



## ***Application for Life Enrichment Adult Program***

**Welcome to The Arc of San Antonio. We are pleased you are interested in applying for admission to the Arc's Life Enrichment Adult Program. In order for us to best serve you, your family member, or the individual you represent, we ask that the attached packet be completed prior to admission.**

**If you require additional information or assistance in completing the application please contacts the program coordinator or the Director:**

Jennifer Tarr

Life Enrichment - Director of Day Activity Services for the West Avenue Location

(210) 490-4300 x119

[jtarr@arc-sa.org](mailto:jtarr@arc-sa.org)

Brooke Kearney

Life Enrichment – Assistant Director of Day Services & Child Care Director for the West Avenue Location

(210) 490-4300 x130

[bkearney@arc-sa.org](mailto:bkearney@arc-sa.org)

Anna Garcia

Life Enrichment - Director of Day Activity Services for the Wurzbach Location

(210) 682-4200 x201

[agarcia@arc-sa.org](mailto:agarcia@arc-sa.org)

Arcy Muniz

Life Enrichment – Assistant Director of Day Services & Child Care Director for the Wurzbach Location

(210) 682-4200 x204

[amuniz@arc-sa.org](mailto:amuniz@arc-sa.org)

# Thank you!

## *The Arc of San Antonio*

*The Arc of San Antonio's Life Enrichment – Adult Program was started in February of 1998. Since that time it has continued to grow with total enrollment in excess of 170 participants. The Arc offers programming to individuals with all levels of mental retardation and developmental disabilities. Most of our participants could be successful anywhere they choose to participate but have chosen The Arc. We also give most individuals a chance to be successful even if they are not suited for or have been unsuccessful in other programs. We provide an opportunity for those individuals with more challenging behavioral, social and personal care needs.*

*Participants of the Arc's Life Enrichment – Adult Program are offered a wide variety of programming opportunities all based on their unique needs and abilities. Programming may range from enhancing very basic self-help and social skills to developing community integration and vocational skills. Training takes place both in a classroom setting and in real life environments like a movie theater or restaurant.*

*As the need for services grow, The Arc continues to improve existing services and offer new program options. In the summer of 2004 the Arc launched the Life Enrichment – Young Adult Program. This program is aimed at meeting the unique needs of individuals with developmental disabilities aged 16 to 26; many of whom are still in high school or have just graduated. For this group the transition from high school can be challenging and frightening at the same time. The Arc wants to help make that transition a little easier.*

*Many residents of San Antonio have found the Arc to be the best program for them.*

*The Arc offers the following to participants of the Life Enrichment – Adult and Young Adult Programs:*

- *enhance already acquired skills and teach new skills;*
- *opportunities for pre-vocational and job skills training;*
- *involvement in contract and volunteer work;*
- *unduplicated services, offering opportunities when other programs won't;*
- *help for individuals needing maximum assistance with self-help and personal care needs;*
- *dealing with challenging behaviors;*
- *social interaction with peers;*
- *participation in community integration activities like going to the movies, bowling or out to eat;*
- *involvement with a variety of volunteer groups from area schools and businesses;*
- *Two newly renovated facilities convenient to theaters, shopping, dining and recreational locations; and*
- *a dedicated, experienced, well trained staff who keeps participant safety and well being in the forefront.*

*The Arc also offers Case Management and Life Enrichment – Child, an after school childcare program. Please see staff directory on whom to contact regarding questions about these programs.*

*The Arc offers the following volunteer opportunities:*

- *hands-on client and classroom interaction;*
- *servicing as a chaperone during community outings;*
- *assisting with office / clerical duties; and*
- *participating in clean-up / fix-up projects*

