GENERAL PROGRAM APPLICATION

(rev. 9/2018)

KEEP THIS PAGE!!!

What **Work and Activity Program**

Who Adults 18 years old and older with intellectual disabilities

Where 2845 Thousand Oaks, San Antonio, Texas 78232

Start Time: **Monday through Friday - 9:00 AM (open at 8:00am)**
End Time: **Monday through Friday - 4:00 PM (close at 5:00pm)**

Please note that Texas Foundation of Hope is not responsible for clients/members who arrive before the Foundation opens (8:00a.m.) nor is Texas Foundation of Hope responsible for clients/members who remain after the Foundation closes (5:00p.m.)

Late fee: Please note that Texas Foundation of Hope will charge a late fee of $10.00 for every 15-minute increment a consumer remains after 5:00 pm.

Application: Please fill out the attached forms. Only completed forms will be considered. A processing fee of $50 is required with each application prior to consideration and is non-refundable.

The Texas Foundation of Hope (TXFH) Activity Program is designed for persons 18 years of age & older who:
1) have intellectual disabilities,
2) are emotionally and physically well, and
3) shows behavior within acceptable guidelines.

Please note:

1) TXFH **does not** accept participants requiring one-on-one supervision and participants requiring such supervision will be withdrawn.
2) Participants with controlled seizure disorders, cerebral palsy, autism spectrum disorders and other physical disabilities will be individually evaluated for admission.
3) Medical conditions and equipment which TXFH cannot accommodate include G-tubes, feeding pumps, baclofen pumps & toileting assistance. **There is no on-site nurse.**
4) Smoking (tobacco, smoke-less, and e-cigarette type) is not allowed at Texas Foundation of Hope (TXFH) and no accommodations are made for smokers. If a prospective participant cannot comfortably go without smoking, then he or she *should not apply*.

Please mail application with a $50 fee to:
Texas Foundation of Hope
ATTN: BEATRICE STEPHENS
2845 Thousand Oaks
San Antonio, TX 78232

TXFH GENERAL PROGRAM APPLICATION

I affirm by signature below that my participant for whom this application is made meets the health and behavior guidelines described on the cover page. If misrepresentation is made regarding my participant's health or behavior, or if my participant becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from the Program. I understand that if my participant is dismissed due to health or behavior considerations, it is my sole responsibility to pick up my participant on the day I am notified and that no refund will be made for the session from which my participant attends.

Attach Photo Here

Parent/Legal Guardian _____

Application Date_____

Start Date: _____
TXFH Staff Only

Participant Information

Last Name_____ First Name _____

Address _____

City_____State_____Zip_____ County_____

Participant's Phone _____ Primary Diagnosis/Disability _____

Date of Birth _____ Age at Program _____ Height_____ Weight _____

Gender: ☐Male ☐Female: **What program is the Applicant a part of? Circle one: ICF, HCS, Other _____**

Social Security Number _____Date of Last Physical Exam _____

Insurance Carrier_____ Group Number _____ Member Name _____

Primary Physician _____ Phone _____
My Participant does **NOT** have insurance _____ Medicaid No. _____
Limitations of Participants' Disability: _____

If Down Syndrome, stable for atlanto-axial subluxation (AAS)? Yes No

Most recent cervical x-ray for AAS (date)_____(city)_____

Physician _____ Phone _____ _____

Applicants are required to attend a minimum of 4 days.

Previous Day Habs and Previous Employment

Name_____Date_____Reason for Leaving_____

Name_____Date_____Reason for Leaving_____

Name_____Date_____Reason for Leaving_____

Name_____Date_____Reason for Leaving_____

Name_____Date_____Reason for Leaving_____

Name_____Date_____Reason for Leaving_____

Service Provider (All slots must be filled out.) *(If applicable)*

Name of Service Provider (Agency/Company): _____
Address: _____
Business Phone #: _____ Contact Person: _____
Case Manager / QMRP: _____ Office Phone #: _____ Cell #: _____
Name of Group Home / Facility: _____
Address: _____
Residence Manager: _____ Phone #: _____
Nurse / LVN: _____ Office Phone #: _____ Cell #: _____
Social Worker: _____ Office Phone #: _____ Cell #: _____
Service Provider Accounts Payable contact and phone #: _____
(**Important**) Email: _____
Who is legally responsible for payment of day hab fees? _____

Payroll: Where will consumer payroll checks be mailed?

