AIM Services Inc. Summer Programming Application

Program Descriptions:

Summer Recreation: Participants ages 6 -21 will utilize FSS funds to attend 1-2 weeks of summer programming. Programming is Monday-Friday and transportation is provided.
This is a community-based group programming. FSS must be included in budget for Self Direction participants. Program acceptance is based on availability, participant's level of supervision in the community, and staffing.

Summer Respite: Participants ages 6 - 21 will utilize approved respite hours to attend 1-2 weeks of summer programming. Programming is Monday-Friday and transportation is provided. This is a community-based programming group. Direct Provider purchased respite must be included in budget for Self Direction participants. Additional weeks may be offered based on availability and funding. Program acceptance is based on availability, participant's level of supervision in the community, and staffing.

Free Play: This is a day of fun to kick off the summer! Free play provides an opportunity for summer participants ages 6 - 21 to spend a day getting to know their summer staff before attending a full week. Approved respite hours or direct provider purchased respite (Self Direction) is needed to attend. Open house for families will be scheduled at the end of one of these days. Open house will not utilize any respite hours. Program acceptance is based on availability, participant's level of supervision in the community, and staffing.

After School: Available to participants ages 6 – 21 needing additional support after summer school hours. Participants will utilize approved respite or direct provider purchased respite (Self Direction) to attend. Programming will be offered for multiple weeks, Monday-Friday at our STRIVE site located at 4255 NY-50, Saratoga Springs. Program acceptance is based on availability, participant's level of supervision, and staffing.

Demographic Information:

Name: _____ Phone Number (Home/Cell): _____

Address: _____

Alternative Address: _____

Parent/Guardian's Name: _____ Email: _____

Work Phone Number: _____ Cell Phone Number: _____

Please circle the above number that is best to reach out in an emergency

Emergency Contact Name (Not Parent/Guardian): _____

Relation: _____ Phone Number: _____

AIM Services Inc. Summer Programming Application

Medical:

Date of Birth: _____ Tabs Number: _____

Medicaid Number: _____

Other Insurance (If applicable): _____ Policy Holder: _____

ID # /Group #: _____
Diagnosis: _____

Allergies: _____

Medications (Yes/No): _____ Specific Medications: _____

Can your child self-medicate? Yes / No Does your child have a seizure disorder? Yes / No

OPWDD Support Services:

Care Management Agency: _____ Care Manager: _____

Phone Number: _____ Email: _____

Do you utilize Self Direction? Yes / No (If yes please fill out below)

Support Broker: _____ Phone Number: _____

Email: _____

Fiscal Intermediary Agency: _____ FI Contact: _____

Phone Number: _____ Email: _____

Please list all other OPWDD Services you utilize:

_____

_____

Summer Program Specifics:

AIM Services Inc. Summer Programming Application

Please circle which Support(s) you are applying for:
Summer Recreation
Summer Respite
Free Play (Daytime Support before Summer Begins)
After School Support

Your Child's Likes/Interests:

_____

_____

Your Child's Fears:

_____

_____

Medical or Dietary Precautions:

_____

_____

Can your child do the following independently:

Utilize the Restroom – Yes / No Dine- Yes / No Ambulate- Yes / No

Adaptive Equipment/Supports Needed:

_____

_____

_____

Supervision level in the community:

_____

_____

_____

Supervision level in a vehicle:

_____

_____

_____

Transportation:

Does your child require any additional seating arrangements (booster seat, car seat, etc)? Yes / No

If yes, please specify the seating arrangement needed: _____

If needed, would you be able to transport your child to a drop/off pick up site? Yes / No

AIM Services Inc. Summer Programming Application

Activities:

Please Circle Preferred Activities:

Crafts Sporting Events Boating/Water tubing Fishing Concerts

Bowling Museums Amusement Parks/Fairs Horseback Riding Movies

Parks/Picnics Miniature Golf Swimming Nature Walks

Other: _____

Swimming Supports Needed: _____

Additional Information:

_____

_____

_____

Schedule:

Please Circle your preferred week(s) for:

Summer Recreation and/or Summer Respite:

Week 1: 7/6/26-7/10/26 Week 2: 7/13/26- 7/17/26 Week 3: 7/20/26-7/24/26

Week 4: 7/27/26-7/31/26 Week 5: 8/3/26-8/7/26 Week 6: 8/10/26-8/14/26

Week 7: 8/17/26-8/21/26 Week 8: 8/24/26-8/28/26

Free Play:

Week 1: 6/29/26-7/1/26

After School Support:

Week 1: 7/6/26-7/10/26 Week 2: 7/13/26-7/17/26 Week 3: 7/20/26-7/24/26

Week 4: 7/27/26-7/31/26 Week 5: 8/3/26-8/7/26 Week 6: 8/10/26-8/14/26

AIM Services Inc. Summer Programming Application

I certify that all the information outlined above is accurate to the best of my knowledge. If any of the information stated changes, I will alert AIM Services Inc. immediately. If my child utilizes Self-Direction, I will work with the Self Direction Team to ensure all necessary paperwork is updated and submitted in a timely manner. If accurate records are not maintained, I may be held liable for the cost of the supports.

Name: _____ Signature: _____

Date: _____

Please return a completed application with the following documentation by **April 24, 2026**:

OPWDD Eligibility Letter
Last two Life Plans
Current Level of Care
Consent forms (included below)
Service Authorization
Self- Direction Budget (if applicable).

Completed applications should be sent to:

Electronic: cbidwell@aimservicesinc.org
Mail: AIM Services Inc ATTN: Caryn Bidwell
4227 Route 50, Saratoga Springs NY 12866

AIM Services Inc. Summer Programming Application

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

AIM Services Inc. Summer Programming Application

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: _____

AIM Services Inc. Summer Programming Application

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: _____