February 1st, 2019

Dear ARISE Horsemanship Camp Family,

We hope this letter finds you well and looking forward to Horsemanship camp! We can't wait to teach horsemanship skills this summer. Hopefully, this letter will help explain the application process for Horsemanship Camp.

It's important to note, when applicable, we will only confirm attendance when certain required materials are in our possession. This includes important documentation from The Office for People with Developmental Disabilities (OPWDD) and your Care Coordination Organization (CCO) which provides us with eligibility information. We will reach out to request any missing documentation before the application is officially approved. Additionally, if this is your first year registering for Horsemanship camp with ARISE, we will schedule a time to complete an intake.

To make the application process more efficient, we have decided to include necessary documents. Included, you will find, the Camper Safeguard Form. This form is necessary for all campers, even returning camp families, so that we have the most accurate and updated information. We have also included the ARISE disclosure form which allows us to gain necessary information from Care Managers.

This year ARISE Horsemanship Camp is providing five (5) youth sessions. New this year, camp will run five days a week, Monday-Friday. Camp is held from 9am-2pm at ARISE at the Farm. The self-pay rate for each session is $300/participant, and sessions are limited to ten campers.

Camp dates this year:

(Session 1) June 27th – June 28th, July 1 3rd, 2019

(Session 2) July 8th-July 12th, 2019

(Session 3) July 15th – July 19th, 2019

(Session 4) July 22nd – July 26th, 2019

(Session 5) July 29th – August 2nd, 2019

NOTE: ALL camper applications for ARISE Horsemanship Camp are due no later than **May 1st, 2019.**

All payments are due one week before scheduled session begins.

Please complete the entire application before returning, ensuring all information is accurate and current. We look forward to another amazing year at ARISE Horsemanship Camp. If you have any questions, please contact Laura Little at (315) 687-6727 3085 or by email at LLittle@ariseinc.org.

Sincerely,

Laura Little
ARISE at the Farm
Program Manager
(315)687-6727
llittle@ariseinc.org

ARISE Recreation Program Application

Please complete fully and accurately

Horsemanship Camp Sessions 2019

***Check which session you would like to attend, starting with 1 for the most preferred. We will do our best to fit participants into their preferred weeks.**

	(Session 1) June 27th-June 28th, July 1-3, 2019 9am-2pm
	(Session 2) July 8th – July 12th, 2019 9am-2pm
	(Session 3) July 15th – July 19th, 2019 9am-2pm
	(Session 4) July 22th- July 26th, 2019 9am-2pm
	(Session 5) July 29th – August 2rd, 2019 9am-2pm

Contact Information

Participant

Name: _____ DOB: _____

Address: _____

Parent(s)/Guardian(s)

Name: _____

Home address(es): _____

_____

Phone: _____ Email: _____

Phone: _____ Email: _____

Emergency Contact: Who do we call if Parent/Guardian cannot be reached?

Name: _____

Phone: _____ Email: _____

Relationship: _____

In case of an emergency, and following Jonathan's Law, please first notify:

Name: _____ Phone:_____

Payment Information

How will you pay for your time at Horsemanship Camp? Please check one.

*Note: Horsemanship Camp is $300/session, payment is due one week before scheduled session

____ Cash ____ Family Support Reimbursement

____ Check ____ HCBS Waiver Respite

Care Coordination Information

Care Manager Information (if applicable):

Name:_____ Agency:_____

Phone: _____ Email:_____

Self Direction Information* (if applicable):

Broker Name:_____ Agency:_____

Phone: _____ Email:_____

***Please note:** All services are associated with a cost. If a participant with a self-direction budget decides to participate in any program, the designated amount will need to be entered into their budget and approved before they are able to attend.

Participant Inclusion

Inclusion and ARISE Horsemanship Camp:
ARISE Horsemanship Camp is dedicated to providing the most inclusive and accessible programs possible to best meet the needs of our campers, their families and the community. If you or your camper requires additional accommodations, supports and/or adaptive equipment to participate more successfully in our program please don't hesitate to make a request and our staff will do our very best to meet your individual needs!

Please provide additional information about supports, accommodations and/or adaptive equipment in the space provided below:

_____
_____
_____
_____
_____

Important Medical and Safeguard Information

Please circle 'yes' or 'no' for each question below:

Do activities need to be limited for any reason?	Yes	No
Does participant use a wheelchair/other support?	Yes	No
Does participant usually have a one on one?	Yes	No
Does participant need help with communication?	Yes	No
Does participant need help with eating?	Yes	No
Does participant need help with toileting?	Yes	No
Does participant need help with dressing?	Yes	No
Does participant have behavior management concerns?	Yes	No
Does participant experience any type of seizure activity?	Yes	No
Does participant suffer from any allergies?	Yes	No
Does participant have any dietary restrictions?	Yes	No
Does the participant have any medical limitations?	Yes	No
Does the participant utilize any adaptive equipment?	Yes	No

