



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastsspecialrec.org

Dear Parents:

Thank you for your interest in North East Westchester Special Recreation, Inc. We provide a variety of recreation programs for children and adults with intellectual and developmental disabilities.

North East Westchester Special Recreation was incorporated to serve the communities: Bedford, Briarcliff, Lewisboro, Mount Kisco, Mount Pleasant, New Castle, North Castle, North Salem, Pleasantville, Pound Ridge, Somers and Sleepy Hollow. These twelve municipalities provide tax dollars to our agency to support programming for their constituents. Residents of those communities have priority when it comes to registering and attending our programs. At times, we were able to accept people from other communities as room permits.

New York Office for People with Developmental Disabilities (OPWDD) is one of our funding sources. OPWDD provides funding for individuals who are registered and eligible for services. This process begins by contacting OPWDD.

If you have been through the process with your child and have a letter demonstrating eligibility with OPWDD, we will accept them in our programs as room permits. If you have not received eligibility, we encourage you to begin this process as soon as possible so we are able to bill OPWDD for our services. Contact Matthew Faulkner at (914) 995-5253.

Please let us know, if and when your family member is approved.

Thank you,

Ellie Arneemann

Executive Director

**North East Westchester Special Recreation, Inc.**

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Participant Information Form

(Must be updated every 3 years)

Last Name	First Name		Nickname
Birthdate	Age	Sex	Social Security Number
Primary Phone		Primary Email	
Address			
City	State		Zip

Municipality where you pay your Town/Village Taxes: _____

Parent/Guardian 1		
First Name	Last Name	Relationship
Phone	Email	
Address		
City	State	Zip
Parent/Guardian 2		
First Name	Last Name	Relationship
Phone	Email	
Address		
City	State	Zip
Parent/Guardian 3		
First Name	Last Name	Relationship
Phone	Email	
Address		
City	State	Zip



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Emergency Contact 1		
First Name	Last Name	Relationship
Phone	Email	

Emergency Contact 2		
First Name	Last Name	Relationship
Phone	Email	

Medical Insurance Information	
Company	Policy/Claim Number
Phone	Address

Physician's Name: _____ Phone: _____

Physician's Address: _____

PARENT'S AUTHORIZATION

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety).

The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential.) I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities. We are continually assessing our programs and those who participate in them. When we conduct our initial intake, we will discuss with you the fact that we reserve the right to change placement as we deem appropriate; although we will discuss this with those involved, the final decision will be made by North East.

(Parent/Guardian Signature)

Date

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Psychosocial Considerations

Communication:

- ☐ Verbal: _____
- ☐ Non-Verbal: _____
- ☐ Sign: _____
- ☐ PECS: _____
- ☐ Read/Write: _____
- ☐ Communication Device: _____
- ☐ Other: _____

Understands best with:

- ☐ Verbal: _____
- ☐ Non-Verbal Cues; Gestures: _____
- ☐ Reading: _____
- ☐ Pictures: _____
- ☐ Communication Device: _____
- ☐ Physical Assistance: _____
- ☐ Other: _____

Describe response to:

- One to One Interactions: _____
- Physical Contact: _____
- Group Situations: _____
- New Situations: _____
- Other: _____

Behavior/General Disposition:

- | | | |
|--|---|--|
| <input type="checkbox"/> Generally Easygoing | <input type="checkbox"/> Unsure of New Situations | <input type="checkbox"/> Wanders |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Shy/Withdrawn |



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Describe:

What is challenging for your child? (ex. Loud noises, crowds, lack of structure): _____

What are some challenging behaviors we might encounter? _____

Under what circumstances do these behaviors typically occur? (ex. Hungry, tired, overwhelmed, too loud): _____

What strategies do you use to prevent or mitigate these behaviors? _____

Any specific fears? _____

What reinforcement strategies do you use with your child? _____

Any recent important personal/family events that may affect your child emotionally? _____



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Health Considerations

Describe Any:

☐ Allergies: _____

☐ Epi-Pen: ☐ Yes ☐ No

☐ Seizure History: ☐ Grand Mal ☐ Petite Mal ☐ No History

☐ Dietary Restrictions: _____

☐ Visual Impairments: ☐ Blind ☐ Glasses ☐ N/A

☐ Hearing Impairments: ☐ Hearing Aids ☐ Deaf ☐ N/A

☐ Ambulatory Deficits: ☐ Wheelchair ☐ Walker ☐ N/A

☐ Other Physical Limitations: _____

Please List Medications Used and their purpose:

LEISURE INTEREST FINDER

(Please check all that are interesting to the participant)

Outdoor, Sports & Physical Activities

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Billiards | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Aerobic Dancing | <input type="checkbox"/> Sleigh Riding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Roller-Skating | <input type="checkbox"/> Gardening | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Softball | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Jog/Run |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |

Social, Creative & Expressive Activities

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Visit with Friends | <input type="checkbox"/> Dance | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Nature Study |
| <input type="checkbox"/> Write Letters | <input type="checkbox"/> Shopping | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Attend Parties | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Cooking | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Table Games | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Attend Community Events | | <input type="checkbox"/> Writing Poems/Stories | |

