

Hearts 'n' Hands

Providing vocational training and work enrichment for adults with special needs

Work Enrichment Participant Enrollment Packet

Date of Application: ____/____/____

PARTICIPANT INFORMATION:

Participant Name: _____ Date of Birth: ____/____/____
(Last) (First) (MI)

Address: _____ City/State/Zip: _____

County: _____

LEGAL GUARDIAN INFORMATION: Is the applicant his/her own guardian? ___Yes ___No

(Name of Legal Guardian) (Relationship) Home Phone/Cell or Work

(Name of Legal Guardian) (Relationship) Home Phone/Cell or Work

(Email address per guardian) (Email address per guardian)

EMERGENCY CONTACT INFORMATION:

(Name) (Relationship) Home Phone/Cell or Work

(Name) (Relationship) Home Phone/Cell or Work

PARTICIPANT DROP-OFF AND PICK-UP

There will be a sign-in / sign-out sheet that must be signed each time a participant is escorted into and out of our meeting room by the person who provides transportation. This is necessary to ensure the safety of all participants.

Authorized Signature: _____ Date: _____

PARTICIPANT PHYSICIAN INFORMATION:

(Physician Name) (Address) (Phone)

MEDICAL INFORMATION:

Diagnosis/Disability: _____

Allergies: List known allergies and describe reactions and management of allergic reactions:

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Please describe anything you would like to us to know about this participant in the following areas:

Diet/Eating: _____

Hearing/Vision/Speech: _____

Mobility: _____

Other: _____

Does this participant have a seizure disorder? ____ Yes ____ No If yes, type: _____

Date of last seizure _____ Seizure protocol: How long do seizures last? _____

What action do you want Hearts 'n' Hands to take? _____

If medical attention is required, which hospital do you prefer or does your insurance require? _____

Is participant independent in toileting? ____ Yes ____ No If no, please explain below the type of assistance needed.

Are there any physical conditions which might restrict program activity? ____ Yes ____ No If yes, please describe:

Are there any behavioral issues we need to be aware of? ____ Yes ____ No If yes, please explain _____

_____ What interventions are most effective in de-escalating the behavior? _____

I further agree to authorize the staff of Hearts 'n' Hands to apply the sunscreen/bug spray that I supply. If the guardian

does not supply sunscreen, Hearts 'n' Hands staff will apply sunscreen that has been purchased by Hearts 'n' Hands.

____ Yes ____ No

Are immunizations up-to-date? ____ Yes ____ No

(Provide copy of immunization records or proof of exemption for participants who are under the age of 21)

OTHER INFORMATION:

What other information would assist our staff in understanding the needs of this participant so that they can provide the best care possible? _____

MEDICAL EMERGENCY CONSENT

I, _____, being the legal guardian of _____ give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should their condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I confirm that this participant is in good health and that his/her participation does not pose a hazard to his/her health or that of other participants. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

This participant has the following medical condition(s) and/or takes the following medications and/or has the following allergies: (This information will be shared with emergency medical personnel in the event of an emergency)

I, the undersigned, further agree to assume financial medical responsibility in the event of accident, injury or illness of named participant while in the care of Hearts 'n' Hands.

Signature of Legal Guardian: _____ Date: _____

MEDICAL INSURANCE INFORMATION

(Provide a copy of the participant's medical insurance card)

(Name of Insurance Company)	(Policy/Group Number)	(Medicaid Number)
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PROGRAM TRAVEL/ACTIVITY CONSENT

I give my permission for this participant to participate in any program activities and travel associated with the program. I hereby release and hold harmless Hearts 'n' Hands, its staff, board members and volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from this participant's involvement in any travel or activity associated with the program. I assume full responsibility for any damages which may be caused by my family member's actions.

MEDIA CONSENT

I will allow my/my participants photograph, or written language describing my/my participants activities during the program, to be published on any media outlet authorized by Hearts 'n' Hands. _____ Yes _____ No

Guardian/Authorized Signature: _____ Date: _____

CONFIDENTIALITY

Hearts 'n' Hands will not disclose any names or personal information to unauthorized persons or organizations without consent from the participant or their legal guardian. If there is evidence or suspicion of neglect, abuse or intent to harm self or others, confidentiality will be broken and the correct authorities will be notified.

PAYMENT/FEES

I, _____, agree to pay the agreed upon cost of \$ _____ per/month on the first program day of the month. I understand that one grace period will be allowed **per semester** wherein the participant will be allowed to attend the program for the day, and the payment will be received on the second program day of the month. After this time, Hearts 'n' Hands will have rights to dismiss the participant from the program. Participants excused from the program will forfeit fees already paid.

I, _____, voluntarily agree to work in the Hearts 'n' Hands Pet Treats business as part of my Individualized Plan and part of the program without compensation for the hours worked. This work includes, but is not limited to: baking treats, cleaning up materials, entering inventory and budget data, and other responsibilities of the Pet Treats business. I may be asked to sell biscuits outside of program hours. These tasks will be strictly voluntary and would be the choice of the participant and/or their guardian for the betterment of Hearts 'n' Hands.

ABSENCES

Excused absences, defined as days missed due to illness (with doctors note) or emergency (with proper documentation), will not be counted. Unexcused absences, including holiday, vacation, forgetfulness etc., in excessive of 15% of eligible program days during a semester, will result in Hearts 'n' Hands having rights to dismiss the participant from the program. Participants excused from the program will forfeit fees already paid.

TARDINESS

The Hearts 'n' Hands program runs from 9 am till 3:30 pm. There will be arrival and departure windows strictly enforced for the participants. The arrival window will be from 8:40 – 9:00 am, and the departure window will be from 3:30 – 3:50 pm. In the event that a participant arrives before the arrival window, or departs after the departure window, Hearts 'n' Hands will not be responsible for the supervision of the participant outside of those windows.

CLOSURES/HOLIDAYS

Hearts 'n' Hands will be closed on holidays- Thanksgiving eve and Thanksgiving Day, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day & Labor Day. For inclement weather, Hearts 'n' Hands will follow the Jefferson County Public Schools closings and will be posted on the Jefferson County Public Schools website as well as 9 News.

SICKNESS

Participants with a temperature above 100 degrees F will not be allowed to participate in the program for that day. If a participant is diagnosed with a communicable disease or infection, a doctor's note will be required before the participant may continue in the program.

LIABILITY WAIVER

I, the undersigned waive my right to file any legal proceedings against Hearts 'n' Hands, its officers, agents or employees, for any personal injury or property damage sustained by a Hearts 'n' Hands participant. I understand by signing this document, Hearts 'n' Hands will not be held liable for any and all claims, demands, costs, expenses, including attorney fees as a result of any claim, action, demand or judgment against it arising from the attendance of this Heart 'n' Hands participant. A legal guardian must sign in the participant on every program day, and sign them out at the end of the day. The participant may sign themselves in/out if they are their own legal guardian. If not, a legal guardian must sign for them every day.

STATEMENT OF FAITH

Hearts 'n' Hands is a non-denominational Christian organization and thus will incorporate basic Christian principles and beliefs into the daily program. Hearts 'n' Hands does not discriminate towards the participants based on belief system or religion. All faith based activities will be optional in participation, but the participant will be present during discussion, prayer and choir where faith based songs may be sung.

Participant Signature: _____ Date: _____

Guardian/Authorized Signature: _____ Date: _____