## Staff Directory and Important Contacts:

<b>President/CEO</b>	Steve Enders	(210) 490-4300 Ext. 102 senders@arc-sa.org
<b>Vice President/CFO</b>	Susan Henderson	(210) 490-4300 Ext. 118 shenderson@arc-sa.org
<b>Development Director</b>	Beth Green	(210) 490-4300 Ext. 127 bgreen@arc-sa.org
<b>Development Coordinator</b>	Jolyn Bragg	(210) 490-4300 Ext. 104 jbragg@arc-sa.org
<b>Director of Day Activity Services West Avenue</b>	Jennifer Tarr	(210) 490-4300 Ext. 119 jtarr@arc-sa.org
<b>Director of Day Activity Services Pam Stephens Center</b>	Anna Garcia	(210) 682-4200 ext. 201 agarcia@arc-sa.org
<b>Assistant Director of Day Services &amp; Child Care Director - West Avenue</b>	Brooke Kearney	(210) 490-4300 Ext. 130 bkearney@arc-sa.org
<b>Assistant Director of Day Services &amp; Child Care Director -Pam Stephens Center</b>	Arcy Muniz	(210) 682-4200 Ext. 204 amuniz@arc-sa.org
<b>Director of Curriculum &amp; Staff Development</b>	Melissa Cornelius	(210) 490-4300 Ext. 135 mcornelius@arc-sa.org
<b>Life Enrichment Nurse - RN Life Enrichment Nurse - LVN</b>	Gloria Chacon, R.N. Rayvel Adams, LVN	gchacon@arc-sa.org radams@arc-sa.org (210) 682-4200 Ext. 205
<b>Director of Community Outreach</b>	Pam Stephens	(210) 490-4300 Ext. 120 pstephens@arc-sa.org
<b>Director of Case Management</b>	Yolanda Fuentes	(210) 490-4300 Ext. 112 yfuentes@arc-sa.org
<b>Finance Office</b>	Mary Longoria	(210) 490-4300 Ext. 111 mlongoria@arc-sa.org

**The Arc is located at two locations:**  
**13430 West Avenue**  
**San Antonio, Texas 78216**  
**Phone: (210) 490-4300**  
**&**  
**6530 Wurzbach Rd**  
**San Antonio, Texas 78240**  
**Phone: (210) 682-4200**

**THE ARC OF SAN ANTONIO**  
**LIFE ENRICHMENT PROGRAM ADMISSION APPLICATION**  
(Please fill out completely all areas that apply)

**Applicant's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Nick Name (if applicable):** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Race:** \_\_\_Caucasian \_\_\_Hispanic \_\_\_African-American \_\_\_Asian \_\_\_Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Phone#:** \_\_\_\_\_ **VIA ID#:** \_\_\_\_\_

**Medicaid #:** \_\_\_\_\_ **Medicare #:** \_\_\_\_\_

**Current Level of Need (check one):** \_\_\_1 \_\_\_5 \_\_\_8 \_\_\_6 \_\_\_9 (if known)

**FAMILY CONTACT INFORMATION**

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact in case of emergencies:** \_\_\_Yes \_\_\_No

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact in case of emergencies:** \_\_\_Yes \_\_\_No

**Are you currently or have you ever served in a branch of the US Military Services?** \_\_\_Yes \_\_\_No  
(Please respond for funding purposes)

**PARENT/GUARDIAN INITIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**GUARDIAN/FAMILY CONTACT INFORMATION**

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Type of Guardianship: \_\_\_\_\_

Contact in case of emergencies: \_\_\_\_ Yes \_\_\_\_ No

Is the consumer his or her own guardian: \_\_\_\_ Yes \_\_\_\_ No (If yes, continue below)

I, the consumer, \_\_\_\_\_ give permission for The Arc of San Antonio to contact \_\_\_\_\_ (person's name) about programmatic issues while attending The Life Enrichment Programs at The Arc of San Antonio.

Consumer Signature \_\_\_\_\_

Date \_\_\_\_\_

**SERVICE PROVIDER CONTACT INFORMATION**

Name of Service Provider (Agency/Company): \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Case Manager / QMRP: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Name of Group Home / Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Residential Director: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nurse / LVN: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

**DOCUMENTATION PERTAINING TO CLIENT**

Does the client have documentation that would have to be completed by The Arc Staff?

