

# Y.E.S.S.

## Youth Education & Summer Socialization

### 2009 Y.E.S.S. PROGRAM REGISTRATION

Enclosed is the following information and forms:

Pages 2-3	2009 Y.E.S.S. Summer Program Information Sheet (Blue)
Page 4-5	Payment worksheet/ Ratio Fee scale (Gold)
Pages 6	2009 Y.E.S.S. Program Registration Form (Green) <b>*FILL OUT*</b>
Page 7	2009 Y.E.S.S. Student Information Form (Green) <b>*FILL OUT*</b>
Page 8	Y.E.S.S. Release Forms & General Info. (Purple) <b>*FILL OUT*</b>
Pages 9-10	Medical Release (Yellow) <b>*FILL OUT*</b>
Pages 11-12	2009 Y.E.S.S. Policies and Procedures (Pink)

#### **In Person Registration**

*All families may need to schedule  
an in person registration time at*

The Arc  
2919 W. 2<sup>nd</sup>

**Please call Mac @ 943-1191**

Bring **ALL** of the attached forms **completed** to the in-person registration, or mail to: The Arc 2919 W. 2<sup>nd</sup> Wichita, KS 67203

**Application & deposit must be received  
at time of registration  
Space is limited!**



**Y.E.S.S. Information: 316-943-1191**

**For FAQ, please check out [www.arc-sedgwickcounty.org](http://www.arc-sedgwickcounty.org)**



## **2009 Y.E.S.S. Program Information**

This is the 21<sup>th</sup> year for the Y.E.S.S Program and it is sponsored by: USD 259, The Wichita Department of Parks and Recreation, The Arc, The United Way of the Plains and Sedgwick County.

### **What is Y.E.S.S.?**

The Youth Education & Summer Socialization Program (Y.E.S.S.) is a 9 week summer program serving students ages 6-21 with developmental disabilities. The program offers a half-day of education in classroom settings; half-day of recreation in the community Monday through Thursdays; and Friday day trips throughout the state. The program is designed to help students retain what they have learned during the school year while developing improved communication and socialization skills.

### **What makes the Y.E.S.S. Program Special?**

The Y.E.S.S. Program offers opportunities that no other program can. Through the unique collaboration between The Arc of Sedgwick County, Wichita's USD 259, The Wichita Department of Parks and Recreation, The United Way of the Plains, and Sedgwick County, Y.E.S.S. can provide education, recreation, and socialization in a community setting.

***There is no other program like Y.E.S.S. in the nation!*** What Y.E.S.S. offers students, families, and the community is a chance to develop friendships, build self-esteem, independence and personal growth

### **Who Is Eligible For The Y.E.S.S. Program?**

- Students who are in MR or MR Categorical classes
- Students must be ambulatory.
- Students must be at least working on toilet training.
- Students must be able to be in control as described in the Y.E.S.S. program policies. These policies apply to all aspects of the Y.E.S.S. program.
- Must be current with all payment
- Must have all needed forms and documents signed and on file at The Arc prior to Y.E.S.S 2008 participation.
- Must be paid in full the Monday of each week
- If space remains; students from outside of USD 259 will be allowed to attend (additional \$10/week)

### **2009 Y.E.S.S. Program Schedule For Weeks 1-8**

#### **Monday through Thursday:**

7:30am-8:15am	Respite centers and transportation to Rea Woodman School by school bus
8:00am-8:30am	Light Breakfast at Rea Woodman
8:30am-11:4 am	Education Classes: 9 Classes according to age and ability
11:45am-12:30pm	Lunch
12:30pm-4:30pm	Recreation & Socialization
4.30pm-5:15pm	Pickup time and afternoon Respite As Needed. at The Arc office.

#### **Fridays & Week 9**

All times the same. No education portion. Recreation from 8:30am-4:30pm.

### **Scholarship Program**

A 2-week scholarship opportunity is available for participants. Scholarships will be given on the basis of NEED. For priority, the student(s) should have been on free or reduced lunches during the 08- 09 school year

### **2009 Y.E.S.S. Program Deposit**

To reserve a spot in the 2009 Y.E.S.S. Program, you must pay a one-week fee program deposit to The Arc (\$150 or more). If you are **ONLY** signed up for the 2-week scholarship and are not attending any more weeks deposit is \$10.00. The program deposit will be used as payment or partial payment for your last week at the 2009 Y.E.S.S. program.

