



Owls Respite Program

Date of Application: _____

<p>Participant's Name: _____</p> <p>DOB: _____</p> <p>Address: _____ _____ _____</p> <p>Home Phone: _____ Cell Phone: _____</p>
<p>Parent/Guardian's Name: _____</p> <p>Contact Info: Home Phone: _____ Cell Phone: _____ Other: _____</p> <p>Email address: _____</p>
<p>Child(ren) Requiring Supervision:</p> <p>Name: _____ Sex: _____ Age: _____ Birth Date: _____</p> <p>Name: _____ Sex: _____ Age: _____ Birth Date: _____</p>
<p>Siblings (if age 5-12, able to attend on sibling day for a \$5 fee):</p> <p>Name: _____ Sex: _____ Age: _____ Birth Date: _____</p> <p>Name: _____ Sex: _____ Age: _____ Birth Date: _____</p> <p>Name: _____ Sex: _____ Age: _____ Birth Date: _____</p>
<p>Are you willing to transport to and from the program? Yes _____ No _____</p> <p><i>*Transportation will be necessary for this program.</i></p>

Please list a person to contact in case of emergency other than the parent/guardians, for when a parent cannot be reached.

Name: _____ Relationship: _____

Phone: _____

Care Manager: _____ Phone: _____

Agency: _____ email _____

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: _____

Please describe your child's diagnosis and any special needs:

Allergies: _____

Self-Medicating: Yes _____ No _____

Special Considerations:

Fears: _____

Behavioral Concerns:

Medical or diet related precautions: _____ If yes, please list:

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:

_____ Games:

_____ Painting

_____ Music:

_____ Puzzles

_____ Other:

_____ Movies:

Additional Information:

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

- Current ISP
- Current LCED
- OPWDD Determination of Eligibility
- Medical/Photo Authorization Forms

Please return completed form to:

Ashley Baker - Lead Respite Coordinator

AIM Services Inc.

4227 Rte 50

Saratoga Springs, NY 12866

(518) 430-2242 direct

(518) 587-7236 fax

abaker@aimservicesinc.org



Authorization Agreement

Medical Treatment Authorization

I hereby give consent for the staff of Aim Services Owls Respite Program to obtain treatment for _____, in case of an emergency.

Parent or Guardian's Signature

Date



Photo Release Authorization

The Owls Respite 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.

Child's Name

Parent or Guardian's Signature

Date



Sunscreen and Bug Spray Consent Form

AIM Services recreation programs participate in many outdoor activities. We encourage all families to apply sunscreen/ 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.

Child's Name: _____

Parent/Guardian's Name: _____

Parent or Guardian's Signature

Date