Daily Service Notes: \_\_\_\_ Yes \_\_\_\_ No

Behavior Data Sheet: \_\_\_\_ Yes \_\_\_\_ No

Goal/Objective: \_\_\_\_ Yes \_\_\_\_ No

(If yes, documentation needs to be provided before client starts attending The Arc.)

**PHYSICIAN CONTACT INFORMATION**

Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**MEDICAL / PHYSICAL INFORMATION**

Primary Diagnosis: \_\_\_\_\_

Other Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying Marks / Scars: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Does the applicant have seizures?  Yes  No If yes, what is the frequency and duration of seizures? \_\_\_\_\_

\_\_\_\_\_

Does the applicant have any special medication or health care needs?  Yes  No If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medication Regimen**

(Please list all medications taken on routine basis; prescription and over-the-counter)

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

**ADAPTIVE / SUPPORTIVE DEVICES**

Does the applicant require the use of any adaptive / supportive devices? If so, check all that apply and provide specific instructions for use if needed.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Eye Glasses              | <input type="checkbox"/> Contacts              | <input type="checkbox"/> Hearing Aids                |
| <input type="checkbox"/> Soft Helmet              | <input type="checkbox"/> Hard Helmet           | <input type="checkbox"/> Face Guard                  |
| <input type="checkbox"/> Cane                     | <input type="checkbox"/> Crutches              | <input type="checkbox"/> Walker                      |
| <input type="checkbox"/> Hand/Wrist/Arm Splints   | <input type="checkbox"/> Leg Splints           | <input type="checkbox"/> Elbow/Knee Pads             |
| <input type="checkbox"/> Orthopedic Shoes         | <input type="checkbox"/> Orthotic Shoe Inserts | <input type="checkbox"/> Braces                      |
| <input type="checkbox"/> Manual Wheelchair        | <input type="checkbox"/> Electric Wheelchair   | <input type="checkbox"/> Special Built-up Wheelchair |
| <input type="checkbox"/> Support Hose             | <input type="checkbox"/> Gait Belt             | <input type="checkbox"/> Back Brace                  |
| <input type="checkbox"/> Head Pointer             | <input type="checkbox"/> Adult Diapers/Pads    | <input type="checkbox"/> Special Eating Utensils     |
| <input type="checkbox"/> Special Drinking Devices |  |  |
| <input type="checkbox"/> Other (specify): _____   |  |  |

Instructions for use: \_\_\_\_\_

**Toileting Needs**

**Does the applicant have special toileting needs?     Yes     No**

**Is the applicant on a toileting schedule?     Yes     No**

**If the answer to either question is yes, please provide specific information regarding the**

**applicant's toileting needs:** \_\_\_\_\_

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**Eating / Dining Concerns**

**Does the applicant have special concerns or needs while eating?     Yes     No**

**Does the applicant easily choke?     Yes     No**

**Does the applicant have any food allergies?     Yes     No**

**Does the applicant require assistance during meals?     Yes     No**

**Does the applicant steal or horde food?     Yes     No**

**Does the applicant require any supplements?     Yes     No**

**If the answer to any of the questions above is yes, please provide specific information:** \_\_\_\_\_

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**Behavioral Information**

Does the applicant have a formal behavior management plan? \_\_\_ Yes \_\_\_ No If yes, please list the specific behaviors the plan addresses and identify the precursors to behaviors.

**Behaviors**

**Advanced Warning Signs of Behavior**

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To Parents and Providers:

Attached is a Physician Medication Order that is used at The Arc for those individuals requiring medications while in our care. This form is to be *filled out completely by the physician*, not by the parent or provider. This order must be in place before we will assist in dispensing any medication to the individual it is prescribed for; **NO EXCEPTIONS**.

