AIM Waiver Respite (Recreation) Programs

Teen/Adult Recreation

Ages 12+

Monday & Wednesday 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 to try out! This program requires transportation to and from the AIM Office.

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

Children's Recreation

School Breaks Free Play (School Aged): This program provides daytime respite care for school aged participants during school breaks. We provide scheduled activities to keep your child engaged during break. Snacks will be provided, please pack a lunch. We follow the Saratoga School district for breaks. Transportation to and from our STRIVE Site is required.

Please ask your care manager to submit the following documentation with the completed application & release forms:

- 2 most current Life Plans
- NOD.1
- NOD.9
- OPWDD Determination of Eligibility
- Current LCED
- Consent/Authorization Forms Signed or Declined

Please note, once your application and documentation is received, the participant will begin on a trial basis.

Please return completed forms and application to:

Caryn Bidwell – Recreation Supervisor
AIM Services, 4227 Route 50, Saratoga Springs, NY 12866
cbidwell@aimserviceinc.org (518) 338-5647

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): _____

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 is necessary for 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: _____

Does your child receive any other Respite services? If yes, please list service & provider

ie. Individual Waiver Respite, Group Respite, Summer Programs, etc.

_____
_____
_____
_____

Medical

Medicaid # _____
Other Insurance: _____
ID #/Group #: _____
Policy Holder: _____

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 (if yes, please explain what a typical seizure looks like)

_____

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

Adaptive equipment needs: _____

_____

Please check all interested Recreation programs:

___ Teen/Adult Monday/Wednesday Music Program ___ Childrens School Breaks

___ Teen/Adult Saturday Recreation

Other interests: _____

_____

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

Medical Treatment Authorization Form

I hereby give consent for the staff of AIM Services Recreation Programs to obtain treatment for _____, in case of an emergency.

Participant's Name: _____

Participant Signature: _____

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

_____ _____

Participant's *(if own guardian)* **or** Parent/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 available. 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: _____

Participant Signature: _____

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

_____ _____

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