**For answers to frequently asked questions, check out our website:  
[www.arc-sedgwickcounty.org](http://www.arc-sedgwickcounty.org)**

## 2009 Y.E.S.S. Program Information (continued)

### 1. 2009 Y.E.S.S. Program Fees (Education & Recreation)

There are 2 portions to Y.E.S.S. payment. The educational portion ran by USD 259 and the recreational portion ran by The Arc. The Arc will take payments for both portions, however, please make out separate checks for USD 259 and The Arc.

#### **A. Education: USD 259**

\$30.00\* a week for 4 half days of instruction (Mon-Thurs., mornings only)

\*Week 1 & 6 cost \$22.50 due to holidays

*USD 259 Cost for All 8 Week is \$225.00*

#### **B. Recreation: For Students in Sedgwick County - The Arc**

Weeks 1,2, 3, 4, 5, 6, 7, 8      \$150 regular price/\$95 with HCBS Funding

Week 9 Travel week      \$200 regular price /\$110 with HCBS Funding

Non-Sedgwick County    If you are paying regular price, \$10.00 is added to recreation fee each week\*  
If you have HCBS funding, \$5.00 is added to recreation fee each week\*

Non-Arc Members      \$10.00 per week extra added to recreation fee  
*(Arc membership cost \$25 per year, see page 5 for more information)*

**IMPORTANT NOTE ON STAFFING: The “regular” prices above reflect a 1:4 – 1:5 staff ratio. The Arc reserves the right to change a student’s staff ratio at any time. If you DO NOT have HCBS funding but require a ratio smaller than 1:4 for your child please contact The Arc. If you have questions on your eligibility for HCBS funding please contact your case manager!**

### 2. Transportation Sites

Transportation from these sites is provided through USD 259 and School Services & Leasing. A Y.E.S.S. Staff person will be at the Orchard & Edgemoor sites, but not on the bus. The Bus staff may refuse transportation as a disciplinary action if problems arise.

*Note: The respite time at the Recreation Centers is for families who really need it! Please drop your child off in the morning as close to the leave time as possible and pick your child up in the afternoon at The Arc as close to 4:30pm as possible.*

#### Drop-Off/Pick –Up Times

**In The Morning:** 7:30am - 7:55am (Leave Time)

-Orchard Park Recreation Center (**OR**), 3900 West Ninth

-Edgemoor Recreation Center (**ED**), 9th and Edgemoor

-Rae Woodman (**RW**) 7:30A.M. – 8:15A.M. 2500 Hiram

**In The Afternoon:** 4:30pm-5:15pm

*The Arc Office 2919 West Second*

**If a student is going to be late or needs to leave for an appointment please send a signed and dated letter to the Y.E.S.S. Office with child’s group, who will pick them up, and times absent so that we can make arrangements. We will try to make arrangements for call- ins in emergencies, but it is often times very difficult.**

# Y.E.S.S. 2009 Payment Breakdown

## **KEEP THIS FORM**

This worksheet is to assist you in determining your cost for the YESS program.

### 1. Educational Portion:

- Weeks 1-8 (M-Th AM)
- Checks Payable to USD 259

Week 1: _____ (\$22.50)	Week 2: _____ (\$30.00)	Week 3: _____ (30.00)	Week 4: _____ (\$30.00)
Week 5: _____ (\$30.00)	Week 6: _____ (\$22.50)	Week 7: _____ (\$30.00)	Week 8: _____ (\$30.00)

**USD 259 TOTAL:** \_\_\_\_\_

### 2. Recreation Portion:

- Weeks 1-8 on M-Th Afternoons and all day Fridays, Week 9-11 ALL day, ALL Week
- Check Payable to The Arc
- Students Outside of Sedgwick County cost \$10.00 more per week (except \$20 for Camp Pride)
- Non-Arc Members cost \$10.00 more per week

