



## Teen/Tween Respite Application

**SEE WEBSITE for pre-scheduled respite dates**

**This Application is for respite on: \_\_\_\_\_**

**Program Guidelines:**

- Applications must be received 7 days prior to each Respite event.

**Participant Criteria:**

- Fort Bend County Resident
- Intellectual or Developmental Disability
- Between 11 – 18 years of age

**NOTE: We cannot serve those who are medically fragile, nor those in need of intensive behavior management techniques**

**Participant Information:**

Teen/Tween Name:		Sex:		DOB & Age:	
Height:		Weight:		Currently Receiving Medicaid Waiver Services? Y or N	HCS CLASS TXHL  Home Host Companion
Address:				City, ST:	
Zip:		County:		Primary Language:	
School:			School District:		
The following two questions are optional. They are used when reporting to donors and funders. No personal info will be disclosed.		Race/Ethnicity:		Household Income Range: (circle one) \$25K - \$75K \$76K- \$125K \$126K - \$175K \$176K+	
Any dietary restrictions? (lactose intolerant, gluten free, etc/)		Yes	No	If yes, please describe:	

**Family Information:**

Parents/ Guardians:		Home Phone #:		Mother's cell #:	
Father's cell #:		E-mail Address:			
Please put an * next to the number that should be contacted first and is more likely to get a response.					

**Emergency Information (other than parent):**

Name/ Relationship:		Home #:		Work or Cell #:	
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**Health Information:**

Primary Diagnosis:		Seizures (yes or no and type):		Surgeries (most recent with dates):
Secondary Diagnosis:		Allergies (please circle or highlight):	Latex Penicillin Insect Bites Medications Foods Other	Please specify specific allergies to medications, food, or other:

**Medication Information (List All Medications Taken)**

Name of Med	Dosage	Frequency	Special Instructions

**ONLY Prescription medication needed during the event will be administered by the Activity Director. All medications MUST be in the original container prescribed to the participant. No OTC meds will be administered.**

**Part I: Personal Information**

Check all that apply:				Notes
Would you prefer to send your own provider to Respite with your child?				Yes/No
<b>Feeding</b>	Independent	Some assistance	Total assistance	
<b>Hearing</b>	Normal	Mild Loss	Moderate Loss	
<b>Speech</b>	Normal	Mildly affected	Few words	
<b>Communication</b> (indicate all that apply)	Normal	Sign Language Gestures	Low tech device: -Communication Board -Cheap Talk -PECS -Other (please specify)	
<b>Understands</b>	Always	Most of the time	Sometimes	
<b>Toileting</b> (please give specific notes if not ind)	Independent	Some assistance (please be specific in notes)	Diapers/ Pull ups (please be specific in notes)	
<b>Mobility</b> (indicate all that apply)	Independent	Wears AFO's Uses walker Uses crutches	Uses wheelchair Electric or Manual With or Without Assistance?	
<b>My Child's likes/ interests are:</b>				



**Part II: Behaviors (Important to be specific to help with matching volunteer with teen/tween.)**

1. Is there anything important to know about your child's behaviors in a group setting?
2. Is there anything that is particularly calming or comforting to your child should they become overly upset or over stimulated?
3. What, if any, negative behaviors might your child exhibit and are how are they best managed?
4. What are your child's likes or favorite activities AND dislikes or least favorite activities?

I have read, initialed and signed the "Release and Waiver of Liability" form (*link to form*)

**Payment Information:**

**Cost: \$10 per child. Credit card accepted at \_\_\_\_\_**

**\*Scholarship Available for those with financial need.**

**Questions?** Contact Karri Axtell - [kaxtell@arcoffortbend.org](mailto:kaxtell@arcoffortbend.org) 281-494-5924



Activities Release and Waiver of Liability

This program is not licensed by the State of Texas. By signing below you agree to accept the terms.

