



WICHITA PUBLIC SCHOOLS
 "Where every child can learn"
 Unified School District 259
 (Educational Program)
 217 N. Water, 67202 Phone 633-4425



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

YESS

Youth Education & Summer Socialization May 30 – Aug 4, 2017

YESS PROGRAM REGISTRATION

Enclosed is the following information and forms:

- Pages 2-3 2017 YESS Summer Program Information Sheet
- Page 4 Payment worksheet/ Ratio Fee scale
- Pages 5-6 2017 YESS Program Registration Form
- Page 7 2017 YESS Sign Out Authorization Form
- Pages 8-9 YESS Financial Worksheet
- Page 10 YESS Release Forms & General Info.
- Pages 11-12 Medical Release ***Needs Dr. Signature***
- Pages 13-15 2017 YESS Policies and Procedures

**Mandatory Parent Meeting Tuesday, March 14th
 @ The Arc 6:00PM**

**Persons attending this meeting who qualify
 will receive priority for a 2 week scholarship**

**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 parent meeting, or mail to: The Arc 2919 W. 2nd
 Wichita, KS 67203

**Application & deposit 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 Program Information

What is YESS?

The Youth Education & Summer Socialization Program (YESS) is a 10 week summer program serving students ages 5-21 with intellectual and developmental disabilities. The program offers a half-day of education in classroom settings, half-day of recreation in the community (Monday through Thursday), and full day of recreation in the community on Fridays. 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 YESS Program Special?

The YESS 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, YESS can provide education, recreation, and socialization in a community setting. ***There is no other program like YESS in the nation!*** What YESS offers students, families, and the community is a chance to develop friendships, build self-esteem, independence and personal growth

Who Is Eligible For The YESS Program?

- Students who have an intellectual (ID) &/or developmental disability (DD) & receiving Special Education Services.
- Students must be ambulatory. Students must be able to get on and off buses w/ minimal assistance
- Students must be at least working on toilet training.
- Students must not be a threat to themselves or others.
- Students must be current with all payments. Fees must be paid by the Friday the week before attending.
- Students must have all needed forms and documents signed and on file at The Arc prior to participation.
- Students must be a member of The Arc to attend.
- If space remains; students from outside of Sedgwick County will be allowed to attend (additional \$10/week)
- These policies apply to all aspects of the YESS program.

2017 YESS Program Schedule For Weeks 1-8

Monday through Thursday:

7:30am-8:15am	Respite centers and transportation to Woodman School by school bus
8:00am-8:30am	Light Breakfast at Woodman
8:30am-11:45 am	Education Classes: Classes according to age and ability
11:45am-12:30pm	Lunch
12:30pm-4:30pm	Recreation & Socialization
4.30pm-5:15pm	Pickup time at The Arc office (2919 W 2 nd).

Fridays & Weeks 9-10

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 16-17 school year.

2017 YESS Program Deposit

To reserve a spot in the 2017 YESS Program, you must complete the application form, have updated records on file at The Arc and pay a \$300.00 non-refundable program deposit, which includes a family membership to The Arc and a \$250.00 credit, which will be applied to the last week your child is enrolled at YESS Camp.

**For answers to frequently asked questions, check out our website:
www.arc-sedgwickcounty.org**

2017 YESS Program Information (continued)

1. 2017 YESS Program Fees (Education & Recreation)

There are 3 portions to YESS payment. The **Educational portion** is run by USD 259. The **Recreational portion** is run by The Arc. The Arc may receive payments for both portions, however, **please make out separate checks for USD 259 & The Arc.**

A. Education: USD 259

\$34.00 a week for 4 half days of instruction (Mon-Thurs., mornings only)

Week 1 cost \$25.50 and week 6 cost is \$25.50 due to holidays

USD 259 Cost for All 8 Week is \$255.00 (If you pay in full by on or before May 30th total due for all 8 weeks is a discounted rate of \$225.00)

B. Activity & Staffing: For Students in Sedgwick County - The Arc

Weeks 1 \$180 at a 1:5 Ratio cost /\$115 with HCBS Funding

Weeks 2- 8 \$195 at a 1:5 Ratio cost /\$125 with HCBS Funding

Week 9 Travel week \$290 at a 1:5 Ratio cost /\$185 with HCBS Funding

Week 10 Rec Week \$250 at a 1:5 Ratio cost/ \$150 with HCBS Funding

(The amounts are based on a 1:5 ratio. Refer to page 4 for more information)

Non-Sedgwick County: If you are paying regular price, \$10.00 is added to recreation fee each week

The YESS program is a support and benefit to The Arc's members. A current membership is required to attend the YESS program. If attending the YESS program on a two week scholarship only, the required membership fee will be waived for those two weeks.