The Arc's Physician Medication Order is good for one year from the date signed by the physician. If there is *any change in medication or dosage* during that time, a new order must be obtained before we will assist in dispensing.

The Arc cannot assist in dispensing the first dose of a new medication. This is done for the individual's safety in the event any side effects or reactions occur. Please discuss with The Arc nurse, in advance, any new medications or dosages that are started at home. Depending on the medication, the individual may be required to remain at home for the first 24 hours after starting the new medication or dosage to monitor for side effects.

All medications are to be in their original containers/blister pack and must coincide with the written physician's order. To avoid having medications travel back and forth daily, a "school dose" bottle/blister pack may be obtained from the pharmacy. In order to obtain a "school dose" bottle/blister pack, please ask your physician to indicate this specifically on the prescription that is to be presented to the pharmacy.

For any medications that are not taken by mouth (such as G-Tube) or special medications (ex. Diastat), please contact the nurse @ 210.682.4200 ext. 205 for the appropriate physician's form.

The Arc is committed to ensuring the personal growth and life enrichment of individuals with developmental disabilities. Thank you for assisting us with that goal by making certain necessary medications are dispensed by The Arc in a safe and proper manner.



**The Arc**  
*of San Antonio*

Serving People With Developmental Disabilities

**Physician Medication Order**

Site Name: \_\_\_\_\_

Please assist \_\_\_\_\_ with taking the following:

Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition for Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dosage and special instructions for medication (please include any concerns or special monitoring): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time to be taken: \_\_\_\_\_ Days to be taken: \_\_\_\_\_

Prescription Date: \_\_\_\_\_ Continue this Medication Until: \_\_\_\_\_

Prescribing Physician (Name and number): \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

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

**This order will expire one year from the date signed, unless otherwise stated by physician. Please feel free to contact our nurse with any questions or assistance needed at 210.682.4200 x 205**

**Medication must be in its original and current container (may use a school dose bottle supplied by the pharmacy) with person's name clearly printed and with the current dose instructions.**



**PRN LIST**

The following “PRN” (as needed) medications will be offered at The Arc of San Antonio. Discuss with your physician which, if not all, are appropriate. If you object to any of these medications, then please make one line through the medication and date and initial. Please sign at the bottom to acknowledge this list, and make sure the physician signs also. Should you need other PRN medications, or a different dose than specified, then you must bring in a physician’s order (please see the nurse for a blank form) and the medication that is being prescribed to be used.

<b>Medication</b>	<b>Used for.....</b>	<b>Dosage</b>	<b>Calls to Nurse</b>
Acetaminophen 500mg	Fever/Pain	1 - 2 tabs q 6 hrs. Ages 12+ only.	Call home to ensure not already taken. Call nurse for fever.
Acetaminophen 160mg	Fever/Pain	Ages 6-8; 2 tabs Ages 9-10; 2 ½ tabs Age 11; 3 tabs Age 12+; 4 tabs	Call home to ensure not already taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1 to 2 tabs q 6 hours - Ages 12+ only	Call home to ensure not already taken. Call nurse for fever.
Chlorpheniramine Maleate (Chlo-Trimeton) 4mg	Sneezing, Itchy watery eyes, runny nose, itchy throat	Ages 12+; 1 tab q 6 hrs. Ages 6-12; ½ tab q 4 hrs.	Call home to ensure not already taken. Call nurse for fever.
Diphenhydramine HCL (Benadryl)	Sneezing, Itchy, Watery eyes, runny nose- <u>separate order needed for any other type of allergy</u>	Ages 12+ yrs; 2-4 tsp. (10-20ml) Ages 6-12 yrs.; 1-2 tsp. (5-10 ml)	Call home to ensure nothing already taken. Call nurse if 1 <sup>st</sup> dose not effective.
Chloraseptic Lozenges	Sore throat/Cough	Dissolve 1 lozenge in mouth q 2 hrs.	Call if not effective.
Loperamide Hydrochloride oral Solution 1mg/5ml	Diarrhea	Ages 12+yrs.; 2 tsp.(10ml) after loose BM. Ages 6-11 yrs; 1tsp. (5 ml) after loose BM. Not to exceed 2 doses	Call prior to assisting. If diarrhea continues after two doses, then individual needs to go home.
Loperamide 2 mg tablets	Diarrhea	Ages 12+ yrs; 1 caplet after loose BM Ages 6-11yrs.; ½ caplet after loose BM.	Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.

