

**Fairfax County Department of Neighborhood and Community Services**  
**Therapeutic Recreation Services**  
**12011 Government Center Parkway, 10<sup>th</sup> Floor**  
**Fairfax, Virginia 22035**  
**703-324-5214 Fax 703-222-9788 TTY 711**

**Application for TRS Programs**

**Directions for Completing the Intake Application**

Please type or print using an ink pen. Individuals enrolled in TRS programs must **attach a recent photo** (for on-site identification purposes only). **All the information must be fully answered before TRS can confirm placement in any TRS sponsored program.** If you have any questions concerning the application or require accommodations or assistance for completion, please call 703-324-5532 or VA Relay 711.

Program applying for: \_\_\_\_\_ **Office Use:** Date received: \_\_\_\_\_

Previously enrolled in TRS programs: yes no Last service date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
Last First (nick name) M.I.

Home address: \_\_\_\_\_  
Street City Zip

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_ Age: \_\_\_\_\_ Ethnicity \_\_\_\_\_

➤**Name** of parent/guardian who has custody \_\_\_\_\_

Home phone \_\_\_\_\_ Cell # if available \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian employment (if applicable) \_\_\_\_\_ Office phone \_\_\_\_\_

➤**Name** of parent/guardian who has custody \_\_\_\_\_

Home phone \_\_\_\_\_ Cell # if available \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Employment (if applicable) \_\_\_\_\_ Office phone \_\_\_\_\_

➤**Two Emergency Contacts (other than your home) who are authorized to pick up and care for the applicant in the event of an emergency.**

1. Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

➤**Name and Office Number of Applicant's Physician** is required for day care standards.

Physician's name \_\_\_\_\_ Office number \_\_\_\_\_

➤**This information is required to verify "eligibility" for the program in which you are applying.** Place the number 1 for the primary disability. If more than one disability, number 2, 3, 4, etc...

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> mild ID (MR)     | <input type="checkbox"/> down syndrome                    | <input type="checkbox"/> attention deficit/hyperactive disorder |
| <input type="checkbox"/> moderate ID (MR) | <input type="checkbox"/> pervasive developmental disorder | <input type="checkbox"/> specific learning disability           |
| <input type="checkbox"/> severe ID (MR)   | <input type="checkbox"/> autism spectrum disorder         | <input type="checkbox"/> spina bifida                           |
| <input type="checkbox"/> profound ID (MR) | <input type="checkbox"/> emotional disturbance            | <input type="checkbox"/> spinal cord injury                     |
|   |   | <input type="checkbox"/> cerebral palsy                         |
|   |   | <input type="checkbox"/> brain injury                           |
|   |   | <input type="checkbox"/> orthopedic impairment                  |

Other \_\_\_\_\_

**Medication, Special Needs, and Medical Release:** I understand that members of the Therapeutic Recreation staff will be instructed in the prescribed procedure(s) by a public health nurse, medication administration trainer, or a qualified designee. I understand that I will be asked to demonstrate the procedure on the first day the applicant attends the recreation program. **I also understand persons who administer this medication or special procedure may be inexperienced and are medically untrained.** Should the administration of medication or a specific medical procedure be required of staff during program hours, a **Physician Order for the Administration of Medication and Specific Medical Procedures** must be completed by the applicant's physician and signed. No medication or procedure will be administered without authorization from the physician or if the medication is not packaged according to procedures outlined in the **Parent Handbook**.

I \_\_\_\_\_ parent, guardian of \_\_\_\_\_ hereby request that trained members of the Therapeutic Recreation Staff be caretakers of the applicant's medication and administer any medication or procedures as prescribed by my physician.

- Applicant will  will not be taking medication during program hours.
- Applicant will  will not be receiving a medical procedure during program hours (diastat application, G-tube, catherization etc...)

**Health & Immunization Record:** *If the applicant is age 12 or under, you must submit the applicant's immunization and health record (a physical) with this application.* A copy of the applicant's school health (physical) & immunization record can be used. Children ages 3 through 7 years must submit an updated immunization record yearly.

