass** if you wish to attend any Satsang Program where the Master will be present. Please complete the Special Needs Application and return it to your Secretary. If you are not affiliated with a satsang, please submit your application directly to the Satsang Program Center as instructed for secretaries below.
2. **If you have other questions**, please email specialneedsgoshen@gmail.com or call the Special Needs sevadar at 845.607.0075**. Applications submitted after the cut-off date (June 1, 2027) will not be processed.** If you do not have a valid Special Needs Access Card, you must either enter through the general entrance and sit in the general seating area or obtain a Special Needs Access Card at the Special Needs entrance.
3. **For Secretaries and those without a local satsang:** Email the application to specialneedsgoshen@gmail.com.

SPECIAL NEEDS AND MOBILITY-IMPAIRED PARKING RULES

Those with Special Needs Seating Passes may be dropped off at the Special Needs entrance along with their equipment and a companion. Others in the vehicle must enter through the general sangat entrance.

Please Note – While we honor handicap placards from all states, you must still obtain a Special Needs Parking Pass for this program.

ASL, CLOSED CAPTION AND ASSISTED LISTENING SERVICES

Monitors displaying Closed Captioning in English and Americal Sign Language (ASL) will be available. Please submit the ASL/Closed Caption part of the Special Needs and ASL/Closed Caption Applications. You do not need to fill out an application for Assisted Listening.

OTHER CONCERNS

1. The Center will not provide any medications or prescriptions for medications. Those requiring medications or special diets, and those with diabetic condition, blood sugar or allergies are asked to bring what they require.
2. The Goshen site is quite large with walking distances up to 1/4 mile. Those needing assistance walking are requested to bring their own cane, scooter, walker, rollator, or wheelchair.
3. Certified Service Animals are permitted. No Emotional Support Animals allowed.
4. Please check the website: www.goshenprogram.org for last minute updates.

Wheelchair rental in the Goshen area – It is recommended to call to arrange for rental before you arrive.

Home Health Pavilion
5027 Route 9W
Newburg, NY 12550
845.569.1250

Medical Store
78 Brookside Ave., # 139
Chester, NY 10918
845.469.5550

Medi-Fair Home Healthcare Equipment
670 NY-211, Suite 2
Middletown, NY 10941
845.692.2100

SPECIAL NEEDS AND ASL/CLOSED CAPTION APPLICATIONS Goshen 2027

SEATING PASS AND/OR MOBILITY-IMPAIRED PARKING PASS

To obtain Special Needs seating and/or Mobility-Impaired Parking Passes for events during 2027, **please answer every question and return your completed application to your local Secretary by June 1, 2027. For those without a local sangat, please email the application to specialneedsgoshen@gmail.com.**

APPLICANT INFORMATION – PLEASE PRINT CLEARLY

First Name: _____ ☐ Male ☐ Female Birth Year: _____

Last Name: _____ Phone: (_____) _____ – _____

Address: _____ Phone: (_____) _____ – _____

City: _____ Email: _____

State and Zip: _____ *Please print email address clearly.*

Country: _____ Sangat: _____

SPECIAL NEEDS ACCESS CARD SEATING – PLEASE RESPOND TO EVERY STATEMENT

I request wheelchair transport from the entrance to the seat: Yes ☐ No ☐

I will be sitting in my own, or a rental, wheelchair that I will bring with me: Yes ☐ No ☐

I will be sitting in my own, or a rental, scooter: Yes ☐ No ☐

I will bring a companion with me: Yes ☐ No ☐

I will bring an oxygen canister for my use: Yes ☐ No ☐

I will bring a Certified Service Animal: Yes ☐ No ☐

CHOOSE ONLY ONE OF THE FOLLOWING – I will be using:

☐ a Walker ☐ a Rollator Walker ☐ Cane(s)

☐ Crutches ☐ No walking aid required ☐ I prefer to sit with the general sangat

CHOOSE ONLY ONE OF THE FOLLOWING – (Simultaneous Translation is also available in General Sangat seating)

☐ Simultaneous translation (with volume control) into English

☐ Simultaneous translation (with volume control) into Spanish

☐ Assisted Hearing (increased volume only, NO TRANSLATION)

Other aids and/or accommodations or services I will need that are not covered above: _____

ASL/CLOSED CAPTION and ASSISTED HEARING SERVICE – CHOOSE ONLY ONE OF THE FOLLOWING

☐ American Sign Language (ASL) translation

☐ Closed Captioning (CC) in English only

Note that if you require Assisted Hearing, you may sit in the Assisted Hearing or Translation sections of the Hall. You do not need to fill out an application for this service.

HANDICAPPED PARKING AND SHUTTLE SERVICE – PLEASE CHOOSE ONLY ONE OF OPTIONS BELOW

☐ I will be arriving by bus, taxi or Uber/Lyft and will need shuttle service from the parking lot to the Satsang Hall Entrance.

☐ I will be arriving in a personal vehicle and will need a Mobility-Impaired Parking Pass.

☐ I have trouble walking and will need a Mobility-Impaired Parking Pass.

By signing this application form I consent to processing by RSSB-A, RSSB and Science of the Soul®-America and its affiliated societies of the personal data on this application form, to the use of this data to the extent necessary to achieve the purpose of this application and consent to receive email (Please refer to the privacy policy concerning personal data at www.rssb.org). Also, my signature indicates my AGREEMENT to the rules and policies regarding this event:

Applicant's Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____

Secretary's Name: _____ Contact Information (phone or email): _____