Pink Bismuth (Pepto-Bismol) Regular Strength	Heartburn, Indigestion, Nausea, upset stomach, diarrhea.	Ages 12+ yrs only; 2 Tbsp.(30 ml) q 1 hr. X 2 doses	Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.
Antacid (Mylanta)-Extra Strength	Heartburn, Indigestion, gas.	Ages 12+yrs.; 2-4 tsp. (10-20ml) between meals as needed X1 dose	Call prior to assisting with dose. <b>Only one</b> at the ARC.
Milk of Magnesia	Constipation	Ages 12+yrs; 2 - 4 Tbsp (30-60ml) X1 dose Ages 6-12yrs; 1 - 2 Tbsp. (15-30ml) X1 dose Ages 2-6 yrs.; 1 - 3 tsp. (5-15ml) X1 dose.	Call prior to assisting with dose. Wait for results up to 6 hrs.
Peroxide	Cuts, Scrapes	Apply a small amount over the wound using a cotton ball	Basic First aid
Triple Antibiotic Ointment	Cuts, Scrapes	Apply a small amount to scrape/cut	Basic First Aid
A&D Ointment	Skin Rash	Apply a thin layer to skin rash	Basic First Aid
Sunscreen Lotion 30+	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.
Calamine Lotion	Itching skin	Apply a thin layer to itching skin	Call if not effective.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

I acknowledge the above PRN medications that are offered at the ARC of San Antonio. I understand that the guidelines above will be followed for all while at the ARC and should I need other treatments or medications, I must supply the ARC with an order from my physician, as well as the medication prescribed in it's original container.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian (if applicable)

\_\_\_\_\_  
Date

**THE ARC OF SAN ANTONIO  
LIFE ENRICHMENT PROGRAMS  
CONSENT / RELEASE FORM**

REVIEW THE FOLLOWING FORM TAKING INTO CONSIDERATION THE PARTICIPANT MAY BE INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. WE ASK THAT YOU AS THE PARTICIPANT, LEGAL GUARDIAN OR PARENT OF A MINOR MAKE A DETERMINATION ON EACH OF THESE ISSUES AND INDICATE YOUR RESPONSE APPROPRIATELY. THIS FORM SHOULD BE COMPLETED AT THE TIME OF ADMISSION AND AT LEAST ANNUALLY THERAFTER..

I, \_\_\_\_\_ give or do not give my consent/permission for  
(Participant /Legal Guardian/Parent)

\_\_\_\_\_ on each of the following issues.  
(Participant's Name)

**MEDICATION ASSISTANCE**

	YES	NO
1) Consent/permission to assist the participant with any prescription or over-the-counter medication(s) their physician has approved or prescribed.		

**PHOTOGRAPHS / VIDEOS**

	YES	NO
1) Consent/permission for photographs to be used for programming purposes in the classroom, on posters or in other participant's communication books.		
2) Consent/permission for photographs or videos to be used by the Arc of San Antonio to portray or promote Arc activities.		
3) Consent/permission for photographs to be used on the Arc of San Antonio publications and brochures.		
4) Consent/permission for photographs to be used on the Arc of San Antonio Web Site.		
5) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first name to accompany the photograph or videos.		
6) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first and last name to accompany the photograph of videos.		

