THE VILLAGE CENTERS DAY PROGRAM APPLICATION 2021

Welcome to the Village Centers. We are pleased you are interested in applying for admission to our day program. The application process allows the Admissions Committee to determine if The Village can meet the needs of the individual applying for admission.

In order to determine eligibility, we have established the following requirements to complete the admissions process:

1. Complete this application, along with the documents requested, with appropriate signatures, and submit to The Village Centers, 3819 Plum Valley Drive, Kingwood, Texas 77339; Attn: Admissions; along with the $100.00 application fee (non-refundable). *(The application fee is necessary to cover costs of the initial paperwork, intake/assessment interview and other essential documentation review required to enroll a new client).* **Please complete the entire application, lack thereof will result in a delay of enrollment.**

2. Submit the following documents:

    - Most recent Full Individual Education Plan (IEP if applicable)
    - Behavior Plan, if applicable
    - Proof of Guardianship, if applicable
    - Copy of Driver's License or Photo ID
    - Agency Evaluations (DMR if applicable)
    - Recent Photo
    - TB Test
    - Current Physical & Doctors Orders

3. Interview and Initial Visit – If your application is approved for the second step in the Admissions process, you will be invited to tour our facilities and meet with the Admissions Committee. During this time the specifics of the program will be outlined. The applicant and his/her family will have an opportunity to discuss any questions or concerns they may have. If government funds are required for payment, contract and approvals must be in place prior to the commencement of the enrollment.

The Village does not discriminate on the basis of race, color, ethnicity, religion, age, or gender in its admissions policy or programs. It is up to the discretion of the Admissions Committee as to who is accepted for admission to the program.

CLIENT INFORMATION

Person filling out application: □ Self □ Parent/Caregiver/Guardian

Contact Person:_____ Relationship:_____

Address:_____

City, State, Zip:_____

Cell Phone:_____ Home Phone:_____

Client Legal Full Name:_____
First Middle Last

Preferred Name:_____

Address:_____

City, State, Zip:_____

Cell Phone:_____ Home Phone:_____

Sex: M/F_____ DOB:_____ Age (as of application date):_____

Social Security #:_____ TX ID/Driver's License #:_____

LON (Level of Need): ____1____2____3____4____5____ (HCS, TxHmL, CLASS)_____

Ethnicity: ___ Caucasian ___ African American ____ Asian Other: _____

Disability Diagnosis: _____
1st 2nd 3rd 4th

Guardianship:

Is the client their own legal guardian? □ Yes □ No

If **YES**, who do we have permission to talk to/consult with on your behalf?

(Please print name and relationship to client)_____

(Please print name and relationship to client)_____

(Please print name and relationship to client)_____

If **NO**, who is the Legal Guardian? (Name): _____

Legal Guardian's relationship to client: _____

Who does he/she live with? (Check one): □ Parents □ Step Mother/Father □Mother

□ Father □ Group Home □ Other (please specify)_____

PARENT/GUARDIAN INFORMATION

1. Parent/Caregiver/Guardian Name:_____

Relation to client: □ Parent □ Caregiver □ Guardian □ Sibling □ Other:_____

Address: _____

City, State, Zip:_____

Employer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____Email: _____

(Please list email address that we can send program updates and reminders to. This address will be used as a primary source of communication)

2. Parent/Caregiver/Guardian Name: _____

Relation to client: □ Parent □ Caregiver □ Guardian □ Sibling □ Other:_____

Address: _____

City, State, Zip: _____

Employer:_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____Email: _____

(Please list email address that we can send program updates and reminders to. This address will be used as a primary source of communication)

EMERGENCY CONTACT: The emergency contact should be a person other than the above stated parent/caregiver/guardian(s). This contact can be that of an additional relative, neighbor, or friend who can be contacted in the event that the primary parent/caregiver/guardian(s) cannot be reached.

