$\begin{array}{cccc} \textbf{Requested attendance: (circle)} \\ M & Tu & W & Th & F \end{array}$ 

# HELPING HANDS PROGRAM REQUIRED INFORMATION

VIA F	Rider Number	

## **Applicant Information**

Name:		
First	Middle	Last
Date of Birth:		Age:
Likes to be called:		
<b>Emergency Contact Informat</b>	ion (Must be filled	out completely)
1. Name:		Contact Number:
2. Name:	Contact Number:	
Primary Physician Name:		
Phone: *In case of an emergency, which could parents/guardians be available to answ	d occur anytime duri	ess:ing our hours of operation, it is important that om our program.
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Father's Name:		
Address:		Last
		Work:
E-mail Address:		
Contact in case of emergency:		
Mother's Name:		
Address:		Last
		Work:
E-mail Address:		
Contact in case of emergency:	yes	no
Guardian's Name:		Last
Address:		Last
		Work:
E-mail Address:		
Contact in case of emergency:		

Type of Guardianship:		
Is Applicant his/her own guardian:	yes	no
If yes, the Applicant to be contacted regarding the Helping Hands I 1. 2.	gives perm Program:	ission for the following person(s)
Applicant Signature		Date
Type of Funding: HCS ICF ALA Priv	ate Pay Othe	r
Agency Name:		
Address:		
Case Manager:		
Work Phone:	Cell Pho	one:
Group Home Name:	WALLAND THE	
Address:		
Resident Director:	***************************************	Phone:
Medical Information:		
Primary Diagnosis:		
Secondary Diagnosis:		
Allergies:		
Food Restrictions:		
Seizure Activity (please describe):		
Please provide a list of CURRENT medication	ons:	
Helping Hands Program does not dispense an		
prescription and over the counter medications understands no medications are dispensed at		
tion change, parents /guardians/providers are		
Administrator.		
Signature of Parent/Guardian or Applicant		Date

Bathroom/Toileting Habits:			
Does the Applicant have any special toileting needs or hal	bits?	_Yes	No
If yes, please describe in detail:			
<u> </u>			
Helping Hands Program is not able to provide one-on-one of	geeie <i>tanco</i> wi	th toileting	411
Applicants must be completely independent in the restroom.			
applicant understands all applicants must be independent w	ith regards t	o toileting iss	vues.
Signature of Parent/Guardian or Applicant		Date	
888888888888888888888888888888888888888	388888888888888888888888888888888888888	888888888888888888888888888888888888888	888888888888888
Eating Habits:			
Does the Applicant have any challenges while eating?	Ves	No	
If yes, please describe in detail:	stone.		
Does the Applicant steal or horde food?Yes	TO THE RESERVE THE PARTY OF THE	No	c v patromina
Does the Applicant choke easily or spit out food?			
Helping Hands Program is not able to provide one-on-one a Applicants must be completely independent when eating. By			
applicant understands all applicants must be independent w			
			_
Signature of Parent/Guardian or Applicant		Date	
888888888888888888888888888888888888888	88888888888888888	88888888888888888	8888888888888
Tobacco Products:			
Does the Applicant use tobacco products? Ye	s	No	
The church campus is a tobacco-free environment. A smol	king area is l	located in th	
lot, however the day hab is not able to provide 1-1 supervi			
plicant needs to smoke during program hours, a 1-1 staff i guardian/provider to ensure participant is supervised whi			
Helping Hands Program is not able to provide one-on-one s ing below, parent/guardian/applicant understands all applic with the day hab.			
·			
Signature of Parent/Guardian or Applicant	-	Date	