Select One	Outside County \$10 extra	TOTAL	Date Due
Week 1: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/01/09
Week 2: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/08/09
Week 3: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/15/09
Week 4: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/22/09
Week 5: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/29/09
Week 6: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	6/29/09
Week 7: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	7/06/08
Week 8: <u>\$150</u> regular OR <u>\$95</u> with HCBS	+ <input type="checkbox"/> =	_____	7/13/08
Week 9: <u>\$200</u> regular OR <u>\$110</u> with HCBS	+ <input type="checkbox"/> =	_____	7/20/08
<b>RECREATION TOTAL</b>		_____	

Scholarships  
not available  
during  
weeks 9-10

### GRAND TOTAL

ARC REC. TOTAL: \_\_\_\_\_ + ARC MEMBERSHIP (\$25) \_\_\_\_\_

**( TOTAL: \_\_\_\_\_ )**

\*\*\*I understand that I am liable for the payment to both The Arc/SC and USD 259. I understand that The Arc reserves the right to have the parents come pick up their child if payment is not made, that I will be charged for weeks I have registered for if I have not given the requested cancellation notice or other course of action may be taken. Parent/Guardian who will be making Payment:

## Y.E.S.S 2009 Ratio Payment Scale

**Education Weeks 1-8:** USD 259 (\$30) + Arc Activities (\$95) + Arc Staffing (\$Varies by Ratio-this is all HCBS covers)

<b>1:5+</b>	<b>1:4</b>	<b>1:3</b>	<b>1:2</b>	<b>1:1</b>
\$30+\$95+\$55=\$180	30+95+90=\$215	30+95+120=\$245	30+95+180=\$305	30+95+360=\$485

**Travel Week 9:** USD 259 (\$0) + Arc Activities (\$100) + Arc Staffing (\$Varies by Ratio-Covered by HCBS)

<b>1:5+</b>	<b>1:4</b>	<b>1:3</b>	<b>1:2</b>	<b>1:1</b>
\$100+\$100=\$200	\$100+\$160=\$260	\$100+\$210=\$310	\$100+\$310=\$410	\$100+\$610=\$710

### 2009 Y.E.S.S. Program Fees

**USD 259:** \$30.00 a week for 4 half days of instruction (Mon-Thurs., mornings only)  
**The Arc:** \$95.00 a week for Arc members  
 +Staffing\* (Mon-Thurs., afternoons, all day Fri)  
 +\$10 for non Arc members &  
 +\$10 for out of county students  
 \*Staffing cost Breakdown (Weeks 1-8): 1:5+= 55, 1:4=\$90, 1:3=\$120, 1:2=\$180, 1:1=\$360  
 (Weeks 9-10) 1:4=\$150, 1:3=\$200, 1:2=\$300, 1:1=\$600  
**Travel Week #9 is \$200(\$110w/HCBS)**  
 \*\*A \$25.00 Late Fee Will Be Added For Registration After May 2nd.  
**For Membership Information, Contact The Arc at 943-1191**

### Scholarships

Scholarships will be given on the basis of need. For priority, USD 259 students should have been on free or reduced lunches during the 08-09 school year. The fee for a scholarship will be \$10 for two weeks, paid to The Arc. Would you like to apply for a scholarship?  Yes  No

Please select which blocks would work best for you:

Block #1 June 1- June 12                       Block #2 June 15 – June 26   
 Block #3 June 29 – July 10                       Block #4 July 13 – July 24   
 My child can attend any of the blocks

### Plan for payment for Y.E.S.S.:

If you are going to pay weekly, the fee **must** be paid on Monday or the first day of the week your child attends the program. **If you need to cancel a week of camp, you must call the Arc and cancel 2 weeks prior. If do not show up for a week you have registered for and do not cancel, you will be charged the full week's fee.**

Please initial appropriate statements:

Yes, I will Pay \$\_\_\_\_\_. On the Monday of each week  
 Please Bill HCBS (SHC): Case Manager's Name & Tel #: \_\_\_\_\_  
 My Child is on the County BASIS list at the CDDO as of (date): \_\_\_\_\_  
 Other Payment Arrangements \_\_\_\_\_