This activities release and waiver of liability is being executed in favor of The Arc of Fort Bend County, The Arc of Texas, The Arc National, Hope For Three, Texana Center and/or any affiliated entities, their Directors, Officers, Employees, volunteers and agents (together, "the Organizations"), for the activities described below. I freely and voluntarily execute this activities release and waiver of liability, and agree to the following terms:

GENERAL RELEASE AND WAIVER: I, the undersigned, understand that occasionally accidents occur during activities and participants may sustain serious personal injury and property damage as a consequence thereof. Nonetheless, knowing the risks of activities, I agree to assume the risks. By signing this activities release and waiver of liability, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I hereby release and forever discharge and hold harmless the Organizations, and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise at any time from the activities with the Organizations.

INDEMNIFICATION: The Undersigned shall indemnify, defend, and hold harmless the Organizations, its Directors, Officers, Employees and Agents, and its successors and assigns from any and all liability, claims, costs and losses, whether related to property damage, personal injury or death, arising from the Undersigned's participation in activities, whether caused by the willful or negligent acts of Undersigned or the negligent acts of the Organizations, or its Directors, Officers, Employees, Clients, Volunteers or Agents. This provision shall survive the term of this agreement.

PARTICIPANT CONSENT: I understand and certify that my child's participation in the Organizations Teen-Tween Respite is completely voluntary. I have familiarized myself with the program and activities in which I and/or my child will be participating. I acknowledge that although safety measures and reasonable care to minimize the risk of injury are taken, the Organizations cannot ensure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I have received approval from a doctor authorizing me/my child to participate in the activities.

**I understand this program is NOT licensed by the state of Texas.**

INSURANCE: The undersigned understands that the Organizations do not carry or maintain health, medical or disability insurance coverage for any undersigned. The Undersigned is expected, and encouraged to, obtain his or her own medical or health insurance coverage. I also understand that the Organizations do not assume any responsibility for, or obligation to provide, any financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

MEDICAL TREATMENT: If emergency treatment is necessary, I give permission for my participant to be taken to the nearest hospital for treatment, by ambulance. I understand treatment is not covered by the Organizations. The undersigned releases and forever discharges the Organizations from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with activities of the Organizations.

PARTICIPANT EXPECTATIONS: I realize that acceptance of my child as a participant in this program is dependent upon his or her ability to conform to the program rules and expectations. If my child cannot perform in accordance with the program rules and expectations, I understand he or she may be removed from the program and/or not be allowed to participate in future activities, with no refund of fees paid. I have instructed my child regarding the importance of knowing and abiding by the program rules and expectations.

AGGRESSIVE BEHAVIOR POLICY: The Organizations reserve the right to refuse participation to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to: endangering one's self or others, hitting, biting, kicking, physically or verbally threatening staff, volunteers or other participants. If this type of behavior occurs, the individual will be asked to leave the activity immediately. The determination of aggressive behavior is at the discretion of The Arc's staff. This policy is necessary to protect the well-being and safety of participants, staff and volunteers.

I will immediately pick up my child upon notification that my child was engaging in aggressive behavior. The emergency contact phone number where I may be reached at all times is: \_\_\_\_\_.



MEDIA RELEASE: The undersigned agrees to the digital, print or other medium use of their likeness, and waives all rights and interests in such materials.

**ADDITIONAL TERMS: The undersigned expressly agrees that the activities release and waiver of liability are intended to be as broad and inclusive as permitted by the laws of the State of Texas. This agreement shall be governed and interpreted in accordance with the laws of the State of Texas, U.S.A. I agree if any provision of this agreement shall be declared by any court of competent jurisdiction to be illegal, void, or unenforceable, the other provisions shall not be affected but shall remain in full force and effect. This agreement shall be binding on and inure to the benefit of the parties hereto and their respective heirs, legal or personal representatives, successors, and assigns.**

Parent Name (Print):		Parent Signature:		Date:	
Name of child:		Emergency Contact Name:		Phone Number:	