

Special Ministries Policies and Rules

The Program Policy and Procedures are issued to promote safety and ensure the well-being of all Special Ministries' participants, families, staff and volunteers.

In Case of Inclement Weather:

- ◆ If schools are closed then Special Ministries is closed and all activities will be cancelled. If the program is cancelled you will receive a call informing you of the closure.

Registration:

- ◆ Registrations are due in a timely manner in order for our staff to plan for each event. If participants sign up last minute or show-up to an event without registering we cannot guarantee they will be provided the supplies for the program or be fed at those events.
- ◆ Participant information, emergency medical release and guardian signature forms are due at the beginning of each year or when starting to attend our programs.
- ◆ Payment must accompany registration (unless other payment arrangements are made).
- ◆ Review, update and sign participant information/emergency forms once per year.
- ◆ **PLEASE NOTE:** If a participant requires one-on-one assistance, an aide (e.g. staff person, family member or friend) needs to accompany the participant to activities (e.g. Has mobility, hearing or vision impairment; Uncontrolled seizures; Requires assistance when eating and/or toileting or wanders from the group).

Program Refund Policy:

- ◆ Refunds or exchanges will be issued for programs cancelled by Special Ministries or for rides not provided in error, serious illnesses/injuries of participants etc. (unless cancellations are because of weather / acts of God).
- ◆ No refunds will be issued for program activities missed due to suspensions as defined below.
- ◆ If refunds are due, a credit will be given to your account.

Incidents/Incident Reports:

Incidents are defined as any inappropriate behaviors that can put the participant, other participants or staff at risk of harm or injury. Safety is our number one priority at our events!

- ◆ 1st incident: Participant will be given a verbal warning from staff with a follow up in writing from the Program Manager or Executive Director to the parent, guardian, or caregiver.
- ◆ 2nd incident: Will result in written warning and suspension from the next activity.
- ◆ 3rd incident: Will result in written suspension from the remainder of the program session (fall, winter, etc)

All incidents are recorded and kept on in the participant's file and refunds will not be issued for suspension of activity or program.

Transportation Information:

- ◆ Special Ministries asks that participants and / or caregivers make every effort to provide their own transportation to program events.
- ◆ Special Ministries works with Livingston Essential Transportation Service (L.E.T.S), volunteer drivers and Special Ministries staff to meet additional transportation needs.
- ◆ L.E.T.S. requires us to have our rider list to them 2 weeks before each event. We cannot guarantee transportation after that deadline.
- ◆ Special Ministries will contact the participant with pick up and drop off times. Please do not call L.E.T.S. for this information.

Absences:

- Please notify Special Ministries' office at 810-229-6661 ext. #106 or cell at **(810) 360-5317** if you are unable to attend or have to cancel from an activity.
- Please notify Special Ministries if you need to cancel any transportation the day PRIOR to your absence. For any transportation changes/arrangements (pick up or drop off) contact cell at **(810) 360-5317** directly.

**PLEASE REMEMBER TO CONTACT
US IF YOU NEED TO CANCEL FROM A PROGRAM ACTIVITY.**



2018 Participant Information and Release Form

Date Form Completed:

First Name: Middle Initial: Last Name:

Address: Nickname:

City: State: Zip: Birth Date: Sex (M/F)

Phone: Cell Phone: OK to Text? YES NO

Email: Church Affiliation:

Form Completed by: Relationship to Participant:

Emergency Contact Information

Name: Relationship to Participant:

Address:

City: State: Zip:

Phone: Email:

Income Level

Below \$12,000
 \$12,000-\$18,000
 \$18,000-\$50,000
 \$50,000-\$1,000,000

Transportation

Able to Drive Self
 Relies on Others
 Other: _____

Please fill out form in its entirety. We appreciate your help with this as it is very important. Info is used for grant writing purposes.

Legal Guardian Information (Complete if you are NOT your own guardian)

Name: Phone:

Address: Cell:

City: State: Zip: Email:

Representative Payee Information:

Name: Phone: Email:

Address: City: State: Zip:

Important Info:

CMH Caseworker: Phone: Email:

Medical Ins. Co. Policy Holder Name: Policy #:

Medicare or Medicaid #: Hospital Affiliation:

Primary Physician: Phone: Address:

Group Home Co. House Manager: Phone:

Staffing Co.: Phone:



We REQUIRE that you turn this form in whenever changes or updates occur with your contact information, health insurance, or health status. We require a new form be completed and on file with us ANNUALLY.

Disability	<input type="checkbox"/> Spinal Cord	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Seizures	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Hearing
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Emotional Impairment	<input type="checkbox"/> Vision
<input type="checkbox"/> Hyper Active	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Muscular Sclerosis	<input type="checkbox"/> Other (Describe below)
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cerebral Palsy	

List names of diagnosed disability:

List ALL Notable Medical Conditions or Other Health Concerns: (wears glasses? Has hearing aides? Uses cane, walker, wheelchair?)

Allergies:

List any other information that would assist our staff in providing services to you (medical, diet, toileting, etc.):

I hereby agree that all of the information provided is true and complete to the best of my knowledge and that I did not knowingly leave out information. In case of accident or serious illness, I understand that every reasonable effort will be made to contact a parent/legal guardian or emergency person. In the event that this person or persons cannot be reached and unless otherwise specified, the medical facility closest to the emergency site will be used, which may include transport via ambulance. Further, I give my consent to have qualified staff provide first aid in the event of a minor accident.

Legal Signature: _____ Date _____

Printed Name: _____

Survey :

If you are employed, where do you work? _____

How many days and hours per week on average? _____ days _____ hours

Do you currently participate in services at Work Skills, Excel or CMH? (circle all that apply)

NO WORKSKILLS EXCEL CMH

We would love to attend your Person Center Planning meeting with Community Mental Health. Please call the office and let us know when your meeting date is and inform your caseworker that we will be attending. Please allow ample time for us to arrange our schedule.

We love referrals! If you know someone that would benefit from our programs or that would love to help support all we do for the disABILITY community please share their contact information below...