	s, passive aggress	sive, or
If yes, please explain:		·········
Does the Applicant have a history of elopement issues?	Yes	No
Does the Applicant have a formal behavior management plan? If yes, please provide a current copy.		
	v annlicante who	baya
The Helping Hands Program is not a successful environment for behavioral issues. By signing below, parent/guardian/applicant		
able to control their behavior at all times. In addition, Helping 1	Hands is not able	to accept those
who have a criminal history of violence or sexual crimes due to	our supervision r	<u>atio.</u>
Signature of Parent/Guardian or Applicant	Date	<del></del>
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000000000000000000000000000000000000000		18888888888888888888
		88888888888888888888888888888888888888
Transportation:	Hands uses area ‡	
Transportation: VIA TRANS has three drop off/pick up areas at UUMC. Helping the parking lot from Lockhill Elementary playground near the Mction also uses this area for drop off/pick up. In addition, VIA bus a	Creless Gym. Pri	#1 located across vate transporta-
Transportation: VIA TRANS has three drop off/pick up areas at UUMC. Helping the parking lot from Lockhill Elementary playground near the Mc	Creless Gym. Pristops at the church	#1 located across vate transporta-
Transportation: VIA TRANS has three drop off/pick up areas at UUMC. Helping the parking lot from Lockhill Elementary playground near the Mc tion also uses this area for drop off/pick up. In addition, VIA bus :#97.	Creless Gym. Pristops at the church	#1 located across vate transporta- h are #603 and
Transportation: VIA TRANS has three drop off/pick up areas at UUMC. Helping the parking lot from Lockhill Elementary playground near the Mction also uses this area for drop off/pick up. In addition, VIA bus \$\pi\$97. Please indicate what kind(s) of transportation the participant will \$\pi\$	Creless Gym. Pristops at the church be using: VIA Bus for pick ups. Participants who arriv	#1 located across vate transporta- h are #603 and s icipants may ve earlier than
Transportation:  VIA TRANS has three drop off/pick up areas at UUMC. Helping the parking lot from Lockhill Elementary playground near the Mction also uses this area for drop off/pick up. In addition, VIA bus \$\frac{4}{97}\$.  Please indicate what kind(s) of transportation the participant will VIA TRANS  Private Transportation  Group Home  VIA TRANS reservations must be made for no later than 3:00pm arrive no earlier than 8:40am and leave no later than 3:20pm. Part 8:40am or leave later than 3:20pm after one warning, will be char	Creless Gym. Pristops at the church be using:  VIA Bustop for pick ups. Participants who arrived an additional and the control of the control	#1 located across vate transportate are #603 and are #603 and sicipants may be earlier than \$1.00 for every

## **Additional Information:**

Is there any additional information or spe Hands staff to know about the Applicant ships, ect.)		
If yes, please explain:		
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VERIFICATION STATEMENT:	<u>.</u>	
<i>I</i> ,	verify that all of the i	nformation
I,	ft out or misrepresented the ap	
immediately dismissed from the H	eiping Hanas Frogram.	
Signature of Parent/Guardian or Applica	ant	Date

### Helping Hands, Emergency Release, Photo Release, and Covenant of Conduct

**Helping Hands** 

Helping Hands is a day habilitation program which provides a Christ-centered and safe environment for adults who have special needs. Some daily activities include: shredding documents, stuffing bulletins, light cleaning, preparing meals, working on church projects, and community outreach projects. Daily Bible study/devotions and social opportunities are also part of the program. All new applicants will visit for one to three days to help determine if Helping Hands would be a successful work environment to meet their needs. The Helping Hands program is not designed for those who require one-on-one services or for those who are able to be gainfully employed in the community. In addition, those who display emotional outbursts, psychotic and/or disruptive behaviors will not be able to participate in our program.

The "u|ability" (special needs) ministry of University UMC is staffed by trained church staff members and caring volunteers. The ministry does not provide professional or nursing services (which includes distribution of medications). We believe your loved one will find Helping Hands a wonderful place to help and serve others. At their discretion, Helping Hands staff reserves the right to dismiss participants from the program for an extended period of time or on a permanent basis due to behavior or attendance/tardy issues.

#### Photo Release

I, the undersigned parent(s) or guardian of the participant listed above give University United Methodist Church, San Antonio, Texas, the absolute right and permission to use my son or daughter's photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, internet), or other form of promotion. I release the Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary rights I may have in connection of such use.

#### Covenant of Conduct

In all programs, field trips, or other events under the sponsorship and/or guidance of the Church, I am representing the Christian community and I am responsible for my actions. I understand the following guidelines will be followed:

- 1. Treat everyone kindly with words and deeds.
- 2. All dress shall be in good taste and in accordance with the dress requested for the Church event.
- 3. We expect attendance on all assigned days. Please call or e-mail if a team member will be absent. A team member will forfeit their spot on a given day after three absences without prior notification.
- 4. All individuals are expected to join in group activities.
- 5. Treat with special care, both God's house and the property of others.
  - I. the above named, understand the above Covenant of Conduct, and Lagree to abide by it to the best of my ability.

and ragree to abr	de by it to die best of my ability.
Participant's Signature:	Date:
Covenant of Conduct, a serious attempt to contact a	arts of this agreement. If my son or daughter disregards the all the above phone numbers will be made and plans to pick up the t least 18 years of age, have read and understand the foregoing agreement.
Parent's Sionature	Date: