Waiver Respite After School Program:

The AIM Services' After School Program is a Waiver Service available to individuals with developmental disabilities in grades K-12. The program is open Monday-Friday from 2:00pm-5:00pm, during the academic school year. **All families must pick up their child by 5:00pm**.
The After School Program is located at 4255 NY-50, Saratoga Springs, NY, 12866.
The afterschool program follows the calendar of the Saratoga School District, but we do accept outside of that district if able to.
Staff may assist with transporting participants from their school to the Saratoga STRIVE site After School location. Transportation is not provided on half days; we can arrange a drop off time at our Saratoga STRIVE location on half days. A calendar of closure dates will be sent out via email. In the event of a closure due to inclement weather or any other reason an email will be sent.
The program offers a variety of activities such as a playground, music exploration, art classes, yoga programs and more. Activities are coordinated with the consideration of each participant's interests.

To apply to this program, please submit along with the application the following paperwork:

- 2 Current Life Plans
- OPWDD Determination of Eligibility
- Service Authorization (NOD.9)
- HCBS Waiver (NOD.1)
- LCED
- School year calendar that includes your child's school closure dates
- Sunscreen/Bug Spray Form
- Medical Treatment Authorization
- Media Consent Form & Waiver

** Please note, applications will not be considered complete until all required paperwork stated above is submitted. Parents/Guardians, if you are unsure of the required paperwork, please reach out to your Care Manager, as they will have required documents.

Please return completed forms to:

Caryn Bidwell
Recreation Supervisor
By mail: AIM Services Inc.
4227 Rte. 50 Saratoga Springs, NY 12866
Attn: Caryn Bidwell
By email: cbidwell@aimservicesinc.org
If you have any questions or need assistance, please contact me at the following numbers.
(518) 450-2882 office or (518) 338-5647 cellphone

AIM Services, Inc.
Waiver Respite After School Program
Date of Application: _____

Participant's Name: _____

Address: _____
_____
_____
Phone #: _____

DOB: _____ **TABS ID #:** _____
MEDICAID ID#: _____

Parent/Guardian's Name: _____
Work Phone: _____ **Cell Phone:** _____
Email:_____

Parent/Guardian's Name: _____
Work Phone: _____ **Cell Phone:** _____
Email: _____
Who does child live with: _____

School District:_____

Name of School: _____

School Address: _____
_____
_____
School Telephone: _____

School Dismissal Time: _____pm

Days interested in attending: _____

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: _____

Name: _____ **Relationship:** _____
Phone: _____

Care Manager: _____ **Agency:** _____
Phone: _____ **Email:** _____

Medical:

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

Primary Disability: _____ Secondary: _____

Allergies: _____

Medications: Yes or No If yes, which ones:
_____

Self-Medicating: Yes____ No_____
****Please note: staff cannot administer any medications during program hours.**

Willing to wear a face mask/face shield? Yes_____ No_____

Special Considerations: Please list:

Is your child able to communicate verbally: Yes or No
If no, how does your child communicate: _____

Fears: _____

Likes: _____

Dislikes: _____

Dine Independently: Yes _____ No _____
Dining needs/considerations/supports needed: _____

Behavioral/Emotional Supports Needed: _____

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

Seizure Disorder: Yes_____ No _____ **Please note, any seizure lasting more than 5 minutes will result in a 911 call where staff will accompany until a parent or guardian arrive.

Please describe any after care needed or what to look for before or after a seizure:
_____
_____
Comfort with car rides: Yes or No If no, what helps: _____
Does your child require a booster seat: Yes or No
Any special considerations, devices or supports needed while in a vehicle: Yes or No
If yes, please list: _____

Wandering: Yes: _____ No: _____
Does your child have a Project Life Saver bracelet or anklet: Yes or No
If yes, please provide the ID#: _____

Toileting Independent: Yes _____ No ____
If no, what assistance is needed: _____

Independent Mobility or Adaptive Equipment needed? Yes or No
If yes, please explain: _____

Please describe what types of activities your child would benefit from at after school (i.e. need quiet/relaxation, sensory, stimulation):

Please list anything else about your child that staff should know (stimulations, self-engaging behaviors, behavioral concerns, special talents, personal information, etc.)

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

Sunscreen and Bug Spray Consent Form

AIM Services summer program may participate in some outdoor activities. We encourage families to send sunscreen and/or bug spray, if none is provided AIM Services will have products available for use. 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.

_____ **I do not give permission** for AIM Services Staff to apply sunscreen as needed to my child.

_____ I **do not give permission** for AIM Service Staff to apply bug spray as needed to my child.

_____ My child is allergic. Please use ONLY the following brand/type of sunscreen/bug spray I have provided. _____

Individual: _____

Parent/Guardian's Name: _____

Parent/ Guardian's Signature: _____

Date: _____

Medical Treatment Authorization

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

_____ _____

Individual (if own guardian) Date

Parent/Guardian's Name: _____

Parent/ Guardian's Signature: _____

Date: _____