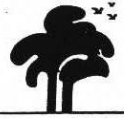




WICHITA PUBLIC SCHOOLS
 "Where every child can learn"
 Unified School District 259
 (Educational Program)
 217 N. Water, 67202 Phone 833-4425



The Arc[™]
 Sedgwick County



Wichita Department of Park and Recreation
 455 North Main/11th Floor
 Phone 268-4638

YESS ALUMNI

Summer Socialization
June 1 – Aug 4, 2017

YESS PROGRAM REGISTRATION

Enclosed is the following information and forms:

- Pages 2 Program Information Sheet / Ratio Fee Scale
- Pages 3-4 Registration Form / PIF – Personal Information Form
- Page 5 Sign Out Authorization Form
- Page 6 Financial Agreement
- Page 7 Release Forms
- Pages 8-9 Medical Release ***Needs Dr. Signature***
- Pages 10-12 Policies and Procedures

All applications must be received by May 5th or there will be a \$25.00 late fee. No Exceptions

Bring **ALL** of the attached forms **completed** to The Arc office or mail to:
 The Arc 2919 W. 2nd Wichita, KS 67203
**Application must be received
 at time of registration!
 Space is limited!**

YESS Information: 316-943-1191

For FAQ, please check out www.arc-sedgwickcounty.org



2017 YESS Alumni Program Information

What is YESS Alumni?

The Youth Summer Socialization Program (YESS) is a 10 week summer program serving adults ages 22-32 with intellectual and developmental disabilities **who have participated in YESS in the past**. This new program offers a full day of recreation on Friday's only. Alumni's are also encouraged to participate in the overnight opportunities that are available. This is great for the participant's as well as much needed respite time for parents/guardians.

Who Is Eligible For The YESS Alumni Program?

Past YESS students ages 22-32.

2017 YESS Alumni Membership Fees:

The YESS program is a support and benefit to The Arc's members. A current \$20.00 Individual Membership is required to attend the YESS Alumni program.

Drop Off & Pick up Times

Drop-Off Times & Locations

In The Morning: Woodman
11:00AM Thursdays
7:30AM-8:15AM Fridays

Pickup Times & Location

In The Afternoon: The Arc Office
4:30pm-5:15pm

If an Alumni member is going to be late or needs to leave for an appointment please send a signed and dated letter to the YESS Office with 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.

YESS Payment Information

You can make payment arrangements including pre-payments for camp, or pay as you go during the summer. If you are going to pay weekly, the fee **must** be paid on the Thursday before the week starts. **If you need to cancel a week of camp, you must call the Arc and cancel 2 weeks prior.** If your Alumni does not show up for a week you have registered for and do not cancel, **you will be charged the full day's price.**

Please initial appropriate statements:

_____ Yes, I will Pay in one payment. Please confirm the total.

_____ Yes, I will pay weekly, the scale below for guidance

_____ Please Bill HCBS or FSD: Case Manager's Name & Tel #: _____

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

YESS 2017 Alumni Ratio Payment Scale

Week 1-8

1:5+	1:4	1:3	1:2	1:1
Thur & Fri - \$90	Thur & Fri - \$125	Thur & Fri - \$165	Thur & Fri - \$200	Thur & Fri - \$235

Week #1,3 & 7 please add \$15.00 for overnight fee if planning on staying overnight, (Example 1:5 week #1=\$105)

Travel Week 9:

1:5+	1:4	1:3	1:2	1:1
\$290	\$315	\$360	\$445	\$705

Week 10 - day camp:

1:5+	1:4	1:3	1:2	1:1
\$250	\$275	\$310	\$395	\$640

2017 YESS ALUMNI PROGRAM REGISTRATION FORM

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

I am registering my YESS Alumni for the following program weeks:

#1 YESS 30 Years of Adventures

_____ Thurs & Fri June 1&2(Overnight)

#2 Beauty and the Beast-The Best of Disney

_____ Thurs & Fri June 8&9th

#3 YESS Week on the Farm

_____ Thurs & Fri June 15&16 (Overnight)

#4 Night at the Museum/Be Kind

_____ Thurs & Fri June 22&23

#5 Harry Potter-Wizards & Dragons/Tulsa Day Trip

_____ Thurs & Fri June 29&30th

#6 YESS in Outer Space

_____ Thurs & Fri July 6&7

#7 Top 40 Hits Across the Decades (Sibling Week)

