LIVING RESOURCES

Meeting Life's Challenges

After School Program Application

Please return application and attachments to:

Living Resources After School Program
300 Washington Avenue Extension
Albany, NY 12203-7303
Attn: Sarah Meszler

www.LivingResources.org
(518) 218.0000

LIVING RESOURCES
300 Washington Avenue Ext.
Albany, NY 12203-7303

(518) 218.0000

After School Program Application

DATE: _____

NAME: _____ SS NO: _____

AGE OF STUDENT: _____ D.O.B. _____ TABS # _____

PARENTS/GUARDIANS _____ HOME PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

WORK PHONES _____ CELL PHONES _____

EMAIL ADDRESSES _____ _____

SCHOOL: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NO: _____ CLASSROOM TYPE/RATIO: _____

TEACHER: _____ HOURS ATTENDING PROGRAM: _____

SPECIAL SERVICES RECEIVED (OT, PT, and SPEECH):

_____

WHO TRANSPORTS STUDENT TO SCHOOL? _____ PHONE NO: _____

HOME SCHOOL DISTRICT: _____

ADDRESS: _____ ZIP CODE: _____

SERVICE COORDINATOR: _____ AGENCY: _____

PHONE NO: _____

DOES YOUR CHILD **HAVE** WAIVER SERVICES?: _____
IN CASE OF EMERGENCY, CONTACT OTHER THAN PARENTS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NO: _____

(NOTE: EMERGENCY CONTACT MUST BE AVAILABLE WHEN PARENTS/GUARDIAN ARE NOT AVAILABLE)

MEDICAL INFORMATION

PHYSICIAN'S NAME: _____ PHONE NO: _____

ADDRESS: _____ ZIP CODE: _____

HOSPITAL PREFERRED (IN CASE OF EMERGENCY): _____

DATES OF LAST HOSPITAL STAY: _____ REASON: _____

DATES OF LAST MEDICAL EXAM: _____ DENTAL EXAM: _____

ALLERGIES:

_____

INSURANCE CO. NAME: _____ POLICY NO: _____

MEDICAID NO: _____ S.S. NO: _____
HEIGHT: _____ WEIGHT: _____

PRIMARY DISABLING CONDITION:

_____
_____

MEDICAL DISABILITIES (I.E. EPILEPSY, SEIZURE DISORDER, CP):

_____
_____

HAS STUDENT RECEIVED THE FOLLOWING IMMUNIZATIONS? (PLEASE CIRCLE):

TETANUS	YES	NO	DATES:
DIPHTHERIA	YES	NO	DATES:
WHOOPING COUGH	YES	NO	DATES:
POLIOMYELITIS	YES	NO	DATES:
RUBELLA	YES	NO	DATES:
MEASLES	YES	NO	DATES:

CURRENT MEDICATIONS: WHAT IT CONTROLS:

POSSIBLE SIDE EFFECTS:

Is applicant able to self-administer medication without supervision?

Is applicant on a special diet?

Is assistance required during eating?

What are favorite foods?

What foods are disliked?

Usual bedtime?

Usual wake up time?

Is he or she physically aggressive towards others?

Is he or she aggressive towards self?

Does he or she interact well with others?

Is he or she destructive of property and materials?

Does he or she have temper tantrums?

Does he or she use obscene language?

How does he or she react when they are frustrated with someone or something?

Is he or she easy to manage in public?

Does he or she need assistance to dress?

Is assistance needed with toileting?

Does he or she indicate need to use the bathroom?

Does he or she walk independently?

If in wheelchair, can he or she transfer independently?

Is he or she verbal? If not, how does he or she communicate? (Gestures, Sign, etc.)?

Is he or she hearing impaired?

Does he or she have preferred activities?

Does he or she follow instructions?

What does he or she do during leisure time?

Does he or she have any fears we should be aware of?

Is there anything you could share with us that would help with your child's participation in the program?

WOULD YOU PLEASE TAKE A MINUTE AND WRITE DOWN A SENTENCE OR TWO ON HOW THIS AFTER SCHOOL PROGRAM WOULD BENEFIT YOUR CHILD AND FAMILY. THANK YOU.