Quiet Activities

- | | | | |
|--|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Keep Collections | <input type="checkbox"/> Reading | <input type="checkbox"/> Sleeping/Resting | <input type="checkbox"/> Watch T.V. |
| <input type="checkbox"/> Other Activities: _____ | | | |



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FAMILY INFORMATION

(Please complete the following section, so we can better serve your child)

Family Composition:

1.) Are both parents living and at home? ☐ Yes ☐ No

2.) Names & Ages of siblings living at home: _____

3.) Names & Ages of siblings living away from home: _____

4.) Disabilities/special needs of other family members in home: _____

5.) Other family members living in home: _____

Employment:

Parent/Guardian 1 Employer				
First Name	Last Name		Relationship	
Business			Position	
Address				
City	State	Zip	Phone	
Parent/Guardian 2 Employer				
First Name	First Name		First Name	
Business	Business			
Address				
City	City		City	
Parent/Guardian 3 Employer				
First Name	First Name		First Name	
Business	Business			
Address				
City	City		City	



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Community Service Involvement:

Please list organizations, clubs, boards, etc. on which you currently serve or have served in the past:

Organization	Role	Dates

Family Leisure Information:

Please list activities that the family enjoys doing together:

Would you be interested in sharing your skills with North East? ☐ Yes ☐ No

If yes, please check:

- | | | |
|--|--|---|
| <input type="checkbox"/> Craft Skills | <input type="checkbox"/> Music Skills | <input type="checkbox"/> Group Leadership |
| <input type="checkbox"/> Business Skills | <input type="checkbox"/> Homemaking Skills | <input type="checkbox"/> Sports Skills |
| <input type="checkbox"/> Other | | |

Additional comments: _____

Religious Affiliation: _____

Day Involvement:

School/Agency/Workshop	
Address	
Contact Person	
Title	Phone



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Physician Authorization Form

(Release if valid for 3 years from date of signature unless otherwise noted)

Participant Information		
Last Name	First Name	
Birthdate	Age	Sex

1. Is this patient diagnosed with a developmental disability? *(Please be Specific)*

2. Does this patient have any physical disabilities related to:

- ☐ Ambulation: _____
- ☐ Hearing: _____
- ☐ Vision: _____
- ☐ Speech: _____
- ☐ Balance & Coordinate: _____
- ☐ Other: _____

3. Patient History:

☐ Chronic Diseases: ☐ Heart ☐ Diabetes ☐ Other: _____

Limitations: _____

☐ Seizure: ☐ Grand Mal ☐ Petite Mal Frequency: _____

☐ Frequent Colds: _____ Frequency: _____

☐ Ear Infections: _____ Frequency: _____

☐ Food Allergies: _____

☐ Medical Allergies: _____



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☐ Hepatitis: _____ Type: _____

5. Does this patient take medication daily?

☐ Yes (please fill out Authorization for Medication Administration Form)

☐ No

6. I recommend this patient for:

☐ **Full Participation** in North East Westchester Special Recreation Programs, including Swim

☐ **Participation** in North East Westchester Special Recreation Programs with the following

limitations: _____

☐ **No Participation** in any North East Westchester Special Recreation Programs due to: _____

Physician's Signature: _____ Phone: _____

Physician's Address: _____ Date: _____



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Physician's Authorization for Medication Administration at North East Westchester Special Recreation Programs

(Please include a copy of patients most recent immunization records)

I authorize my patient, as named below, receive the following medication:

Participant Information		
Last Name	First Name	
Birthdate	Age	Sex

Medication	Medication Information Dosage	Time

Is the patient on any controlled medications? ☐ Yes ☐ No

Specific Dosing Instructions: _____

Nurses are not permitted to administer any over the counter medications without a doctor's order. Tylenol, Motrin, Creams/Ointments, MUST be ordered and the order must include: Name of the medication, dosage (in Milligrams for oral meds) reason/indication for med, and the interval between doses.

NYS DEA Registration Number: _____

Address: _____

Physician's Signature: _____ Date: _____

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Parent Authorization Form

Parent/Guardian Information		
First Name	Last Name	Relationship
Phone	Email	
Address		
City	State	Zip

I, _____, give my permission for the North East Westchester Special Recreation delegated staff to administer medication outlined by my physician to my child, _____.

Along with this authorization, I will also be providing the most recent copy of my child's immunization records.

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____



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Program Dismissal Procedure

Participant Name: _____

Parent/Guardian Name: _____

Dismissal List		
(My child may be released from program to the following individuals)		
First Name	Last Name	Relationship

Do Not Release List		
(My child should NOT be released from program to the following individuals)		
First Name	Last Name	Relationship

My child needs staff supervision while waiting for pick-up: ☐ Yes ☐ No

My child can travel home from program independently: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

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Consent to Release Information

Dear Parent(s),

North East Westchester Special Recreation is funded by the Office for People with Developmental Disabilities (OPWDD). In order to get funding for your child we must submit their Social Security Number and Medicaid Number. Our fees are reduced because of funding we receive by the state. If you could please forward this information to us as soon as possible.