_____ Thurs & Fri July 13&14 (Overnight)

#8 The Pearl of the Ocean (YESS Homecoming)

_____ Thurs & Fri July 20&21

#9 Travel Week/Oklahoma

_____ Tues-Fri July 25- July 28

#10 Endless Summer Day Camp/All Day Recreation

_____ Mon-Fri July 31 – August 4

2017 YESS Alumni Personal Information Form (PIF)

Name: _____ M / F SS#: _____ Age: _____ DOB: _____

Parent/Guardian: _____ Select one: ID _____ Autistic _____ DS _____

Address: _____ Zip: _____

Home Phone: _____ Dad Work Phone (1): _____ Mom Work Phone (2): _____

Dad Cell Phone: _____ Mom Cell Phone: _____ County _____

E-Mail: _____ Ethnic Back Ground _____

2nd E-Mail: _____ <YESS will use Emails for communication>

Parents Place of Employment: D _____ M _____

Other Emergency Contact: _____ Emergency No: _____

Seizures: Yes ___ No ___ Medications: Yes ___ No ___ If 'yes' types: _____

Date of last Tetanus: _____ Allergies: _____

Doctor: _____ Insurance #: _____ Medicaid #: _____

Doctor Phone Number: _____

Household Income Level

This information is required whether or not you plan to apply for a scholarship for the purpose of United Way Funding which funds our scholarships, volunteers and additional siblings. Check the appropriate line.

_____ < \$10,000 _____ \$10,000 to 14,999 _____ \$15,000 to \$24,999
_____ \$25,000 to \$34,999 _____ \$35,000 to \$49,999 _____ \$50,000 to 74,999 _____ \$75,000+

2017 YESS Alumni Personal Information Form (PIF) (continued)

Name _____ Sex _____ Age _____ ID _____ ID Categorical _____

What Level of Supervision is adequate for your Alumni?

1:1 ____; 1:2 ____; 1:3 ____; 1:4 ____; 1:5 ____

What social aspects would you like your Alumni to gain this summer: _____

What frustrates your Alumni: _____

What should staff do when your Alumni becomes frustrated or angry: _____

Does your Alumni have any violent tendencies (describe): _____

Favorite hobbies and activities: _____

Is your Alumni allergic to anything? If yes, please describe what happens (rash, itching, is it life threatening, etc.):

Does your Alumni have seizures: Yes _____ No _____. Please describe your Alumni's seizures in detail:

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

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

Can your Alumni swim: Yes _____ No _____ Can they wade _____

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

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

2017 YESS ALUMNI SIGN OUT AUTHORIZATION FORM

Alumni's Name: _____

Alumni's will only be released to people who are listed on this form. Please list names of all persons who are authorized to sign out your Alumni (including yourself, spouse, siblings, friends, etc.):

1. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

4. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

5. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

6. Name: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

List two local persons, other than yourself or your spouse, who could be called to pick up your Alumni in your absence.

Parent/Guardian Signature: _____ Date: _____

2017 YESS ALUMNI FINANCIAL AGREEMENT

Missed Weeks

If you cancel the registered week of attendance at least 2 weeks in advance a full refund will be given less a \$25.00 Administrative Fee. If you cancel no later than the Wednesday before the registered week of attendance a full refund will be given less a \$40.00 Administrative Fee. If you fail to cancel by the Thursday before the registered week of attendance no refund will be given. If you haven't paid for that week yet we will bill you. You are responsible for the full week no matter whether your child attended or not - no exceptions. This is because we staff according to registration and require adequate time to complete work schedules for our staff.

HCBS/FSD

It is your responsibility to ensure that your Alumni has sufficient HCBS Units or Family Support Dollars (FSD) required to attend each scheduled week of attendance. ***Failure to obtain enough units or funding will result in you being responsible for the balance unpaid by HCBS or FSD.*** If you're uncertain if your Alumni has adequate Units or Funding please contact your Alumni's Case Manager or your Care Coordinator for verification. HCBS and FSD can only be applied towards the Staffing portion of the weekly fees. The activity and staffing portion is 100% your responsibility. If your Alumni is absent and we are not able to bill HCBS or FSD you are obligated to pay all outstanding fees.