_____

If given on-site, may we give the check directly to the applicant? Yes No

Please NOTE: Checks are paid once a month for the prior month.

NOTE: *In accordance with Texas law, all members must go through a Texas Work Force Commission, (TWC) certification process before we are allowed to pay them.* (See TWC Packet)

Parent/Guardian Information (Please do not answer N/A. We must have this information. If the person is their own guardian, please say so.)

Name _____ Relation to Participant_____

Who is the Applicant's LEGAL Guardian? _____

Address _____

City _____State _____ Zip _____ County _____

Day Phone _____Night Phone_____

Cell Phone _____ Email _____

Emergency Contact Person (This person MUST be available during the Program hours)

Same as Parent/Guardian Information? Yes_____ No _____(If no, please complete the information below)

Name _____ Relation to Participant _____

Address_____

City _____State _____ Zip _____ County _____

Day Phone _____Night Phone _____

Cell Phone _____ Email _____

Guardian/Family Contact Information (if different):

Legal Guardian's Name: _____
Address: _____
Home Phone #: _____ Work #: _____ Cell #:_____
Type of Guardianship: _____
Email: _____
Contact in case of emergencies: _____Yes _____ No
Please provide a copy of Legal Guardianship paperwork

Is the consumer his or her own guardian? Yes _____ No _____ (If yes, continue)
I, (consumer) _____ give permission for The Texas of Hope, aka TXFH, to contact
My Case Manager or Direct Care Staff about programmatic issues while attending TXFH.

_____
Consumer Signature

Transportation

Will this applicant use ***VIA Trans*** for transport? YES NO ID No. _____

If not who will transport them to the TXFH site? _____

(May change method of transportation after becoming a member if needed)

_____Please initial that you understand that Texas Foundation of Hope assumes no responsibility or liability for any client/member who arrives prior to TXFH opening at 8:00 a.m.

_____Please initial that you understand that Texas Foundation of Hope assumes no responsibility or liability for any client/member who remains on campus after TXFH closes at 5:00p.m.

Immunization

Proof of immunizations required for Participant 16 and under. Dates of Illness or Immunization:

Polio _____ type: _____ Measles-Red _____ Rubella-German _____

Diphtheria/Pertussis _____ Tetanus_____ HIV Virus _____ Chicken Pox_____

Shingles _____ Influenza _____

Other(specify):_____

Current Medication Regimen

(Please list all medications taken on routine basis, **DAY OR NIGHT**; prescription and over-the-counter)

Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____
Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____
Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____
Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____
Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____
Medication: _____ Dosage: _____ Time of Day: _____
Reason Taken: _____

Permission to give over-the-counter medications (OTC) on as needed basis:

Please initial each medication or its generic equivalent that may be administered to your Participant. Please check "No" or "YES" beside each medication AND initial. **NOTE:** TXFH does not have a nurse on duty/staff. Any medication needed during the program hours will need to be brought by the member and taken by the member on their own. TXFH Staff is not responsible for the medication nor the administration of the medication in any form.

PLEASE CIRCLE YES OR NO FOR EACH OTC MEDICATION

_____ (initials) YES NO - Tylenol; _____ (initials) YES NO - Motrin/Ibuprofen; _____ (initials) Yes No – Benadryl;

_____ (initials) YES NO - Other: _____

Allergies:

My Participant is allergic to: _____, _____, _____, _____

How is the reaction recognized? _____

Does your Participant carry a required Epi-Pen? _____

Special Dietary Concerns:_____

_____

_____

_____

_____

_____

TXFH **Permissions**

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Please initial as recognition of this equine statement. _____

Yes	No	
___	___	I give my Participant permission to attend the TXFH Program. He/she may participate in all activities. **ANY EXCEPTIONS ARE:** _____
___	___	I understand that opportunities may be available for participants to interact with live vaccinated animals. I give my Participant permission to participate in those activities.
___	___	I authorize TXFH staff and volunteers to share, without restriction, my participant's health information and medical records with any person (whether or not affiliated with Texas Foundation of Hope) as may be reasonably necessary in order to facilitate the care of my participant.
___	___	If emergency treatment is necessary, I give permission for my participant to be brought to the nearest emergency room by ambulance or helicopter for treatment. I authorize TXFH to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests, and/or x-rays if necessary.
___	___	In the event that participant has no insurance, I will be responsible for his/her medical bills.
___	___	I understand TXFH allows parents/guardians to call and check the health status of their participant or speak with a staff in regard to their participant's wellbeing.
___	___	I give TXFH permission to use my participant's name, photograph, or video image for publicity purposes.
___	___	I understand that TXFH has a designated Lost and Found. However, if I or my participant leaves my participant's items anywhere, I will not hold TXFH responsible for them. **THIS INCLUDES ALL ELECTRONIC DEVICES, INCLUDING CELL PHONES, GAME, IPODS, ETC. Members are encouraged to leave these at home.**
___	___	Did you fill out the TWC-VRS Career Counseling Packet? This Packet Must be filled out. All Work/Tasks performed before attending the career counseling conducted by TWC is completed is considered training **and will not be paid for.**

Equipment Use

___	___	My participant may use the laminating machine after being trained by TXFH.
___	___	My participant may use the paper cutter after being trained by TXFH.
___	___	My participant may use box cutters (Utility Knife) after being trained by TXFH.

I, _____, guarantee that the information on this application is accurate and hereby release and forever discharge TXFH, its members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the work program.

Participant Signature _____ Date _____

Parent/Legal Guardian _____ Date _____

TEXAS FOUNDATION OF HOPE

Behavior Checklist for New Applicants

Each person will be evaluated on a one-to-one basis. Behaviors listed below that occur with enough frequency to disrupt normal program operations may result in a member's admission denial or future dismissal.

	Yes	No
1. Wanders off or runs away	_____	_____
2. Oppositional toward staff	_____	_____
3. Throws objects, bites or scratches	_____	_____
4. Displays emotional outbursts	_____	_____
5. Tantrums when angry or frustrated	_____	_____
6. Physically fights with others	_____	_____
7. Injures self	_____	_____
8. Steals or destroys property	_____	_____
9. Uses electronics inappropriately	_____	_____
10. Uses foul or inappropriate language or talks constantly	_____	_____
11. Continually complains of unfounded illness	_____	_____
12. Hallucinates to the point of dysfunction	_____	_____
13. Needs assistance for toileting needs	_____	_____
14. Does not respond to authority	_____	_____
15. Difficulty adjusting to new environment	_____	_____
16. Difficulty working with peers	_____	_____
17. Needs one-on-one supervision	_____	_____
18. Demonstrates sexual advances toward others	_____	_____
19. Taunts or bullies others	_____	_____
20. Requires medication to control behavior	_____	_____

Explanation & date of last occurrence for any of the above that were answered "yes":

_____

_____

_____

_____

***I/we have read these behaviors and understand that such behaviors will not be tolerated at TXFH.**

_____ _____ _____

Applicant's Signature **Parent/Guardian's Signature** **Date Signed**

Likes / Dislikes

Please identify specific likes / dislikes the applicant may have (i.e. dislikes loud noises; likes painting)

LIKES	DISLIKES
_____	_____
_____	_____
_____	_____
_____	_____

CONSENT / RELEASE FORM

REVIEW THE FOLLOWING FORM TAKING INTO CONSIDERATION THE PARTICIPANT MAY BE INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. WE ASK THAT YOU AS THE PARTICIPANT, LEGAL GUARDIAN OR PARENT OF A MINOR MAKE A DETERMINATION ON EACH OF THESE ISSUES AND INDICATE YOUR RESPONSE APPROPRIATELY. THIS FORM SHOULD BE COMPLETED AT THE TIME OF ADMISSION AND AT LEAST ANNUALLY THERAFTER.

I, _____ give or do not give (circle one) my consent/permission for
(Legal Guardian/Parent/Adult Participant)

_____ on each of the following issues:
(Participant)

PHOTOGRAPHS / VIDEOS

_____YES _____NO (initial one)

1) Consent/permission for photographs to be used for programming purposes in the classroom, on posters or in other participant's communication books.
2) Consent/permission for photographs or videos to be used by the Texas Foundation of Hope to portray or promote TXFH activities.
3) Consent/permission for photographs to be used on the Texas Foundation of Hope publications and brochures.
4) Consent/permission for photographs to be used on the Texas Foundation of Hope Website.
5) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first name to accompany the photograph or videos.
6) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first and last name to accompany the photograph of videos.

PARTICIPATION IN OUTINGS / FIELDTRIPS and EMERCENCY TRANSPORT

_____YES _____NO (initial one)

1) Consent/permission to participate in community outings and fieldtrips (i.e. shopping, movies, parks, bowling, etc.) after given trip details and confirmation of attendance
2) If consent/permission to participate in community outings and fieldtrips is given, I also give my consent/permission for TXFH staff to transport the participant.
3) In the event of a medical, facility, environmental or natural disaster emergency, I also give my consent/permission for TXFH staff to transport the participant.

RELEASE OF CONFIDENTIAL INFORMATION

_____YES _____NO (initial one)

1) Consent/permission for the participant's confidential information to only be shared with TXFH staff for programming purposes.
2) 2) Consent/permission for the participant's confidential information to be shared with the participant's Service Coordinator, Case Manager, QMRP or Provider.
3) 3) Consent/permission for the participant's confidential information to be shared with (Please Indicate Who):

Name: _____ Relationship: _____

MEMBER AGREEMENT TO PARTICIPATE

Parent or Guardian: Please read carefully and initial by each Agreement:

1. New Member agrees to follow rules as specified during orientation. _____

2. Member will be respectful to staff and other Members. _____

3. Member will not use foul language while at the Foundation or during transportation or community activities. _____

4. Member will not use tobacco products, smokeless tobacco products, e-cigarette type products, illegal or non-prescribed drugs or alcohol during program hours & sponsored activities. _____

5. Member will remain on the premises until parent or guardian arrives for pickup or VIA-transportation. _____

6. Member will not exhibit nudity, exposure, or demonstrate sexual acts at any time, nor via their cell phone, laptop or electronic device, nor when possessing written materials. _____

7. Member will not physically harm, tease, or intimidate another Member or staff at any time. _____

8. Member will engage in meaningful work or activity while at TXFH, or as directed by staff. _____

9. Member is asked to inform staff IMMEDIATELY of any unusual, illegal, unsafe, or prohibited behavior by another Member. _____

10. Member will be responsible for any personal items brought to the Foundation, including: purses, wallets, cameras, phones, electronics, ear phones or food items. These items should not be shared for health and safety reasons. _____

11. Members will not bring weapons, knives, guns, etc on to the TXFH property at any time. Violation could result in suspension from the program. _____

Members will be counseled for 1st and 2nd offenses. Further consequences for infractions of any of the above rules will result in suspension (up to 3). To return, parent or guardian must attend a staffing w/ the TXFH Executive Director (or designee). After the third suspension the member will be released from the Texas Foundation of Hope program and will not be allowed to return. Should the member decide to leave voluntarily they may reapply (new application process) after six months. Readmission will be at the discretion of the Admission Committee.

_____	_____
New Member	Parent or Guardian
_____	_____
Date Signed	Receiving TXFH Staff

Please Read & Sign

Permission to Obtain Medical Treatment: I give my consent by signature below for medical treatment to be obtained for my Participant by a representative of TXFH in the event I (or my designee) am unable to be reached.
Agreement to Pay for Medical Treatment: I understand that in the event of a medical emergency affecting my Participant, EMS may be called, and my Participant may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold Texas Foundation of Hope, its staff, Board of Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Participant Signature _____ Date _____

Parent/Legal Guardian Signature_____ Date _____

 ---------- **cut here**

KEEP THIS PART FOR YOUR RECORDS

Texas Foundation of hope

14015 San Pedro, Fellowship Hall, SATX 78232

Main Office	***FAX***
210.265.3351	**877.696.0497**

Beatrice Stephens	**Executive Director**	**beatrice@sathgroup.com**
Frank Vernon	**Admissions**	**Frank@texasfoundationofhope.org**
Frank Vernon	**Tour Guide**	**Frank@texasfoundationofhope.org**
Sarah Molina	**Activity**	**Sarahm@texasfoundationofhope.org**

What do I do now that I have completed the application?

1.) Call Texas Foundation of Hope at 210-265-3351 and schedule a tour with Admissions. Please bring your completed application and application fee to the tour. All tours are scheduled by appointment only. Please note that the application must be completed before it can be accepted by Texas Foundation of Hope and application fee needs to be submitted at the same time as the application.

2.) You will be notified no more than 10 days after application has been accepted unless otherwise instructed by Texas Foundation of Hope of the acceptance or decline of admission into the program as a potential member.

3.) Start date for the two-week trial will be arranged (Mondays) for the potential member. At the end of the two-week trial an evaluation by TXFH Staff will be made as to the potential members "fit" into the program.

4.) If it is determined that the potential member is a good "fit", then they will continue to attend as agreed upon in application. If it is determined that the potential member is not a good "fit" into the program, then they will no longer attend Texas Foundation of Hope.

Thank you for your interest in Texas Foundation of Hope.