**PARTICIPATION IN OUTINGS / FIELDTRIPS and EMERGENCY TRANSPORT**

	YES	NO
1) Consent/permission to participate in community outings and fieldtrips (i.e. shopping, movies, parks, bowling, etc.)		
2) If consent/permission to participate in community outings and fieldtrips is given, I also give my consent/permission for Arc staff to transport the participant.		
3) In the event of a medical, facility, environmental or natural disaster emergency, I also give my consent/permission for Arc staff to transport the participant.		

**RELEASE OF CONFIDENTIAL INFORMATION**

	YES	NO
1) Consent/permission for the participant's confidential information to only be shared with Arc staff for programming purposes.		
2) Consent/permission for the participant's confidential information to be shared with the participant's Service Coordinator, Case Manager, QMRP or Provider.		
3) Consent/permission for the participant's confidential information to be shared with  (Please Indicate Who):		

\_\_\_\_\_  
(Participant / Legal Guardian / Parent Signature)

\_\_\_\_\_  
(Date)

## **ADMISSION CHECKLIST**

**THE FOLLOWING MUST BE PROVIDED BEFORE ENROLLMENT AND ATTENDANCE. If the item does not apply, mark the space N/A.**

- **Current photograph**
- **Determination of Mental Retardation (DMR) or other developmental disability**
- **Most recent medical assessment / physician's report**
- **Most recent nursing assessment**
- **Physician's orders for current medications**
- **Most recent social history / update**
- **Most recent psychological assessment / update**
- **Most recent psychiatric assessment / update (if applicable)**
- **Copy of behavior management plan (if applicable)**
- **Copy of the MRRC Assessment (if applicable)**
- **Most recent I.S.P / I.E.P. / A.R.D.**
- **Most recent vocational assessment / update (if applicable)**
- **Most recent ICAP / Level Of Need information (computer print-out)**
- **Copy of picture I.D. / military dependent I.D.**
- **Copy of Social Security card**
- **Copy of Medicaid / Medicare card**
- **Copy of VIA transportation card**
- **Copy of Guardianship papers**
- **Vaccination Records**
- **Documentation required by the funding agency to be filled out by The Arc of San Antonio Staff. (Service delivery logs, objective training sheets, behavior tracking sheets)**

**Note: Please ask The Arc of San Antonio staff for assistance if needed.**



## **The Arc of San Antonio**

### **Life Enrichment – Adult & Young Adult Programs FAQ's**

- **What is the age range of individuals that can participate in the program?** The program delivers Life Enrichment services to individuals with developmental disabilities age 22 or older. We also offer services for high school aged individuals or recent graduates with developmental disabilities aged 18 to 25 in our Young Adult Program.
- **What are the hours of program operation?** The program operates Monday through Friday from 8:30 a.m. until 3:30 p.m.
- **What if I cannot pick up my son/daughter or an individual by 3:30 p.m.?** We have program staff on duty from 7:00 a.m. until 6:00 p.m. to supervise early arrival and late pick-up. However, we do expect families and providers to ensure individuals arrive and are picked up at reasonable times.
- **Is lunch provided?** No, we do not provide lunches. However, we will assist individuals that may have special dietary concerns or need assistance while eating. We ask that participants bring a cold lunch that requires no special preparation. On some occasions we do provide lunch such as a cookout or special luncheon and you will be notified in advance of these occasions.
- **Is transportation provided?** No, we do not provide transportation to or from the program. Arrangements for transportation are the responsibility of the family or provider. If community outings are scheduled we will make arrangements for transportation.
- **Where should I drop off or pick up an individual?** We require all individuals to be dropped off or picked up at the rear entrance (West Ave.) or side entrance (Pam Stephens Center) to the building. We ask this for safety concerns and because program staff members are always available at this entrance to assist and monitor the arrival or departure of individuals.
- **Is there a nurse on staff?** Yes, we have an RN on staff. However, she covers two locations and is not always in the building.
- **Can individuals take medication during the day if there is a need for this?** Yes, program staff members will assist individuals that require medication to be taken during the day. We do require a written physician's order for all medication that will be taken while attending the program. When medication reaches a 5-day supply the individual's family or provider will be notified to replenish the medication.
- **What kinds of activities do individuals participate in?** Individuals participate in a variety of activities that enhance existing skills or teach new skills that enable them to maximize their independence. Skill areas may include but are not limited to: personal skills development, motor skills, home skills, community integration skills, functional academic skills, leisure skills, arts and crafts skills and pre-vocational skills.
- **What kind of community integration activities does the program offer?** We try to offer a variety of outings and fieldtrips that focus on both learning and recreational experiences. Examples of these might be going to a fire station, a museum, or going bowling.
- **Are there extra costs involved in community outings?** Depending on what type of community outing we have scheduled, we may ask that parents or providers send additional money to defray admission or food and beverage costs.
- **How many individuals are in a classroom or group?** Groups vary in size and are based on consumer level of functioning, personalities, space limitations and type of activity. The typical group consists of 15 – 20 individuals.
- **How many staff members work with each group?** We always attempt to have a 1 staff to 7 clients ratio.
- **Can I visit the program during the day when an individual is there?** Yes, family members and providers are always encouraged to visit the program on a regular basis. We only ask that when you come to visit the program or an individual, that you enter through the front entrance and sign the logbook at the front desk. Also, please ask the receptionist or some other staff member to let the Life Enrichment office know you are here.