Please fill out the below information and return to our office:

Last Name		First Name	
Birthdate	Age	Social Security Number	
Primary Phone		Medicaid Number	
Address			
City	State		Zip

If you have any questions please do not hesitate to call our office at 914-347-4409.

Thank you,

Ellie Arnemann
Executive Director



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Behavior Policy

North East strives to provide quality programs for children and adults with developmental disabilities that are safe, structured, and fun for the participants. In an effort to provide quality programming for all, we have implemented the following behavior policy, which will be enforced by North East staff.

Participants are expected to:

- Remain with their group and follow the direction given by staff
- Refrain from fighting, verbal abuse or destruction of property
- Demonstrate appropriate bus behavior which consists of remaining in their seat with their seatbelt fastened, maintain an acceptable level of conversation (noise) that does not disrupt others and keep their hands to themselves
- Demonstrate appropriate behavior in a community setting

If an individual has difficulty meeting the conditions stated above, staff will implement the following policy:

1st Occurrence:

Staff will meet with the individual to discuss the behavior in question and a phone call will be made to the parent to let them know of the problem behavior. A warning will be given to the participant that if the behavior occurs again, they will be sent home. Parents should be prepared to pick up the individual if the behavior happens again.

2nd Occurrence:

A phone call will be made to the parents, the individual should be picked up immediately and a meeting with the parents must take place before the individual may return to program.

3rd Occurrence:

Participant will be dismissed from program, no refund.

I have read the North East Behavior Policy and understand that my child will be expected to abide by the procedures outlined above.

(Parent/Guardian Signature)

Date



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Dear Parents/Guardian:

If your child is diagnosed with a seizure disorder, please complete the attached form. In an effort to handle their seizures appropriately and create the safest environment, we require that the attached form be completed.

Once the form is completed, please return to our office as soon as possible. If you would like to speak with one of our staff regarding the information on this form, please call 914-347-4409.

Thank you.

Sincerely,

Ellie Arnemann

Ellie Arnemann
Executive Director



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North East Westchester Special Recreation, Inc. Information Regarding Persons with Seizure Disorder

Name: _____

Date of Birth: _____

Physician's Name: _____

Physician Phone #: _____

Type of Seizure (briefly describe): _____

Typical Duration: _____

Is there an aura before the seizure occurs i.e., seeing colors, hearing sounds, a taste/smell or certain action that indicates an oncoming seizure?

Describe: _____

Date of last seizure: _____

Approximate # of seizures per month: _____ or per year: _____

Staff are instructed to keep individuals safe during seizures, create safe surrounding, and cushion individual's head. In addition, how would you like our staff to respond to a seizure while your son/daughter is at program?

Procedure:

- _____ Call 911 immediately
- _____ Call 911 if seizing more than _____ # of minutes (indicate number of minutes)
- _____ Call parents/guardian to report seizure immediately following seizure
- _____ No follow up necessary, but to notify parents by end of program day

Comments: _____

Parent/Guardian Signature

Date



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Consent to Release/Obtain Information

North East receives funding from a variety of sources. Funds are provided by the municipalities that make up our consortium, through fundraising activities, program fees, and New York State Medicaid and the Office for People with Developmental Disabilities.

The Office for People with Developmental Disabilities (OPWDD) provides funding for those programs serving eligible participants. People eligible for OPWDD services must have an IQ of 60 or under and/or a Vineland score of less than 70. The Vineland is a test for adaptive behaviors. People with high IQ's but adaptive behaviors that significantly compromise quality of life are eligible for services from OPWDD. The Vineland test helps us to identify those people.

In order for us to receive funding for our participants, we are being asked to provide the appropriate documentation. We are willing to do the work to retrieve this information, however, we need your consent to have this information sent to us.

Attached please find a form for Consent to Release/Obtain Information. Please sign the form and return it to us for our records. We will use this form to follow up with their school to obtain the information requested by OPWDD.

Consent to Release/Obtain Information

Participants Name: _____

Parent/Guardian Name: _____

I, _____, give permission for you to release information to North East Westchester Special Recreation regarding my child _____, to assist in their proper placement in recreation programs.

This information will remain confidential with the North East Westchester Special Recreation staff.

(Parent/Guardian Signature)

Date

NORTH EAST WESTCHESTER SPEICAL
RECREATION, INC.

NUT FREE ENVIRONMENT

Dear Parents/Guardians and Staff:

All North East Programs enforce a nut free environment.

This means that peanut butter sandwiches and other peanut/nut products should not be sent to our programs.

We have a number of participants who are extremely allergic to these foods and we are interested in their safety.

Since we cannot regulate the outside world, if your child is expected to be in the community and has this allergy, please send their EpiPen.

If this presents a huge problem for you, please contact Ellie Arnemann immediately.

Thank you!

