



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian,

Thank you for your interest in the Gateway Region YMCA Y Club and Camp Programs. Please make sure to indicate all programs your child will be enrolled in. These forms are valid a full calendar year from the date you sign them.

You are receiving this packet as you indicated on your Y Club or Camp Enrollment form that your child has an IEP, a Section 504 Student Accommodation Plan and/or Behavior Intervention Plan, or Severe/Chronic Health Condition. Due to state licensing guidelines and YMCA policies we are **required** to have these documents on file.

Please check to make sure all documents are returned to the YMCA branch where your child is enrolled. Please **do not** hand in this paperwork at your child's Y Club/Camp site. These forms are in addition to the forms that you are required to fill out at your local YMCA branch to enroll your child in the program.

The beginning of each new program is always a busy time, so make sure to register EARLY. We process applications on a first come first served basis.

The included forms and IEP, Section 504 Student Accommodation Plan and/or Behavior Intervention Plan **must** be turned in to the branch to be processed prior to starting the program.

#### **BE ADVISED**

**Due to the number of children we service, it can take up to a minimum of two weeks to process this paperwork from the time it is received from the Branch.**

**Your child's start date is dependent on the individual Branch's staffing situation, after the paperwork has been processed through the Inclusion Services Department.**

Once we receive the packet with the supporting documentation, we review it then forward the information to the appropriate program site, where it will be kept appropriately secured according to HIPAA guidelines. Please be advised that this paperwork will need to be filled out **annually**.

Thank you again for your interest in our programs. Please be assured that we will make every effort to meet your child's needs. If I can be of further assistance, please contact me at; E-mail: sarah.croy@gwymca.org p: (314) 678-0162x20123 d: (314) 421-8906 f: (314) 436-1901

Sincerely,

*Sarah Croy*

**Sarah Croy**

Children's Services Program Manager

Enclosures

**INCLUSION SERVICES PACKET CHECKLIST**

**Packet** – Including your child’s social security number or DMH number.

**Complete IEP, Section 504 Student Accommodation Plan and/or Behavior Management Plan** This paperwork must be turned in annually since they are reviewed and often revised on a yearly basis. If the plan is in the process of being rewritten and you have not received an updated copy yet, please note that below. The inclusion services department will read the updated IEP annually and make adjustments as necessary for your child’s support ratio.

**Medical Verification Form** This form only needs to be turned in the first year, or if your child develops a medical diagnosis. If your child has an educational diagnosis, please write educational diagnosis on the form. **We are required to have a medical verification form on file if your child has a medical diagnosis. If your child does not have a medical diagnosis, please write educational diagnosis.**

**Regional Center/Department of Mental Health (DMH) Verification Form** If your child is not a client of the Regional Center/Department of Mental Health, please write n/a on this form. If you only know your child’s DMH number, please write it below. **We are required to have your child’s DMH number. Documentation includes the sheet attached to this packet, the CIMOR, letter of eligibility determination, or the DMH Client Profile Form.**

DMH number: \_\_\_\_\_

**Information Release Form, Pre-survey, and checklist** Please ensure you fill out the information release form, as this allows us to talk to other service providers to ensure we are giving the best support for your child as we can. **The inclusion Services Department of the Gateway Region YMCA is a grant funded program. To meet the standards of the grant we are required to have each individual fill out a survey.**

The Inclusion Services Department of the Gateway Region YMCA is generously supported through grant funding. For more information on our funders please visit: Productive Living Board at plboard.org, St. Charles Developmental Disabilities Resource Board at ddrb.org. Thank you to our funders for helping to support the Inclusion Services Department.

For more information on the Department of Mental Health please visit dmh.mo.gov.  
For more information on HIPPA please visit hhs.gov

**Please sign and date this checklist acknowledging that you have turned in all required paperwork. Include all documents with the paperwork you are turning in.**

\_\_\_\_\_  
**Parent Guardian Print Name**

\_\_\_\_\_  
**Parent/guardian Signature**

\_\_\_\_\_  
**Date Signed**

*If you are not turning in one of the above required forms please let us know why below.*

\_\_\_\_\_

## What Happens Next:

- Parent/Guardian completes the information forms, packet checklist, and returns the documents to the YMCA branch their child will be attending.
- The Inclusion Services Department will evaluate your child's possible staffing needs based on the paperwork provided. There are three different levels of possible support provided, based upon what your child will need to help him/her to be successful in the program. After the staffing level is assessed by the Inclusion Services Department, the information will be forwarded onto the branch. The child may be placed on the waiting support staff assignment list if there is not staff already in place to accommodate your child's needs.
- Parents will be notified with a start date and name of the support staff who will be working with the child. Notification will come from the branch Program Director where you are registered for child care/camp.
- If we determine your child **will not** need support staff, you will be notified by the branch Program Director where you are registered for childcare/camp.
- While we are constantly in staff recruiting mode, on occasion, an **extended amount of time is required to secure the best match between a child and support staff. Early registration is tremendously important to allow sufficient time for this step.**
- **Our YMCA welcomes participation by children of all abilities. Although every effort is made to provide reasonable accommodation, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

## **INCLUSION SERVICES INTEGRATED CAMP AND Y CLUB PROCESS**

**Please contact the Inclusion Services Department for other questions about the inclusion forms and process.**

### **The Inclusion Services Department**

- Reviews the Inclusion Packet and IEP, Section 504 Student Accommodation Plan and/or Behavior Intervention Plan, and provides support recommendations.
- Distributes information to YMCA branches as required by funders and state licensing agencies.
- Helps to ensure the child's successful participation in the YMCA programs.
- Assists with the training of support staff.
- Conducts site visits with staff and participants, giving recommendations as needed.