IMPORTANT NOTE ON STAFFING: The Arc provides staffing at a 1:5 ratio unless greater supervision is required. Additional staffing is based on the costs set by the State's Medicaid program. 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 1:5 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 are provided through USD 259 and First Student. A YESS Staff member 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 Times & Locations

In The Morning: 7:30am -7:45

-Orchard Park Recreation Center (**OR**), 4809 West Ninth

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

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

Pickup Times & Location

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

The Arc Office 2919 West Second

If a student is going to be late on a future date or needs to leave for an appointment please send a signed and dated letter to the YESS 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.

YESS Payment Information

YESS fees are broken into three portions. An **Education fee** paid to USD 259, an **Activity fee** (food, admission, transportation etc.) and a **Staffing fee**. EVERYONE pays an activity cost. Your staffing fee is based on the level of supervision required i.e. is a staff member hired to staff your child alone? If you have funding available (HCBS-Supportive Home Care or Family Support Dollars), it can be used to cover the staffing fee.

A one-time deposit of \$300 is due with registration, which \$250 will be applied to your last week registered. You can pay for camp in one payment. 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 child does 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 in one payment. Please confirm the total.
- _____ Yes, I will pay weekly, see the scale below for guidance
- _____ Please Bill HCBS or FSD: Case Manager's Name & Tel #: _____
- _____ Other Payment

Arrangements _____

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

YESS 2017 Ratio Payment Scale

Education Week 1: USD 259 (\$25.50) **Education Week 2-8:** USD 259 (\$34) +Arc Activities (\$125)+Arc Staffing (\$Varies by Ratio-this is all HCBS covers)

Week 1 (Short due to Memorial Day)

1:5+	1:4	1:3	1:2	1:1
25.50+115+65=205.50	25.50+115+80=\$220.50	25.50+115+115=\$255.50	25.50+115+155=\$295.50	25.50+115+310=\$450.50

Weeks 2-8

1:5+	1:4	1:3	1:2	1:1
34+125+70=\$229	34+125+95=\$254	34+125+125=\$284	34+125+185=\$344	34+125+365=\$524

Travel Week 9: USD 259 (\$0) + Arc Activities (\$185) + Arc Staffing (\$Varies by Ratio-Covered by HCBS)

1:5+	1:4	1:3	1:2	1:1
185+105=290	185+130=315	185+175=360	185+260=445	185+520=705

Week 10 - day camp: USD 259 (0) + arc activities (\$150)+ Arc Staffing (\$Varies by Ratio-Covered by HCBS)

1:5+	1:4	1:3	1:2	1:1
150+100=250	150+125=275	150+160=310	150+245=395	150+490=640

Scholarship Application

Student Name _____ Was the student on free or reduced lunches? Yes / No

Scholarships will be given on the basis of need. For priority, USD 259 students should have been on free or reduced lunches during the 16-17 school year. Please bring in documentation from your school that your child was on Free and Reduced Lunches. The fee for a scholarship will be \$10 for two weeks, paid to USD 259.

Would you like to apply for a scholarship? _____ Yes _____ No



Please select which blocks would work best for you:

- Block #1 May 30- June 9 _____
 - Block #2 June 12 – June 23 _____
 - Block #3 June 26 – July 7 _____
 - Block #4 July 10 – July 21 _____
- My child can attend any of the blocks _____

Families with multiple students in the YESS program may receive a weekly fee reduction scholarship. _____ Yes, I am enrolling:(names) _____

2017 YESS PROGRAM REGISTRATION FORM

*We are limited to 125 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 your child does not show up for a week you have registered for and you do not cancel, you will be charged the full week's fee.

