



## Waiver Respite Recreation Program:

### **Saturday Community Recreation for Teens and Adults**

The AIM Services' Community Recreation Program is a Waiver Service available to individuals with developmental disabilities who live with their families. This program runs on Saturdays and operates year round.

This program is geared towards active adolescents who would like the opportunity to volunteer in their communities, and to participate in a variety of recreational activities throughout the area. Some activities have included water-tubing, snow-tubing, bowling, festivals, trips to Six Flags, trips to NYC, sporting events, shopping trips, theatre, movies and shows.

This program requires transportation to and from the AIM Office. The program offers a variety of recreational and volunteer experiences, at little to no cost to the family. Activities are coordinated with the consideration of each participant's interests, and trained staff accompany all participants at all times.

To apply to this program, please submit along with your application:

- Current ISP (if not enrolled in CHOICES)
- OPWDD Determination of Eligibility
- Medical Treatment/ Photo Release

**Please return completed form to:**

Audrey Marion  
Community Habilitation and Respite Coordinator  
AIM Services Inc.  
4227 Rte. 50  
Saratoga Springs, NY 12866  
(518) 430-2909 direct line



**AIM Services, Inc.**

### Waiver Respite Community Recreation Program for Teens and Adults

Date of Application: \_\_\_\_\_

<p><b>Participant's Name:</b> _____</p> <p><b>Address:</b> _____ _____ _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Email address:</b> _____</p>
<p><b>Parent/Guardian's Name:</b> _____</p> <p><b>Work Phone:</b> _____ <b>Cell Phone:</b> _____</p>
<p><b>DOB:</b> _____</p>
<p><b>Are you willing to transport to activity or a designated drop off/pick up site?</b> Yes _____ No _____</p> <p><i>*Transportation will be necessary for this program.</i></p>
<p><b>Please list a person to contact in case of emergency <u>other than the parent/guardians</u>, for when a parent cannot be reached.</b></p> <p><b>Name:</b> _____ <b>Relationship:</b> _____</p> <p><b>Phone:</b> _____</p>
<p><b>Service Coordinator:</b> _____ <b>Phone:</b> _____</p> <p><b>Agency:</b> _____</p>

**Is your child receiving any other services (ie. Individual Waiver Respite, Residential Habilitation, Group Respite, Summer Programs or Camp, other Recreation Programs, etc.)?**

**If yes, please list services & their dates/times:**

**Medical:**

**Medicaid #:** \_\_\_\_\_

**Other Insurance:**

**ID #/Group #:**

**Policy Holder:**

**Primary Disability:** \_\_\_\_\_ **Secondary:**

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_ **If yes, which ones:**

**Self Medicating:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Special Considerations:**

**Fears:**

**Behavioral Concerns:**

**Medical or diet related precautions:** \_\_\_\_\_ **If yes, please list:**

**Comfort with long car rides:**

**Aggressive/Abusive (verbally or physically):** \_\_\_\_\_ **If yes, how (be specific):**

**Seizure Disorder:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Wandering:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Toileting Independent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Dining Independent:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Independent Mobility or Adaptive Equipment needed?** \_\_\_\_\_ **If yes, please explain**

**Please indicate preferred activities:**

\_\_\_\_\_ Crafts \_\_\_\_\_ Sporting Events \_\_\_\_\_ Boating/Water tubing

\_\_\_\_\_ Fishing \_\_\_\_\_ Concerts \_\_\_\_\_ Bowling

\_\_\_\_\_ Museums \_\_\_\_\_ Amusement Parks/Fairs \_\_\_\_\_ Horseback Riding

\_\_\_\_\_ Movies \_\_\_\_\_ Parks/ Picnics \_\_\_\_\_ Miniature Golf

\_\_\_\_\_ Shopping \_\_\_\_\_ Swimming \_\_\_\_\_ Other:

**Other interests:**



## Photo Release Authorization

The Saturday Recreation Program is part of AIM Services Respite Program. We publicize our program throughout the year at trainings and conferences. If you want to participate in our effort to help other families learn about our Respite programs please indicate by initializing below.

\_\_\_\_\_ I DO give permission for my child(ren) to be photographed. The pictures may be used for positive publicity related to AIM respite programs.

\_\_\_\_\_ I DO NOT give permission for my child(ren) to be photographed. The pictures may be used for positive publicity related to AIM respite programs.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



## Sunscreen and Bug Spray Consent Form

AIM Services recreation programs participate in many outdoor activities. We encourage families/ individuals to apply sunscreen and or bug spray prior to participation in our recreation programs. Should additional applications be deemed necessary, AIM staff will have sunscreen and bug spray on hand. Please sign below if you give consent for AIM Services staff to reapply sunscreen and bug spray as needed.

\_\_\_\_\_ I **give permission** for AIM Services Staff to apply **sunscreen** as needed to my child.

\_\_\_\_\_ I **give permission** for AIM Service Staff to apply **bug spray** as needed to my child.

\_\_\_\_\_ My child is allergic to some sunscreen. Please use **ONLY** the following brand/type of sunscreen I have provided for my child: \_\_\_\_\_

Individual: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Treatment Authorization

I hereby give consent for the staff of AIM Services Saturday Recreation Program to obtain treatment for \_\_\_\_\_, in case of an emergency.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date