#1
Name: _____

Relationship to Client:_____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

#2
Name: _____

Relationship to Client: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Special Instructions (if any – i.e. “Call Mom first, then Dad”):

_____
_____
_____
_____
_____

FUNCTIONAL SKILLS INVENTORY

Communication:

□ Verbal (Talk/Speak) □ Non-Verbal
If non-verbal, what method of communication does he/she use:
□ Sign Language □ Symbols □ Other: _____
□ Communication Device (Dynavox, iPad, etc. Liability Release required)
Please describe the device:_____

Ambulatory:

Is the client ambulatory? □ Yes □ No
Does the client require adaptive equipment? (i.e. walker, wheelchair, crutches) □ Yes □ No

If **YES**, please explain: _____

Toileting:

□ Requires **no** assistance with toileting (can wipe, pull pants up, etc. independently)
□ Requires **minimal** assistance (needs verbal reminder to wipe, wash hands, etc.)
□ Requires **total** assistance (needs help with wiping, changing diaper/pad, etc.)
□ Wears adult diapers
□ Other: _____

Menses:

□ Requires no assistance, is able to self-manage during menstruation
□ Requires minimal assistance during menstruation (verbal reminder to check/change feminine products, etc.)
□ Requires total assistance during menstruation (take to bathroom, physically check/change feminine products, etc.)

Feeding:

□ Requires **no** assistance feeding themselves (can do independently)
□ Requires **minimal** assistance (help with warming up food, cutting up food, etc.)
□ Require **total** assistance (feeding tube, puree food, etc.)

Dressing:

□ Requires **no** assistance with dressing themselves (can do independently)
□ Requires **minimal** assistance with dressing themselves
□ Requires **total** assistance with dressing themselves
Please list what assistance is required: _____
_____
_____

FUNCTIONAL SKILLS INVENTORY (CONT'D)

Behaviors (please check all that apply)

___ Tantrums	___ Screams	___ Bites	___ Hits	___ Spits
___ Scratches	___ Pulls Hair	___ Kicks	___ Head Bangs	___ Slaps
___ Steals	___ Withdrawn	___ Moody	___ Self-Abusive	___ Destructive
___ Hyperactive	___ Runs Away	___ Pinches	___ Aggressibe	___ Depressed
___ Fantasizes	___ Talks to Self	___ Uses Bad Language		

Explanation of the above checked items:

_____
_____
_____

Are there things that bother him/her (i.e. loud noises, change of routine, large crowds, etc.)?:

_____
_____
_____

How would you describe his/her day-to-day behavior (i.e. quiet, hyperactive, social, aggressive, etc.)?:

_____
_____
_____

Please include any other vital information about him/her that would be helpful to us:

_____
_____
_____

PERSONAL INFORMATION:

Is the Client currently on a Behavior Plan?: □ Yes □ No

*If **YES**, please attach plan to this application

Reading (Please check all that apply):

□ Cannot Read □ He/She can read simple words □ Read independently

Writing (Please check all that apply):

□ Cannot Write □ He/She can write simple words □ Write independently

Check any/all extracurricular activities that he/she enjoys doing:

___ Board Games	___ Crafts	___ Art	___ Sports	___ Reading	___ Computer
___ Drama	___ Fitness	___ Cooking	___ Music	___ Video Games	

Other:_____
_____
_____

GETTING TO KNOW YOUR VILLAGER

We would like to get to know your Villager better, so please answer the following questions. Please print legibly.

What is his/her favorite activity, game, or hobby?

_____
_____

What is his/her favorite thing to talk about?

_____
_____

What are his/her favorite foods?

_____
_____

What are his/her least favorite foods?

_____
_____

Who are his/her favorite people?

_____
_____

When is he/she most cooperative?

_____
_____

When is he/she least cooperative?

_____
_____

What frightens him/her?

_____
_____

What calms him/her?

_____
_____

What personal goals would you like to have him/her work on?

1. _____
2. _____
3. _____

REFERENCES

Please list all that apply:

Personal

Name: _____ Relation: _____

Phone #: _____ Email: _____

School

Name: _____ Relation: _____

Phone #: _____ Email: _____

Job Site

Name: _____ Relation: _____

Phone #: _____ Email: _____

Social/Therapeutic Activities

Name: _____ Relation: _____

Phone #: _____ Email: _____

Special Olympics

Name: _____ Relation: _____

Phone #: _____ Email: _____

I hereby give permission for The Village Centers Admissions Committee to contact any and/or all of the above references.

Signature: _____ Date: _____

MEDICAL INFORMATION

Client's Primary Care Physician: _____

Address: _____

Phone #: _____ Fax #: _____

Does he/she take any medications? If so, what kind(s) and what are the administration times? *(If you need additional space, please use a separate sheet of paper)*:

1. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

2. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

3. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

4. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

We prefer you provide a full week's worth of medication(s) in the original marked prescription bottle(s) with clear instructions. A written waiver signed by the parent/caregiver is required for staff to oversee the self-administration of medication. See waiver for details.

Does he/she have seizures? □ **YES** □ **NO**

If **YES**, how often and what length?

_____

Has he/she ever stopped breathing during a seizure?

_____

Does he/she wear head protection?

_____

If otherwise instructed, 911 will be called if he/she is experiencing a seizure.

Does he/she have any dietary restrictions? □ **YES** □ **NO**

If **YES**, please list:

_____

_____

_____

MEDICAL INFORMATION RELEASE

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 thereafter.

I, _____ (participant / legal guardian / parent) give or do not give my consent/permission for _____ (participant's name) on each of the following issues.

MEDICATION ASSISTANCE	**YES**	**NO**
1.) Consent/permission to assist the participant with any prescriptions or over-the-counter medication(s) their physician has approved or prescribed.		
RELEASE OF CONFIDENTIAL INFORMATION	**YES**	**NO**
1.) Consent/permission for the participant's confidential information to only be shared with Village staff for programming purposes.		
2.) Consent/permission for the participant's confidential information to be shared with the participant's Service Coordinator, Case Manager, QMRP, or Provider.		
3.) Consent/permission for the participant's confidential information to be shared with (please indicate who:)_____		

Does he/she have any allergies to food, animals, medication, etc? If yes, please list and describe reaction:
Example: Food allergy – Dairy products (all). Reaction – Will break out in hives, rash, etc.

_____
_____
_____
_____

Please check **YES** or **NO** if he/she has any of the following:

Condition	YES	NO	Condition	YES	NO	Condition	YES	NO
Asthma/Bronchitis			Emotional Problems			Cerebral Palsy		
Heart Condition			Contact Lenses			Hepatitis		
Seizure Disorder			Learning Disabled			Ear Aches		
Visual Disorder			Blind			Skin Rashes		
Artificial Limb			Glasses			Dyslexia		
Limb Pain			Diarrhea			Chew/Swallow		
Behavior			ADD/ADHD			Hearing Impaired		
Other								

If you checked **YES** above, please explain:_____
_____
_____

Signature: _____ Date: _____

Annual Physician Physical

Name of Client: _____ Date:_____

Physician's Name: _____

Phone #: _____ Fax #: _____

Medication/Food Allergies: _____

Weight: _____ Height: _____ Temperature: _____ Blood Pressure: _____

Primary Diagnosis: _____

Limitations and/or Restrictions: _____

History of Hospitalizations, major illness, and surgeries:_____

_____

Diet:_____

CURRENT MEDICATION	DOSAGE	TIME	DIAGNOSIS
Ex: metformin	*500mg/tab*	*2 times a day*	*Diabetes*

*****ATTACH UPDATED IMMUNIZATION RECORD INCLUDING YEARLY TB TEST*****

Physician Signature: _____ Date: _____

PRN LIST

The following "PRN" (as needed) medications will be offered at The Village Centers. Discuss with your physician if not all are appropriate. If you object to any of these medications, please make one line through the medication, then date and initial beside it. Please sign at the bottom to acknowledge this list, and make sure the physician signs as well. **Should you need other PRN medication, or a different dose than specified, then you must bring in a physician's order** *(please see the nurse for a blank form)* and the medication that is being prescribed to be used.