*Use of HCBS or CDDO funds must be approved before using these funds: contact your case manager.*

# 2009 Y.E.S.S. PROGRAM REGISTRATION FORM

*We are limited to 100 students a week, first come first serve.  
If you are on a scholarship only do not mark the weeks.*

**If you need to cancel a week of camp, you must call the Arc and cancel 2 weeks prior. If do not show up for a week you have registered for and do not cancel, you will be charged the full week's fee.**

**I am registering my child for the following program weeks:**

- |   |   |
|---|---|
| _____ #1 June 1 – June 5                  | _____ #7 July 13– July 17                   |
| _____ #2 June 8 – June 12                 | _____ #8 July 20– July 24                   |
| _____ #3 June 15 – June 19                | _____ #9 July 27 – July 31<br>(Travel Week) |
| _____ #4 June 22– June 26                 |   |
| _____ #5 June 29 – July 3                 |   |
| _____ #6 July 6 – July 10<br>(July 4 OFF) |   |

## Y.E.S.S. STUDENT Personal Information Form (PIF)

Name: \_\_\_\_\_ M / F SS#: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Select on: MR \_\_\_\_\_ MR Categorical \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone (1): \_\_\_\_\_ Work Phone (2): \_\_\_\_\_  
Cell Phone (1): \_\_\_\_\_ Cell Phone (2): \_\_\_\_\_ County \_\_\_\_\_  
E-Mail: \_\_\_\_\_ USD 259 \_\_\_\_\_ other \_\_\_\_\_ Ethnic Back Ground \_\_\_\_\_  
Parents Place of Employment: D \_\_\_\_\_ M \_\_\_\_\_  
Drop-off Site (circle one). **OR ED RW** Pick-Up Person & P#: \_\_\_\_\_ # \_\_\_\_\_  
Other Emergency Contact: \_\_\_\_\_ Emergency No: \_\_\_\_\_  
Seizures: Yes \_\_\_ No \_\_\_ Medications: Yes \_\_\_ No \_\_\_ If 'yes' types: \_\_\_\_\_  
\_\_\_\_\_  
Date of last Tetanus: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Insurance #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

I, hereby appoint The Arc of Sedgwick County as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care treatment of \_\_\_\_\_ for any illness or injury that may occur while such person is in the care or custody of The Arc and while I am not immediately available to give such consent.

\_\_\_\_\_  
**Signature of Parent/Guardian/Participant**

\_\_\_\_\_  
**Date**

## 2009 Y.E.S.S. PROGRAM STUDENT INFORMATION FORM

**This form is very important!** Please complete and return with the registration packet.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ MR \_\_\_\_\_ MR Categorical \_\_\_\_\_

2008/ 2009 School \_\_\_\_\_ Teacher \_\_\_\_\_

***If Your Child Has a Behavior Plan at School please attach a Copy***

Please ask that your teacher submit their evaluation of the child and their needs  
(W/ this Application or mail to The Arc)

**What Level of Supervision is adequate for your child (Regular fee is for 1:4-1:5 ratio)**

1:1 \_\_\_\_; 1:2 \_\_\_\_; 1:3 \_\_\_\_; 1:4 \_\_\_\_; 1:5 \_\_\_\_

What three or four elements of education would you like your child to retain and be enhanced by the summer program: \_\_\_\_\_

What social aspects would you like your child to gain this summer: \_\_\_\_\_

What frustrates your child: \_\_\_\_\_

What should staff do when your child becomes frustrated or angry: \_\_\_\_\_

Does your child have any violent tendencies (describe): \_\_\_\_\_

Favorite hobbies and activities: \_\_\_\_\_

Is your child allergic to anything? Be specific: \_\_\_\_\_

Does your child have seizures: Yes \_\_\_\_\_ No \_\_\_\_\_. Please describe your child's seizures in detail:

Have they ever been hospitalized due to a seizure Yes \_\_\_\_ No \_\_\_\_ If yes, when: \_\_\_\_\_

***Please tell us about your child; include any limitation that your child may have:  
(Please Feel Free to attach any additional information)***

Can your child swim: Yes \_\_\_\_\_ No \_\_\_\_\_ Can they wade \_\_\_\_\_

Due to medical reasons does your child need to wear a life jacket while in and around a pool:

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, **you must** provide the life jacket.



