FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian,

We are pleased to receive your registration to enroll your child in the Gateway Region YMCA Y Club and/or camp Program. Please make sure to indicate all programs that your child will be enrolled in for the next year as these forms are valid for the full year.

You are receiving this packet because you indicated on your branch enrollment form that your child has an IEP, a Section 504 Student Accommodation Plan and/or a Behavior Management Plan, or you indicated on your child's Health History that he/she has been diagnosed with one of the conditions listed. According to our licensing standards, we are **required** to have these additional documents on file, along with some additional information included with this packet.

Please check to make sure that all of these documents are returned to the YMCA branch where your child is enrolled. Please **do not** hand in this paperwork at your child's Y Club/Camp site. These forms are in addition to the forms that you are required to fill out at your local YMCA branch to enroll your child in the program.

The beginning of each new program is always a busy time, so make sure to register EARLY. We process applications on a first come first served basis.

<u>The included forms and IEP, Section 504 Student Accommodation Plan and/or Behavior Management Plan ***must*** be turned in to the YMCA to be processed prior to starting the program</u>.

BE ADVISED: because of the volume of children we service, it can take up to two weeks to process this paperwork from the time it is turned in.

Once we receive the packet with the supporting documentation, we review it then forward the information to the appropriate program site, where it will be kept appropriately secured according to HIPAA guidelines. Please be advised that this paperwork is to be filled out **annually**. However, the paperwork required of returning participants is very brief.

Thank you again for your interest in our programs. Please be assured that we will make every effort to meet your child's needs. If I can be of further assistance, please contact me at 314-678-0162 or send an email to mwhite@ymcastlouis.org.

Sincerely,

Meghan White

Meghan White
Children's Services Coordinator

Enclosures

<u>Inclusion Services New Participant Checklist</u>

Name:_____

If your child has been given an IEP, 504 Plan, or Behavior Management Plan we are required to have a copy of it. There are NO exceptions to this requirement!

- We process applications on a first come first serve basis.
- Turning in an incomplete packet will significantly delay your child's participation in our programming.
- Paperwork will not be reviewed until we have all of the following documents.
- Please place a check next to each document you will be turning in.

_____ **Inclusion Services New Participant Information Form, including your child's social security number**

(Because of the scope of children we serve, these documents are not diagnosis specific. If a question does not apply to your child please write n/a on that question. We are required to collect your child's social security number by our funders, to ensure services are not being duplicated. Once received these forms are kept confidential in a locked area)

_____ **Complete IEP, Section 504 Student Accommodation Plan and/or Behavior Management Plan**

(IEP's must be turned in annually since they are reviewed and often revised on a yearly basis. If the plan is in the process of being rewritten and you have not received an updated copy yet, please note that below.)

_____ **Medical Verification Form**

For new participants the medical verification form must be turned in unless your child only has an educational diagnosis. In such cases please write educational diagnosis on the medical verification form and turn it in. If your child's IEP/504 plan states a medical diagnosis has been made it must be noted on the medical verification.

_____ **Regional Center/Department of Mental Health (DMH) Verification Form**

(If your child is not a client of the Regional Center/Department of Mental Health, please write n/a on this form and turn it in.)

_____ **Information Release Form, Pre-survey, and Checklist**

Please sign and date this checklist acknowledging that you have turned in all required paperwork. Include this document with the paperwork you are turning in.

_____ _____

Parent/Guardian Signature **Date**

If you are not turning in one of the above required forms please let us know why

What happens next:

Name:_____

- The Inclusion Services Department will evaluate your child's staffing needs based on the paperwork provided. There are three different levels of support offered. After the staffing level is assessed by the Inclusion Services Department, the information will be forwarded on to the branch. The child may be placed on the waiting staff/"shadow" assignment list if there is not staff already in place.

- Parents will be notified with a start date and name of the "shadow" who will be working with the child. Notification will come from the branch Program Director where you are registered for child care/camp.

- If we determine your child **will not** need a "shadow", no intake conversation will be needed and you will be notified by the branch Program Director where you are registered for childcare/camp.

