Gateway Region YMCA
Emergency/Essential Personnel-Emergency Schools Out Program
Inclusion Services Department

Participant's Name:____________________________Address:______________________________________

City:_____________________________________ Zip Code:_____________ Phone:_________________

Parent/Guardian Name: Parent/Guardian Name:

_________________________________ _____________________________________
Cell phone: _______________________ Cell phone:_____________________________
E-mail address: ___________________ _ E-mail address: _________________________

County of Residence:_____________________ Diagnosis: ______________________________________

Social Security #:____________Regional Center ID#:_________Date of Birth:______ Age: _____________

YMCA Emergency Schools Out Program Location:____

Does your child need assistance with toileting, feeding, dressing, undressing? If so, how:
____
What goals do you have for your child while he/she is participating in this program?

1.______________________________________ 2.____

3.______________________________________ 4.____

I verify the information given is the most current and factual information possible.

Parent/Guardian Signature Date

Parent/Guardian Name Printed

Please provide your child's IEP, Section 504 Student Accommodation Plan and/or Behavior Management Plan with this form to the YMCA Emergency/Essential Schools Out Program Location
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Office Use Only:
Date Received at Branch: _______________________________ Date Forwarded to Inclusion Services Department:_____________________
Date Reviewed by Inclusion Services Department: _______________________________
Notes/Comments:____

YMCA INCLUSION SERVICES DEPARTMENT

Emergency/Essential Personnel-Emergency Schools Out Program

Information Release Form

Child's Name:

Birth Date:

Address:

Social Security # (required):

I hereby give my permission to the Gateway Region YMCA Inclusion Services, to obtain/release information to/from the following:

1.0 Regional Center/Department of Mental Health (DMH), if applicable

2.0 Your child's appropriate school personnel

3.0 Division of Family Services (DFS), if applicable

4.0 Funding sources, as required (Local SB40 Boards)

5.0 Appropriate YMCA staff

6.0 Your child's physician/relevant medical personnel

7.0 All relevant Case Managers

Please complete addresses and phone numbers of the school, case managers, social workers and therapists/physicians to enable us to obtain this information in a timely manner.
DMH and/or other Case Managers:____________________________________

DFS Social Worker: ____

Classroom Teacher: ____

Therapists/Physicians: ____

The photo static copy of this release shall be as valid as the original. This release of information will expire one year from the date this release is signed.

Parent/Guardian Signature Date

____

Parent/Guardian Name Printed

GATEWAY REGION YMCA
EMERGENCY/ESSENTIAL PERSONNEL SCHOOLS OUT PROGRAM
INCLUSION SERVICES DEPARTMENT
PRE-SURVEY

Emergency/Essential Personnel Schools Out Program Location:
Date/s of Requested Attendance:

Please complete this survey in as much detail as possible. Thank You!!

1.) How did you hear about the Inclusion Services Department?

2.) Did you find the application process helpful? YES _____ NO _____

Comments:

3.) If this service were NOT available to you, would this have changed your ability to focus on employment, education, or job readiness training? YES _____ NO _____

4.) What would you do if this service were NOT available? Please explain in detail:

5.) In the past, have you had to rely on family members/friends to take care of this child?
YES _____ NO _____

6.) Is your child a client of the Regional Center (Department of Mental Health)?
YES ______ NO _______

If no, why not?

7.) Does the prospect of receiving support services-respite, summer program, after school program, day care support, adaptations, etc. reduce your family's stress?
YES _____ NO _____

8.) Do you have other children enrolled in the program? YES ________ NO _______

9.) If you answered "NO" in Question #7, then would this create an opportunity for you to be able to have other children participate in some type of recreational program/service this year?
YES______ NO ______