### **Your Local YMCA Branch**

- Receives program fees, enrollment packets and Inclusion forms.
- Hires and supervises your child's support staff/"shadow" if applicable.
- Grants scholarships for families who are in need of financial assistance.
- Supervises the day-to-day operation of your child's program site.
- Is your main contact for your child's program/staffing questions and concerns.

**Purpose for Inclusion Services Department:** To ensure inclusion into YMCA childcare and camp programs for children with a diagnosis, through added support staff when needed, and to provide additional training and consultation with existing branch staff.

The YMCA offers recreational programs. Although your child's growth and development is our top priority, we do not offer therapeutic levels of intervention or reporting. Progress notes should not be expected as they are outside our scope of services. We are not providing clinical levels of intervention. We do provide fun experiences in a safe and healthy environment.

**PARTICIPANT INFORMATION FORM**

The Inclusion Services Department of the Gateway Region YMCA is generously supported by agency grant funders. To meet the requirements of our grant and YMCA policy this document must be completed in full. If you do not have a DMH number please write n/a.

**Program:** (Select one) \_\_\_\_\_ **OTHER** \_\_\_\_\_ **Year** \_\_\_\_\_

**Participants Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Participant Diagnosis:** \_\_\_\_\_ **DMH Number:** \_\_\_\_\_

**YMCA Branch:** \_\_\_\_\_ **School/Program Site:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**If your child has been given an IEP, 504 Plan, or Behavior Intervention Plan we are required to have a copy of it. There are NO exceptions to this requirement!**

- We process applications on a first come first served basis.
- Turning in an incomplete packet will significantly delay your child's participation in our programming.
- Paperwork will not be reviewed until we have all of the required documents.

**Is there anything else we should know about your child to help serve them while they are in our programs? (i.e. bathroom issues, food issues, adaptive equipment like hearing aid/wheelchair/etc., communication skills, history of seizures with the last seizure listed, behavioral concerns, social skills)** Please list anything that may not be included in your child's information that would help our staff ensure your child is successful in our programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign and date here to verify that the information you have given is the most current and factual information possible.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name Printed

**The Inclusion Services Department of the Gateway Region YMCA is generously supported through grant funding. To meet the specific requirements of our grant and the YMCA, we are required to have on record your child's full name, date of birth, social security number, and home address. Information is stored following HIPPA rules and guidelines.**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA INCLUSION SERVICES DEPARTMENT

### 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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**INCLUSION SERVICES DEPARTMENT  
REGIONAL CENTER/DEPARTMENT OF MENTAL HEALTH VERIFICATION FORM**

This form is to be completed by the Regional Center Case Manager. If your child is not a part of the Department of Mental Health please write n/a.

Dear Case Manager:

\_\_\_\_\_ is enrolling in one of our YMCA programs.

(Participant's name)

To ensure successful participation, review and meet grant funded and YMCA guidelines the following document must be completed in full.

Birth date: \_\_\_\_\_

Social Security Number (**required**): \_\_\_\_\_

\*\*\*\*\*

Diagnosis: \_\_\_\_\_

Adaptations/Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Please check the areas the above named child struggles with on a daily basis:**

- Capacity for Independent Living
- Receptive and Expressive Language
- Learning
- Self Care
- Mobility
- Self Direction or Economic Self Sufficiency

Case Manager's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Work #: \_\_\_\_\_

Child's Regional Center ID # \_\_\_\_\_

**PLEASE INCLUDE ONE OF THE FOLLOWING** Documents as required by our funders:  
CIMOR diagnosis access list  
Letter of Eligibility Determination  
or DMH Client Profile Form



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### INCLUSION SERVICES DEPARTMENT MEDICAL VERIFICATION FORM

This form must be completed by a Licensed Physician

Dear Dr. \_\_\_\_\_:

\_\_\_\_\_ is enrolling in one of our YMCA programs.  
(Participant's name)

To ensure successful participation, review and meet grant funded and YMCA guidelines the following document must be completed in full.

Birth date: \_\_\_\_\_

Social Security Number (**required**): \_\_\_\_\_

\*\*\*\*\*

Diagnosis: \_\_\_\_\_

Adaptations/Concerns: \_\_\_\_\_  
\_\_\_\_\_

Please check the areas the above named child struggles with on a daily basis:

- Capacity for Independent Living
- Receptive and Expressive Language
- Learning
- Self Care
- Mobility
- Self Direction or Economic Self Sufficiency

Doctor's Signature: \_\_\_\_\_

Doctor's Name Printed: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## GATEWAY REGION YMCA INCLUSION SERVICES PRE-SURVEY

Program Attended: \_\_\_\_\_ Year: \_\_\_\_\_

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

- 1.) How did you hear about the YMCA Inclusion Services Department? \_\_\_\_\_  
\_\_\_\_\_
- 2.) Did you find the application process helpful?  
Comments: \_\_\_\_\_  
\_\_\_\_\_
- 3.) If this service was NOT available to you, would this have changed your ability to focus on employment, education, or job readiness training?
- 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?
- 6.) Is your child a client of the Regional Center (Department of Mental Health)?  
  
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?
- 8.) Do you have other children enrolled in the YMCA?
- 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?
- 10.) Additional Comments \_\_\_\_\_  
\_\_\_\_\_