**Emergency Services:** Agency employees in an emergency, have permission at my expense, in the event I cannot readily be reached to utilize the most convenient County rescue vehicle to transport the applicant to the nearest hospital.

**Photographic Release:** I hereby do  do not grant permission my self/child to be photographed and/or video taped by a Fairfax County Dept. of Neighborhood and Community Services representative for use in publicizing their programs.

**Phone Number Release:** TRS publishes a list of applicants and phone numbers for those individuals who need to coordinate car pooling. I hereby do  do not grant permission for TRS to publish my name and phone number.

**Email Distribution List:** I hereby do  do not grant permission for TRS to add my name to an email distribution list to receive updated information on programs and events.

**Name of Teacher/Social Worker/Case Manager** \_\_\_\_\_

School/Agency \_\_\_\_\_ Phone \_\_\_\_\_

Currently has an Individual Education Plan yes no Last Date of IEP Review \_\_\_\_\_

**General Rules of Conduct:** Participants are expected to follow the general rules of conduct which include:

→stay with assigned group/no wandering or leaving group	→keeps hands to self (no hitting, fighting)
→care for personal belongings or request assistance as needed	→participate as fully as possible
→use equipment and supplies appropriately without destruction	→use friendly language (no abusive language)
→follow directions	→no biting self or others

**Termination of Service/Ineligible for Services:** NCS reserves the right to deny registration or terminate participation if:

- 1) the applicant's actions cause injury to self, peers, or staff;
- 2) if the applicant exhibits inappropriate behaviors which may prevent participation in community activities;
- 3) if the applicant engages in repetitive, aggressive, harmful, or distributive behavior;
- 4) if the applicant fails to follow the general rules of conduct; or
- 5) the applicant does not meet the eligibility criteria for the program (disability and prerequisite skills).

**Parents and Care providers Are Responsible For:**

- Following guidelines & procedures for medication packaging, transportation, and other procedures outlined in the handbook.
- Delivering the individual directly to the program staff and sign-in/sign-out if they do not use scheduled transportation services.
- Placing a name tag on the applicant's clothing *for the first three days of attendance*.
- Making arrangement for the applicant to be picked up in the event of sickness, uncontrolled behaviors, or other emergency needs.

**The Consent to Exchange Form** must be completed if you wish information to be shared concerning the applicant's needs and interests with the Teacher, Social Worker, or other Human Service Provider. Discussions with teachers provide information that may allow staff to better meet the needs of the applicant.

**Insurance** - NCS does not offer medical/emergency/or accident insurance. Individuals/Parents are advised to carry their own insurance covering self/child while participating in the NCS programs. Insurance is available to school-aged children through the Fairfax County Public Schools.

**Verification of Eligibility** - I hereby grant permission for the TR Staff to complete those tasks necessary to determine the applicant's eligibility for the requested program. I understand I may be contacted to provide additional information necessary to verify my child's eligibility.

**Scholarship:** Applies to Summer Leisure, Explorers, and Adventure programs. If you would like to receive more information on the Scholarship process and form, please check box

**Freedom of Information Act (Release)**

Youth (under age 18) registration information provided to the Fairfax County Department of Neighborhood and Community Services (DNCS) is public record and as such may be released under the Virginia Freedom Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released. Please check here  if you **do not** grant NCS permission to release your child's registration information.

**Confidentiality of Information & FOIA** - In accordance with the Privacy Protection Act of 1976, the requested information will be used only to coordinate activities of this agency. I understand that some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act. As this statement indicates, not all information NCS collects is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, letters written to NCS regarding participants or personnel (e.g. recommendations, comments, etc.), are exempt from FOIA requests.

**Liability Waiver:** I, on behalf of my child/myself, recognize that there are risks inherent to participation in recreational activities and agree to hold harmless the County of Fairfax and the Department of Neighborhood and Community Services, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which result from my participation in any and all activities sponsored by the said Department.

**Approval:** I have read and understand the above participation statements and by my signature agree to its terms and procedures described.

Signature of applicant if over 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-4600, VA Relay 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.



www.fairfaxcounty.gov/ncs  
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