_____

_____

_____

_____

_____

_____

PLEASE INCLUDE THE FOLLOWING ATTACHMENTS WITH APPLICATION:

1. SIGNED INFORMATION RELEASE (pg. 7)

2. AUTHORIZATION FOR OUTSIDE ACTIVITIES (pg. 8)

3. AUTHORIZATION FOR RELEASE OF PHOTOS (pg.9)

4. Psychological Evaluation (most recent)

5. IEP (most recent)

6. ISP (most recent)

I AUTHORIZE LIVING RESOURCES CORPORATION TO VERIFY ANY AND ALL INFORMATION PROVIDED IN THIS APPLICATION AND ITS ATTACHMENTS:

_____ _____

APPLICANT'S SIGNATURE DATE

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

LIVING RESOURCES
Meeting Life's Challenges

Living Resources
300 Washington Avenue Ext.
Albany, NY 12203-7303
(518) 218.0000

INFORMATION RELEASE

I HEREBY AUTHORIZE _____ SCHOOL DISTRICT TO RELEASE THE FOLLOWING RECORDS/INFORMATION TO LIVING RESOURCES:

Most recent psychological evaluation or update

Most recent I.E.P. including social goals

If applicable, adaptive contracts

I UNDERSTAND THAT ALL INFORMATION NAMED IN THIS RELEASE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN MY SON'S/DAUGHTER'S BEST INTEREST.

I AUTHORIZE A COPY OF THIS SIGNED AUTHORIZATION TO BE EXECUTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

I GIVE PERMISSION FOR A REPRESENTATIVE OF LIVING RESOURCES AFTER SCHOOL PROGRAM TO VISIT MY SON/DAUGHTER,_____, AT HIS/HER SCHOOL PROGRAM REGARDING PLACEMENT IN THE AFTER SCHOOL PROGRAM.

SIGNED: _____ DATE: _____

FOR: _____ D.O.B. _____

ADDRESS: _____ S. S. # _____

_____

LIVING RESOURCES CORPORATION AFTER SCHOOL PROGRAM

Authorization For Outside Activities

I understand that Living Resources' After School Program offers regular opportunities for community activities which include, but are not limited to visits to local parks, recreational areas, museums, shopping malls, and theaters. When weather permits, outside activities may occur several times weekly.

I hereby authorize the staff of Living Resources Corporation to transport my son/daughter,

_____, to and from any of the outside activities participated in by the

After School Program.

_____ _____

Signature of Parent/Guardian Date

Living Resources Corporation
300 Washington Avenue Extension, Albany, New York 12203
Phone: (518) 218-0000 Fax: (518) 862-2175

Authorization/Consent for Use or Disclosure of Information for Publication Purposes

Living Resources Corporation, on its own, and working with others, often develops, videos, brochures, slide shows, photo displays, websites and other publicity materials to explain Living Resources and to encourage people to support Living Resources. These materials are often used within Living Resources and distributed to the public for promotion, fund raising and advertising. Sometimes, television, radio and newspaper reporters will be at Living Resources events.

I, _____, authorize Living Resources Corporation or the Living Resources Corporation Foundation to use or disclose the following information about me for promotion, fund raising and advertising:

Check all that apply
□ Photographs or other likenesses of me
□ My name
□ My residence or program attended
□ Other (please describe):

For the publication purposes described below:

Check all that apply
□ Posting on the Living Resources Website
□ Publication in a Living Resources Newsletter, Brochure, Annual Report, or other format for public distribution
□ Release to Media
□ Training materials, including video recordings
□ Posting to Living Resources-related Social Media sites (i.e. Living Resources Facebook page)
□ Other (please describe):

I agree that I do not have to inspect or approve the use or disclosure of any photographs or likenesses of me or any other information about me, or be given a copy. I agree that I will not be paid.

I understand that I may revoke this authorization, in writing, at any time by notifying Living Resources' Public Affairs Department. I understand that a revocation is not effective against actions taken by Living Resources personnel before they received such revocation and to the extent that they have already relied upon this authorization for publicity purposes (brochures, newsletters, annual reports, video recordings, etc.).

I understand that my name, likeness or image may constitute personal health information under the Health Insurance Portability and Accountability Act ("HIPAA"). I understand that if this Consent and Release allows my name, likeness or image to be disclosed to a person or entity that is not a health care provider or health plan, or other covered entity, my name, likeness or image may no longer be protected under the HIPAA privacy rules by those entities.

I hereby release Living Resources Corporation and Living Resources Foundation, and their directors, officers, employees, contractors and affiliates, from any liability arising out of the use of my name, likeness or image for promotion and advertising, including, but not limited to, liability for invasion of privacy, right of publicity, defamation, or copyright infringement. I agree that this Consent and Release satisfies the requirements of the New York Civil Rights Law.

I understand that I do not have to sign this authorization form, and that Living Resources will still provide services to me.

_____ _____
Signature Witness Signature

_____ _____
Date Relationship to Consumer/Self

(Created August 2006)