# The Arc RELEASES

## **Appointment of Agent**

I hereby appoint The Arc of Sedgwick County as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care for the treatment of (Participant's Name) \_\_\_\_\_ for any illness or injury that may occur while such person is in the care or custody of The Arc between the dates of May 1, \_\_\_\_\_ and April 30, \_\_\_\_\_. While I am not immediately available to give such consent.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

## **Transportation Consent**

This is my permission to The Arc of Sedgwick County to transport, under supervision, (Participant's Name) \_\_\_\_\_ to places deemed necessary for the interest of the participant and/or in times of medical emergency to the appropriate agency for the period of May 1, \_\_\_\_ through April 30, \_\_\_\_.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

## **Publicity Consent**

I hereby give my permission to The Arc of Sedgwick County and/or United Way to allow the use of (Participant's Name) \_\_\_\_\_ 's name and/or use photographs, audio recording, or video tape of activities in which he/she participates in any appropriate manner during the period of May 1, \_\_\_\_\_ through April 30, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

**We will be taking photos of all the children throughout the summer to put up at Horace Mann during the Y.E.S.S. program and to give to the children at the end of the summer.**

## **Release of Information**

I \_\_\_\_\_ authorize the release of information to be given to:  
(Person Served/Legal Guardian)

The YESS Program  
The Arc of Sedgwick County  
2919 W. Second St.  
Wichita, KS 67203

Please release the following items:

\_\_\_\_\_ Individual Education Plan (IEP)

\_\_\_\_\_ Plan of Care (If Applicable)

\_\_\_\_\_ Other: Information/Conversation sharing between Y.E.S.S. program & participant's case manager at \_\_\_\_\_  
Company Name

\_\_\_\_\_  
Person Served/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

Case Manager Information:

Name: \_\_\_\_\_ Agency \_\_\_\_\_ Phone Number: \_\_\_\_\_



# The Arc of Sedgwick County Medical Examination

PATIENT'S NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

### HAS PATIENT EXPERIENCED ANY OF THE FOLLOWING? (PLEASE CHECK)

- |   |   |
|---|---|
| <input type="checkbox"/> Frequent Headaches           | <input type="checkbox"/> Persistent or Recurring Skin Rashes or Lesions |
| <input type="checkbox"/> Difficulty with Vision       | <input type="checkbox"/> Burning upon Urination                         |
| <input type="checkbox"/> Difficulty with Hearing      | <input type="checkbox"/> Blood in Urine                                 |
| <input type="checkbox"/> Convulsions or Seizures      | <input type="checkbox"/> Nervous Breakdown                              |
| Freq. _____   | <input type="checkbox"/> Heart Attack                                   |
| <input type="checkbox"/> Unusual Irritability         | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Difficulty with Memory       | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Choking on Food/Fluid        | <input type="checkbox"/> Diabetes                                       |
| <input type="checkbox"/> Fainting                     | <input type="checkbox"/> Hypoglycemia                                   |
| <input type="checkbox"/> Unusual Weight Gain or Loss  | <input type="checkbox"/> Hepatitis                                      |
| <input type="checkbox"/> Diarrhea or Constipation     | <input type="checkbox"/> Bed Wetting                                    |
| <input type="checkbox"/> Loss of Appetite             | <input type="checkbox"/> PMS  |
| <input type="checkbox"/> Hemorrhoids                  | <input type="checkbox"/> Fractures (Describe/Dates) _____               |
| <input type="checkbox"/> Frequent Indigestion         | _____   |
| <input type="checkbox"/> Hernia or "Ruptures"         | <input type="checkbox"/> Operations (Describe/Dates) _____              |
| <input type="checkbox"/> Varicose Veins or Leg Ulcers | _____   |
| <input type="checkbox"/> Fever or Night Sweats        | <input type="checkbox"/> Other Hospitalizations (Describe/Dates) _____  |
| <input type="checkbox"/> Cough Producing Blood        | _____   |
| <input type="checkbox"/> Persistent Coughing          | <input type="checkbox"/> Serious Injuries (Describe/Dates) _____        |
| <input type="checkbox"/> Tuberculosis                 | _____   |
| <input type="checkbox"/> Excessive Fatigue            | <input type="checkbox"/> Food Allergies (Specify) _____                 |
| <input type="checkbox"/> Pain in Chest                | _____   |
| <input type="checkbox"/> Shortness of Breath          | <input type="checkbox"/> Drug Allergies (Specify) _____                 |
| <input type="checkbox"/> Asthma or Hay Fever          | _____   |
| <input type="checkbox"/> Swollen Ankles               | _____   |
| <input type="checkbox"/> Arthritis/Swollen Joints     | _____   |