- While we are constantly in staff recruiting mode, on occasion, an **extended amount of time is required to secure the best match between a child and "shadow" (a minimum of 2-3 weeks). Early registration is tremendously important to allow sufficient time for this step.**

INCLUSION SERVICES INTEGRATED CAMP AND Y Club

Program Purpose for Inclusion Services Department: To ensure inclusion into YMCA childcare and camp programs for children with a diagnosis, through added support staff when needed, and to provide additional training and consultation with existing branch staff.

The YMCA offers recreational programs. Although your child's growth and development is our top priority, we do not offer therapeutic levels of intervention or reporting. Progress notes should not be expected as they are outside our scope of services. We are not providing clinical levels of intervention. We do provide fun experiences in a safe and healthy environment.

The Inclusion Services Department

- Reviews the Inclusion Packet and IEP, Section 504 Student Accommodation Plan and/or Behavior Management Plan.
- Distributes information to the branches as required by funders and licensing agencies.
- Helps to ensure the child's successful participation in the YMCA programs.
- Assists with the training of support staff.
- Conducts periodic site visits with staff and participants, giving recommendations as needed.

Your Local YMCA Branch

- Receives program fees, enrollment packets and Inclusion forms.
- Hires and supervises your child's support staff/"shadow" if applicable.
- Grants scholarships for families who are in need of financial assistance.
- Supervises the day-to-day operation of your child's program site.
- Is your main contact for your child's program/staffing questions and concern.

Gateway Region YMCA
Inclusion Services Information Form

Name:_____

Year: _____

Program: (Please Circle)

SUMMER CAMP **BOTH** **Y Club**

Participant's Name:_____

Address:_____

City:_____Zip Code:_____ Phone: _____

County of Residence: _____Race: _____

Date of Birth:_____ Age:_____ Sex: M F

Child's Social Security Number ***(required)***:_____

What is your child's diagnosis: _____

School District Child Attends: _____

Location of Y Club/Camp Program: _____

Dates of enrollment: _____

What time will you be dropping and/or picking your child up?
Drop off: _____Pick up: _____

Has your child participated in a YMCA program before? YES NO

If yes, what program? _____

Is your child a client of the Regional Center? YES NO (if yes, please complete the following question)

Regional Center/DMH ID# ***(must complete if applicable)***: _____

PARENT/GUARDIAN INFORMATION:

Name:_____

Parent/Guardian: _____ Parent/Guardian: _____

Employer: _____ Employer: _____

Work Number: _____ Work Number: _____

Cell/pager Number: _____ Cell/pager Number: _____

E-mail address: _____ E-mail address: _____

Does the child reside with the person filling out this application? YES NO

If not, please list name, address, and phone number of parent/guardian of the child: _____

_____

MEDICAL INFORMATION:

Adaptive Equipment: YES NO
(e.g. Wheelchair, walker, hearing aides, braces, communicative devices, etc.)

Special Instructions/Details:_____

_____

Communication Skills: Verbal Sign Gestures Nonverbal
Explain (How does he/she make wants/needs known?)

_____

_____

Seizures: YES NO Type: _____Frequency: _____

Special Instructions:

_____

_____

Medications:_____

Side effects to Medications: _____

Does your child have any special diet/feeding needs:

_____

Name:_____

PERSONAL SKILLS

Toilet Trained: YES NO

(circle one) Independent Supervised Total Assistance

Explain: _____

_____

If you have a daughter, has she started her period (if yes, please answer the next question)? YES NO

Can she take care of her personal hygiene needs? YES NO

Explain:_____

Any ***behavioral concerns*** that we need to know about to successfully serve your child: _____

_____

_____

_____

_____

_____

Is there anything that may consistently upset or trigger negative behaviors from your child?

_____

_____

Does your child have any fears that we should be aware of?

_____

Are there any positive reinforcers or motivators you find work well for your child?

_____

_____

Does your child enjoy being in the water/swimming? (camp only)

_____

Name:_____

If riding the bus (camp only), does your child enjoy bus rides?

_____

Have there been any major changes in your child's life recently?

_____

Does your child receive additional support at school?

_____

CHILD'S SOCIAL INTERACTION SKILLS

How does your child interact with other peers? Does he/she enjoy participating in group activities?

_____

_____

How does your child interact with authority figures?

