



## **AIM Waiver Respite & Recreation Programs**

### **Teen/Adult Recreation**

Teens ages 12-18

Adults ages 18+

**Monday Music Therapy:** This program is facilitated by Expressive Journeys and is designed for anyone that has a love for music. A variety of instruments are provided for group lessons, music therapy or free play! This program requires transportation to and from the AIM Office.

**Friday Skills Program:** This program focuses on increasing skills such as physical, emotional, social, financial, and overall wellbeing. Participants should be actively involved in the activity to attend. Activities include various types of exercise, cooking, “paint and sips”, gardening, community outreach/volunteering and much more! This program requires transportation to and from the AIM Office or Malta Site.

**Saturday Recreation:** This program is designed for active teens and adults who would like the opportunity to participate in a variety of recreational activities throughout the area. Previous group activities have included snow-tubing, festivals, sporting events, movies, theatres, boat rides, and much more! This program requires transportation to and from the AIM Office. The program offers a variety of experiences, at little to no cost. This program requires transportation to and from the AIM Office or Malta Site.

### **Owls Recreation**

Children ages 5-12

This program is designed for children who would like the opportunity to engage with others and participate in recreational activities. Past activities have included movie nights, cooking, baking, crafts, holiday parties and much more! This program requires transportation to and from the Malta Site.

**Please have your care manager submit along with your completed application and release forms:**

- 2 most current Life Plans
- Service authorization
- NOD
- OPWDD Determination of Eligibility
- Current LCED

**Please return completed forms and application to:**

Korin Karszen – Community Services Program Manager  
AIM Services, 4227 Route 50, Saratoga Springs, NY 12866  
[kkarszen@aimserviceinc.org](mailto:kkarszen@aimserviceinc.org) (518) 832-8817



## AIM Waiver Respite & Recreation Application

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

### Participant's Information

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

Willing to wear a face mask/face shield? (circle one)    Yes    No

### Parent/Guardian Information

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you willing to transport to activity or a designated drop off/pick up site? (circle one)    Yes    No

*\*Transportation will be necessary for most programs.*

### Emergency Contact

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

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

### Care Manager

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



**Is your child receiving any other services? If yes, please list services & their dates/times:**

*ie. Individual Waiver Respite, Residential Habilitation, Group Respite, Summer Programs or Camp, other Recreation Programs, etc.*

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**Medical**

Medicaid # \_\_\_\_\_

Other Insurance: \_\_\_\_\_

ID #/Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

\_\_\_\_\_

Secondary Disability (if applicable): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Is the participant self-medicating? (circle one)    Yes    No



**Special Considerations**

*Please be specific. If none, leave area blank.*

Fears: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aggressive/Abusive (verbally or physically) concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical or dietary precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizure disorder? (circle one)    Yes    No

Comfort with long car rides? (circle one)    Yes    No                      Wandering? (circle one)    Yes    No

Toilet independent? (circle one)    Yes    No                      Dining independent? (circle one)    Yes    No

Independent mobility or adaptive equipment needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all interested Recreation programs:**

- Teen/Adult Monday Music Program                       Little Owls Friday Recreation
- Teen/Adult Friday Skills Group
- Teen/Adult Saturday Recreation

Other interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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/myself.

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

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

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name (*if not own guardian*): \_\_\_\_\_

\_\_\_\_\_  
Participant's (*if own guardian*) or Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Medical Treatment Authorization

In case of an emergency, I hereby give consent for the staff of AIM Services Recreation Programs to obtain treatment for:

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\_\_\_\_\_  
Participant's (*if own guardian*) or Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Media Consent Form & Waiver

We publicize our programs on our website and social media, and throughout the year at trainings and conferences. Participants are always shown in a positive and uplifting way. We never share last names or personal contact information of the participant. Please read the consent below, and sign if you agree to allow us to share pictures and videos.

AIM's website: <https://www.aimservicesinc.org/>

AIM's social media channels:

Facebook: <https://www.facebook.com/AIMServicesInc/>

LinkedIn: <https://www.linkedin.com/company/aim-services-inc/>

YouTube: <https://www.youtube.com/@aimservicesinc>

I \_\_\_\_\_, hereby give consent to AIM Services, Inc. (*Hereinafter AIM*) to take and use photographs/videos. I understand that the intended purpose and use of such images and information is for advertising, marketing, fundraising or promotional purposes of AIM. I hereby waive the right to confidentiality of the information disclosed to the public as contemplated in the release.

I acknowledge that this consent is being made solely for the benefit of AIM and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to AIM from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge AIM and its affiliates, officers, directors, trustees, clinical staff, employees and agents from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to or in any way connected with the use of photographs/videos described herein, and I hereby waive all rights and interest in and to such materials.

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name (*if not own guardian*): \_\_\_\_\_

\_\_\_\_\_  
Participant's (*if own guardian*) or Parent/Guardian's Signature

\_\_\_\_\_  
Date