### LAB/IMMUNIZATION RECORD (GIVE LAST DATE ON THE LINE TO THE RIGHT AND ATTACH LAB WORK WHEN POSSIBLE):

T.B. Test _____	Blood Work _____
Negative _____ Positive _____	CBC _____ SMAC _____ VDRL _____
Chest X-Ray (Necessary only for	Tetanus _____
Positive TB or those unable to take	Mumps _____
TB Test)	Measles _____
Negative _____ Positive _____	Rubella _____
Hepatitis B _____	Polio _____
Negative _____ Positive _____	Other _____
DPT/DT _____	_____
U/A _____	_____

Is Patient now under your care or any other Physician? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give nature of condition and plan for treatment: \_\_\_\_\_  
\_\_\_\_\_

### PHYSICAL EXAMINATION (DEVIATIONS FROM NORM SHOULD BE DESCRIBED):

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.      Weight: \_\_\_\_\_ Lbs.      Temperature: \_\_\_\_\_ F  
Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Vision:      Right \_\_\_\_\_ Left \_\_\_\_\_  
            Other Findings: \_\_\_\_\_  
Hearing:      Right \_\_\_\_\_ Left \_\_\_\_\_  
            Other Findings \_\_\_\_\_

Nose: \_\_\_\_\_  
 Throat: \_\_\_\_\_  
 Mouth: \_\_\_\_\_  
 Neck: \_\_\_\_\_  
 Lymphatic Systems: \_\_\_\_\_  
 Breasts: \_\_\_\_\_  
 Lungs: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Cardiovascular System: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Hernia: \_\_\_\_\_  
 Genito-Urinary: \_\_\_\_\_  
 Ano-Rectal: \_\_\_\_\_  
 Nervous System: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Varicose Veins: \_\_\_\_\_

DIAGNOSIS	ICD-9 CODE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Do you have knowledge of substance abuse by this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

PROGNOSIS: \_\_\_\_\_  
 Is the patient's condition expected to exhibit deterioration or improvement?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, In what way? \_\_\_\_\_

Activities to be avoided: \_\_\_\_\_  
 Weight restrictions: \_\_\_\_\_  
 Adaptive Devices: What devices are used and when are they needed? \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS, NON-PRESCRIPTION AND PRESCRIPTION, CURRENTLY BEING TAKEN BY THIS INDIVIDUAL:

Medication	Prescribing Dr.	Purpose	Dosage	Frequency

RECOMMENDATIONS/COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 LICENSED PHYSICIAN

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_  
 PHYSICIAN'S ADDRESS & PHONE NUMBER: \_\_\_\_\_  
 PHYSICIAN'S MEDICAID PROVIDER NUMBER: \_\_\_\_\_

# Policies and Procedures for the Y.E.S.S. Program

## **1.0 Eligibility:**

- The Y.E.S.S. Summer program may be attended by the following special education students:
- Participants must be currently enrolled in a MR or MR Categorical program.
- Able to take care of personal needs (Toileting, Feeding, etc)
- Participants who meet the eligibility requirements are accepted into the program on a first to registers first served basis.

## **2.0 Behavior:**

Program Discipline: A discipline problem arises when a program participant's behavior disrupts the activity and the enjoyment of the other participants. A discipline problem also occurs whenever a participant(s) actions threaten to harm another participant, onlooker, volunteer, staff member or themselves.