_____

_____

How well does your child follow directions? Please explain:

_____

_____

Please sign and date here stating that the information you have given is the most current and factual information possible.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name Printed

****

Office Use Only:

Date Received at Branch:_____

Read by at the branch/site:

Name: _____ Date: _____

Name: _____ Date: _____

Name:_____

YMCA INCLUSION SERVICES DEPARTMENT

INFORMATION RELEASE FORM

Child's Name:_____

Birth Date:_____

Address:_____

Social Security # (required):_____

I hereby give my permission to the YMCA of Greater St. Louis, Inclusion Services, to obtain/release information to/from the following:

1.0 Regional Center/Department of Mental Health (DMH), if applicable

2.0 Your child's appropriate school personnel

3.0 Division of Family Services (DFS), if applicable

4.0 Funding sources, as required (Local SB40 Boards)

5.0 Appropriate YMCA staff

6.0 Your child's physician/relevant medical personnel

7.0 All relevant Case Managers

Please complete addresses and phone numbers of the school, case managers, social workers and therapists/physicians to enable us to obtain this information in a timely manner.

DMH and/or other Case Managers: _____

DFS Social Worker: _____

Classroom Teacher: _____

Therapists/Physicians: _____

The photo static copy of this release shall be as valid as the original. This release of information will expire one year from the date this release is signed.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name Printed

Name:_____

This form is to be mailed/sent out by THE PARENT to the physician

INCLUSION SERVICES DEPARTMENT
MEDICAL VERIFICATION FORM

Dear Dr._____:

_____is enrolling in one of our inclusive YMCA programs.
(Participant's name)

Birth date: _____

Social Security Number (**required**): _____

****

Diagnosis:
_____

Adaptations/Concerns:
_____

_____

Please indicate the substantial functional limitations for the above named child:

- ☐ Capacity for Independent Living
- ☐ Receptive and Expressive Language
- ☐ Learning
- ☐ Self Care
- ☐ Mobility
- ☐ Self Direction or Economic Self Sufficiency

Doctor's Address: _____

Doctor's Phone
Number:_____

Doctor's Name Printed: _____Date: _____

Doctor's
Signature:_____

Name:_____

This form is to be mailed/sent out by THE PARENT to
the Regional Center Case Manager

INCLUSION SERVICES DEPARTMENT
REGIONAL CENTER/DEPARTMENT OF MENTAL HEALTH
VERIFICATION FORM

Dear Case Manager:

_____ is enrolling in one of our inclusive YMCA programs.
(Participant's name)

Birth date: _____

Social Security Number (**required**): _____

****

Diagnosis:
_____

Adaptations/Concerns:
_____

_____

Please check the substantial functional limitations for the above named child:

- ☐ Capacity for Independent Living
- ☐ Receptive and Expressive Language
- ☐ Learning
- ☐ Self Care
- ☐ Mobility
- ☐ Self Direction or Economic Self Sufficiency

Case Manager's Name Printed: _____ Date: _____

Case Manager's Signature: _____ Work #: _____

Child's Regional Center ID #_____

PLEASE INCLUDE ONE OF THE FOLLOWING Documents as required by our funders:
_____ CIMOR diagnosis access list
_____ Letter of Eligibility Determination
_____ or DMH Client Profile Form

GATEWAY REGION YMCA
INCLUSION SERVICES
PRE-SURVEY

Program Attended:_____ Year:_____

Name:_____

Please complete this survey in as much detail as possible. Thank You!!

1.) How did you hear about the Inclusion Services Department?_____

_____

2.) Did you find the application process helpful? YES NO
Comments:_____

_____

3.) If this service was NOT available to you, would this have changed your ability to focus on employment, education, or job readiness training? YES NO

4.) What would you do if this service were NOT available? Please explain in detail:

_____

_____

5.) In the past, have you had to rely on family members/friends to take care of this child?
YES NO

6.) Is your child a client of the Regional Center (Department of Mental Health)?
YES NO

If no, why not?
_____

_____

7.) Does the prospect of receiving support services-respite, summer program, after school program, day care support, adaptations, etc. reduce your family's stress?
YES NO

8.) Do you have other children enrolled in the YMCA? YES NO

9.) If you answered "NO" in Question #7, then would this create an opportunity for you to be able to have other children participate in some type of recreational program/service this year? YES NO

YMCA Childcare

Click on the sun for link to our website