- **Can a family member or provider representative participate in or attend special activities that are held at the Arc?** Yes, we often have special seasonal activities or events and extend an invitation for others to attend. This is a good opportunity for you to spend additional time with your family member or consumer.
- **Who should I contact with special concerns, instruction, or if I just have a question?** We ask that you contact the Life Enrichment office at any of the following extensions: 210-490-4300 x114, x119 or x125. There are individuals at these numbers who will be able to assist you and answer any questions you may have. You may also leave a voice-mail message if you wish to have a call returned.
- **Can individuals with significant behavioral, medical, toileting, or other concerns attend the program?** Yes. However, we look at new applicants on an individual basis and assess our ability to serve them based not only on past history, but also on their current ability to function in our program. Significant concerns and needs are taken into account when we are making a determination to serve an individual and we will be as honest as possible in our ability to delivery quality services.
- **How are emergencies handled?** We always require emergency contact numbers for all individuals that attend the program so in the event of an emergency we can contact someone. Should there be a serious medical or injury related emergency we will contact 911 prior to contacting the family or provider.
- **Are there any activities offered after regular program hours or in the evening?** Yes, there are a variety of activities offered at the Arc after regular program hours. However, many of these activities are not part of the Life Enrichment program. You can contact Pam Stephens at 490-4300 x120 for additional information on activities.
- **How will I know when the program will be closed for holidays or other reasons?** All consumers, families and providers will receive a calendar during January of each year, which indicates the days in which the program is closed. We also send out a notification several days in advance of each scheduled closure just as a reminder. In the event of bad weather The Arc location on West Ave will be closed if the North East Independent School District is closed. The Pam Stephens Center will be closed if the Northside Independent School District is closed. Call The Arc or watch local news for school closings.
- **How much does it cost for an individual to attend the program?** Program fees are based on an individuals current Level of Need and are charged as a daily rate. Typically, the more involved an individual is, the more it costs for them to attend the program. Fees range from about \$11.25 per day to \$145.99 per day depending on the needs of the individual.
- **How will I be billed?** You are billed monthly based on enrollment status. If the individual is enrolled full-time, you are billed for all days the program is open, regardless of attendance. If the individual is a student or enrolled part-time, you are billed for the number of days attended. Certain minimums apply.
- **What if I have questions about my bill?** If you specific question regarding your bill you may contact our financial office at 210-490-4300 x118.

**IF YOU HAVE OTHER QUESTIONS, PLEASE CONTACT THE LIFE ENRICHMENT OFFICE AT 210-490-4300 x114, OR x119.**