*Action:* When a discipline problem occurs the following procedure will occur:

- a) Participant (s) will be removed from the area.
- b) Parent/Guardian will be called and given the following choice:
  - i) Come pick up the participant
  - ii) Allow the participant to remain at the program with the knowledge that the participant will not be allowed to participate in planned activities.
- c) Upon the third discipline problem the participant experiences the parent/guardian will be asked to come get the participant from the program. The participant cannot return to the program until a meeting is held between the parents and The Arc to discuss the problems and develop positive solutions.

A written report about the incident and the action taken will be sent home.. A copy of the report will be kept on file at The Arc of Sedgwick County office.

## **2.1 Behavior:**

### Severe Physical Aggression and/or Biting

When a participant shows severe physical aggression and/or bites another participant, onlooker, volunteer, staff member and/or themselves the following will occur:

*Action:* The participant will be isolated under the watchful eye of a staff member. The parent/guardian will be called and must come and pick up the participant from the program. Before the participant is allowed back in the program a meeting with the parents/guardians will be held to see if the participant can attend the program without showing aggressive behaviors.

A participant who returns to the program and repeats the physical aggression will be immediately removed from the program.

Aggression that results in a bite that breaks the skin of another person: The parent/guardian of the participant who did the biting is responsible for all expenses with any medical bills and/or testing that is not covered by the victims insurance.

## **3.0 Payment:**

Payment for Y.E.S.S. camp is required on Monday or the first day of the week the participant attends the program.

*Action:* If payment has not been made, the parent/guardian will be called to make payment or to come and pick or the participant.

## **3.1 Payments:**

Families will be responsible for payment for all days/weeks they have signed up for regardless if the participant attends camp. If a participant is not able to attend one of the weeks originally signed up for, a parent/guardian must contact The Arc and cancel at least 2 weeks prior.

## **Policies and Procedures for the Y.E.S.S. Program (Continued)**

- 3.2 Payments** Family support Dollars and HCBS funding can only apply to the participant's recreation staffing fee as long as hours have been approved. Families are responsible for all other fees.
- 4.0 Staffing:** The Y.E.S.S. Program offers a staffing ratio of 1:4 - 1:5, that is one staff person per every 4 or 5 students. HCBS or Family Support Dollars can be used to provide a smaller ratio.
- 4.1 Staffing:** Participants requiring a ratio less than 1:4 that do not have HCBS or Family Support Dollars will need to pay a higher Y.E.S.S. fee. Please contact The Arc to find out the weekly cost for a smaller ratio.
- 4.2 Staffing:** The Arc reserves the right to change a student's ratio at any time as needed.
- 5.0 Health:** If a participant is found to have head lice the following procedure will occur:  
The parent/guardian will be called and the participant will be picked up from the program. A note to all program participant families will be sent within 24 hours informing them of the exposure. The participant will be readmitted to the program after they have been treated. The participants hair will be checked daily for reoccurrence until the situation is resolved.
- 5.1 Health:** A participant who is diagnosed with ring worm will be sent home immediately. The participant must go to a doctor to be treated. The participant will only be admitted to the program after program coordinators receive a release from the doctor.  
Program participant families will be notified within 24 hours of the exposure.
- 6.0 Personal Items:** The program sponsors are not responsible for the loss of any personal items. Staff will do all they can to reduce the amount of lost items but families are encouraged not to send expensive items (cell phones, video games, etc.) to the program. All items must be individually marked with the participant's name.
- 6.1 Personal Items:** The program sponsors are not responsible for the loss or damage to participant eye glasses. Staff will try to keep all eye glasses during recreation activities but families are encouraged to send glass straps and have the glasses marked with the participants initials or name.
- 7.0 Transportation:** During the program a student receiving 3 pink slips for misconduct on a USD 259 school bus will be removed from the program's USD 259 transportation for the rest of the program.  
  
A participant who has a discipline problem on the bus and is brought back to the program center will remain at the center until the parent/guardian picks the participant up. A pink slip will be issued for this action.

**By enrolling your child into Y.E.S.S. you are agreeing to the policies and procedures above. If you have questions or concerns relating to other items not listed in above, please contact The Arc at 943-1191**