RETURNED CHECKS

A \$30.00 service charge will be added to your account for all returned checks and must be paid before additional weeks can be attended along with the amount of the returned check.

COLLECTION AGENCY

Any account that is given to our collection agency due to non-payment will have a 10% collection charge added to the account. Our collection agency will then collect the past-due amount plus the 10% collection charge.

If you already owe a past due balance to The Arc or our Collection Agency for any of The Arc's programs that amount MUST be paid in FULL prior to being able to register for YESS.

I understand that I am responsible for the payment to The Arc of Sedgwick County. I understand that payment is due in full no later than the Thursday before the week my child is scheduled to attend. I understand that The Arc reserves the right to have the parents come pick up their child if payment is not made and that I will be charged for weeks I have registered my child and fail to provide at least a two week cancellation notice. I also understand that I am responsible for any additional weeks, staffing ratio changes and/or special events that I may sign my child up for at a later date.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF THE ARC AND I AGREE TO BE BOUND BY ITS TERMS. I ALSO UNDERSTAND AND AGREE THAT SUCH TERMS MAY BE AMENDED FROM TIME TO TIME BY THE ARC.

Signature of responsible party

Print name

Date

Alumni's Legal Name:



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 30, 2017 and August 4, 2017, 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 30, 2017 and August 4, 2017.

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 30, 2017 and August 4, 2017.

Signature of Participant/Parent/Guardian

Date

We will be taking photos of all the children throughout the summer to put up at Rea Woodman during the YESSprogram and to give to the children at the end of the summer.

Privacy Policies

I have been given access to The Arc's privacy policies for my review and I understand that The Arc is taking precautions to protect my child's personal information. I can review the polices and print for my records a copy from The Arc's website www.Arc-sedgwickcounty.org with in the programs section

Signature of Participant/Parent/Guardian

Date

Release of Information

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

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

Please release the following items:

_____ Plan of Care (If Applicable)

_____ Other: Information/Conversation sharing between YESSprogram & participant's case manager at _____
Agency 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: _____

2017 YESS Alumni Program Policies and Procedures

1.0 Eligibility:

- The YESS Alumni Summer program may be attended by the following individually or developmentally disabled adults:
 - Past YESS program participants
 - 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 register first served basis.
- Must pay a \$20.00 Individual Arc membership fee.**

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) action(s) 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 are not covered by the victims insurance.

3.0 Payment:

Payment for YESS Alumni program is required by Thursday before the week attended.

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 Administrative Office to notify us of any pre-planned

2017 YESS Alumni Program Policies and Procedures*(Continued)*

absences or changes to enrollment and cancel at least 2 weeks prior.

3.2 Payments

Family support Dollars and HCBS funding can only apply to the participant's staffing fee as long as units/funding has been approved. Families are responsible for all other fees.

4.0 Staffing:

The YESS Program offers a staffing ratio of 1:5 that is one staff person per every 5 Alumni's. A smaller staffing ratio i.e. 1:1, 1:2 etc. can be provided at the State's approved Medicaid rate. HCBS or Family Support Dollars can be used to fund this rate.

4.1 Staffing:

Participants requiring a ratio less than 1:5 that do not have HCBS or Family Support Dollars will need to pay a higher YESS 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 Alumni'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 participant's 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 Arc is 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 Arc is 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 participant's 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.

8.0 Drop Off/Pick Up:

Parents are required to sign the attendance sheet upon arrival and departure. Every Alumni must be signed in/out. Our responsibility begins when you place your Alumni in the care of a staff member and ends when you take him/her from the care of a staff member. Please do not allow your Alumni to wander off unattended or leave the building ahead of you. For safety purposes, only those listed on the enrollment forms as designated person for pick up will be permitted to leave with your Alumni. If a circumstance should arise for someone other than those on your list to pick up your Alumni, you will need to update your list in advance. We will require a Valid ID for identification of an individual we do not recognize. Please inform those you have designated to pick up of our policy.

By enrolling your Alumni into YESS 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

I have read and agree to all the Policies and Procedures of the YESS Alumni program.

Alumni's Legal Name

Signature of responsible party

Print name

Date