I am registering my child for the following program weeks:

- | | |
|--|--|
| _____ #1 May 30 – June 2(Overnighter)
YESS 30 Years of Adventures | _____ #6 July 3– July 7 (No Program on July 4)
YESS in Outer Space |
| _____ #2 June 5 – June 9
Beauty and the Beast-The Best of Disney | _____ #7 July 10– July 14 (Sibling Week) (Overnighter)
Top 40 Hits Across the Decades |
| _____ #3 June 12 – June 16 (Overnighter)
YESS Week on the Farm | _____ #8 July 17 – July 21
The Pearl of the Ocean |
| _____ #4 June 19-June 23
Night at the Museum/Be Kind | _____ #9 July 24– July 28
YESS Homecoming 2017 |
| _____ #5 June 26-June 30
Harry Potter-Wizards & Dragons | _____ #10 July 31 – August 4
All Day Recreation |

YESS STUDENT 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: _____ USD 259 _____ other _____ Ethnic Back Ground _____

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

Parents Place of Employment: D _____ M _____

Transport from (circle one). OR ED W Butler Wellington Chisholm USD 259 ESY Program _____

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 #: _____

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 PROGRAM STUDENT INFORMATION FORM

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

Name _____ Sex _____ Age _____ ID _____ ID Categorical _____

2016/2017 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

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? If yes, please describe what happens (rash, itching, is it life threatening, etc.):

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.

SIGN OUT AUTHORIZATION FORM YESS 2017

Child's Name: _____

Children 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 child (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: _____

Parent/Guardian Signature: _____ Date: _____

YESS Financial Worksheet

This worksheet is to assist you in determining what your cost could be for your child to attend The Arc's YESS program.

\$300 deposit is required unless attending on a 2 week scholarship only.

Week 1: Staffing Costs (Short due to Memorial Day)

1:5+	1:4	1:3	1:2	1:1
\$65	\$80	\$115	\$155	\$310

Weeks 2-8: Staffing Costs

\$70	\$95	\$125	\$185	\$365
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Travel Week 9: Staffing Costs

\$105	\$130	\$175	\$260	\$520
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Week 10 - day camp: Staffing Costs

\$100	\$125	\$160	\$245	\$490
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	Recreation Portion		Outside County		TOTAL	Date Due (Thur.)
<i>Activity Cost + Staffing Cost (above)</i>			\$10 extra			
Week 1: <u>\$115</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	5/25
Week 2: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	6/1
Week 3: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	6/8
Week 4: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	6/15
Week 5: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	6/22
Week 6: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	6/29
Week 7: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	7/6
Week 8: <u>\$125</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	7/13
Week 9: <u>\$185</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	7/20
Week 10 <u>\$150</u> + _____ = _____			+ <input type="checkbox"/>	=	_____	7/27
YESS TOTAL					_____	

Scholarships
not available
during
weeks 9-10

YESS 2017 FINANCIAL AGREEMENT

In order to reduce confusion and misunderstanding between our clients and The Arc, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with the Finance Department or the Special Projects Department. We are dedicated to providing the best possible care and service to your child and regard the complete understanding of your financial responsibilities as an essential element of the success of the YESS program.

Unless other arrangements have been made in advance by you, full payment is due by the Thursday before each week of attending YESS. For your convenience, we will accept cash, check or money order, VISA, MasterCard, Discover and online payments at www.arc-sedgwickcounty.org.

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 child 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 child has adequate Units or Funding please contact your child'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 child 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

Students 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, USD 259 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 Woodman during the YESS program 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:

_____ Individual Education Plan (IEP) _____ 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)

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

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

T.B. Test, Chest X-Ray, Hepatitis B, DPT/DT, U/A, Blood Work, CBC, SMAC, VDRL, Tetanus, Mumps, Measles, Rubella, Polio, Other

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: _____
 LICENSSED PHYSICIAN

PHYSICIAN'S PRINTED NAME: _____

PHYSICIAN'S ADDRESS & PHONE NUMBER: _____

PHYSICIAN'S MEDICAID PROVIDER NUMBER: _____

Policies and Procedures for the YESS Program

1.0 Eligibility:

- The YESS Summer program may be attended by the following special education students:
- Participants must be currently enrolled in a ID or ID 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 register first served basis.
- Must pay a \$50.00 family 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 camp 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 (Telling a YESS staff member is not sufficient) and cancel at least 2 weeks prior to avoid administrative or no show fees.

Policies and Procedures for the YESS Program (Continued)

- 3.2 Payments** Family support Dollars and HCBS funding can only apply to the participant's staffing fee for hours attended and 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 students. 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 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 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 child must be signed in/out. Our responsibility begins when you place your child 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 child 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 child/children. If a circumstance should arise for someone other than those on your list to pick up your child/children, 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. In the mornings you will need to sign your child in at the USD259 facility and sign them out in the evening during pick form The Arc.

By enrolling your child 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 program.

Students Legal Name

Signature of responsible party

Print name

Date