Please explain any questions that you have circled 'YES' to in detail below:

_____
_____
_____
_____
_____

Please answer the following questions to help us get to know the participant a little better:

When I am happy I will: _____
_____

When I am unhappy I will: _____
_____

When I am unhappy it is best to: _____
_____

Somethings I like to do are: _____
_____

Things that people can do that are helpful: _____
_____

Things that people do that are NOT helpful: _____
_____

Other information I want people to know about me: _____
_____

ARISE Participant Information:
Please provide as much detail as possible (use back of page as needed)

Participant Name:_____ **DOB:** _____

Emergency Contacts:

(Please indicate who should be contacted per Jonathan's Law)

1. Name:
   Relationship to Individual:
   Address:
   Phone Number(s):
2. Name:
   Relationship to Individual:
   Address:
   Phone Number(s):
3. Name:
   Relationship to Individual:
   Address:
   Phone Number:

Safeguards:

(Fire Safety, Level of Supervision, Personal Care Assistance needed, Medication/Dietary Needs/Allergies, Behaviors/Behavior Guidelines or Plans to reference, Hospital of Choice

-Assistance needed in event of an emergency:

- Bathroom supervision:

- Behavior guidelines:

- Hospital of choice:

- Personal Care needs:

- Medication/dietary/allergies:

- General Fears:

Release and Consent Forms

Please check all that are agreed upon. Liability and health/emergency releases must be checked to participate.

Participant Name:_____

_____ **Liability Release:** I would like to have _____participate in an ARISE Family Support Services Group. I acknowledge the risks and potential risks that _____ is taking, but feel that the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims for damages against ARISE Child and Family Service, Inc. (ARISE), it's Board of Directors, volunteers, and employees for any and all injuries and/or losses that may sustain while participating in an ARISE Family Support Services Group.

_____ **Health/Emergency Release:** This application and health history is true and correct to the best of my knowledge. In the case of an emergency, when the person listed as Emergency Contact or other named person cannot be contacted, I hereby authorize ARISE employees to take action deemed necessary for the best interest of_____.

_____ **Transportation Consent:** I, as Parent/Guardian/Custodian of the participant named above give consent to ARISE to transport my child to events. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against ARISE, their elected officials and employees, the organizers, sponsors, supervisors, or any volunteer connected with the program. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

____ **Photography Consent:** I grant full permission to use any photographs, videotapes, or any other record of this program for any purpose.

Participant or Parent/Advocate/Legal Guardian:

Printed Name:_____

Signature:_____ Date:_____

Please return this fully completed application to:

ARISE at the Farm
Laura Little
1972 New Boston Rd
Chittenango NY 13037
(315)687-6727
llittle@ariseinc.org

ARISE

Authorization for Disclosure and Use of Protected Health Information

This form allows appropriate ARISE staff to communicate and share information with the indicated Care Manager in order to coordinate services and obtain necessary eligibility information. Only necessary information will ever be released, and only to those indicated on the disclosure form.

Note* Please fill all highlighted areas

Name of Individual: _____D.O.B. _____/_____/____
Address: _____
Information is to be disclosed BY: ARISE Child and Family Services Inc._____
Address: 635 James St. Syracuse, NY 13203
Information is to be disclosed TO: ___Care Manager name:_____
Address: _____

Type of Information to be Used or Disclosed:

□ Medical Records (Most current Immunization records, most current medications list)
□ Education Record (Most recent IEP, Behavior Plan)
□ Psychological Assessment (Most recent, if applicable)
□ Eligibility Information (NOD, LifePlan, Letter of Eligibility, LCED, etc.)

Purpose of Use or Disclosure:

□ Advocacy
□ Coordination of Services
□ Treatment
□ Program Eligibility Determination
□ Other_____

Date or event on which this authorization expires: _____
Comments (optional): _____

Check to approve use of text _____ Check to approve use of email _____
"I choose to use email and/ or text messaging to communicate with my ARISE representatives and have ARISE communicate with others by email and/or text messaging on my behalf. I am aware that email and text messaging are not a secure form of communication. I have been advised that there is some level of risk that information could be read by a third party."
initial_____ date_____

Acknowledgements:

This Authorization may be revoked in writing at any time, except to the extent that the entity disclosing the information has already relied upon it. Signing this Authorization is not a condition for treatment, payment, enrollment, or eligibility for benefits. I understand that if this Authorization allows my protected health information to be disclosed to a recipient that is not a health care provider or a health plan, the information disclosed may no longer be protected under the HIPAA Privacy Rule.

SIGNATURE **Date signed:**

_____ _____

If this authorization is signed by a personal representative of the individual, the representative's authority to act on behalf of the individual is:
Authority/Relationship_____ Print Name_____