Medication	Used for…	Dosage	Calls to Nurse
Acetaminophen 500mg	Fever/Pain	1-2 tabs every 6hrs as needed (Ages 12+ only)	Call home to ensure not already taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1-2 tabs every 6hrs as needed (Ages 12+ only)	Call home to ensure not already taken. Call nurse for fever.
Diphenhydramine HCL (Benadryl)	Sneezing, itchy, watery eyes, runny nose – separate order needed for any other type of allergy	2-4 tsp (10-20ml) for ages 12+ 1-2 tsp (5-10ml) for ages 6-12	Call home to ensure not already taken. Call nurse if 1st dose not effective.
Chloraseptic Lozenges	Sore throat/Cough	Dissolve 1 lozenge in mouth every 2hrs as needed	Call if not effective.
Regular Strength Pink Bismuth (Pepto Bismol)	Heartburn, indigestion, nausea, upset stomach, diarrhea	2 tbsp (30ml) every 1 hour as needed x 2 doses Ages 12+ only	Call prior to assisting with dose. If diarrhea continues after 2 does, individual needs to go home.
Peroxide	Cuts & Scrapes	Apply a small amount over the wound using a cotton ball	Basic First Aid
Triple Antibiotic Ointment	Cuts & Scrapes	Apply a small amount to the cut/scrape	Basic First Aid
A&D Ointment	Skin Rash	Apply a thin layer to skin rash	Basic First Aid
Sunscreen Lotion 30+ SPF	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.

Physician's Signature: _____ Date: _____

I acknowledge the above PRN medications that are offered at The Village Centers. I understand that the guidelines above will be followed at The Village and should I need other treatments or medications, I must supply The Village nurse with an order from my physician, as well as the medication prescribed in its original container.

Signature of Individual: _____ Date: _____

Signature of Guardian: _____ Date: _____
(if applicable)

MEDICATION SELF-ADMINISTRATION WAIVER

I hereby □ **give permission** / □ **do not give permission** to The Village Centers personnel to oversee the self-administration of medication by my Villager _____ (name) according to the instructions below. I understand that The Village Centers personnel may/may not be certified as a registered nurse; however, I consent to allowing their oversight of medical administration to my Villager. I acknowledge that The Village Centers is to incur no liability, except for willful and wanton conduct, arising from the self-administration of medication or use of an epinephrine auto-injector by my Villager. I further waive any claims against The Village Centers, its members of the Board of Directors, its employees and agents arising out of the self-administration of said medication or use of an epinephrine auto-injector. I agree to hold harmless and indemnify The Village Centers, the members of the Board of Directors, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses, including attorney's fees, resulting from or arising out of the self-administration of medication or use of such epinephrine auto-injector. With respect to client's self-administration of asthma medication or use of an epinephrine auto-injector, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law.

Medication for self-administration while at the Village Centers:

1. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

2. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

3. RX Name: _____ Dosage: _____ Time: _____

   Reason for medication:_____

For asthma medication or epinephrine auto-injector only.

I consent to my Villagers possession and unsupervised self-administration of asthma medication:

□ YES □ NO

I consent to my Villagers possession and unsupervised use of his/her epinephrine auto-injector:

□ YES □ NO

Printed Name: _____

Guardian Signature: _____

Phone #: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby □ **authorize** / □ **do not authorize** The Village Centers staff and agents to transfer my Villager to any reasonably accessible hospital should a situation occur that deems this action necessary. I give permission to those administering emergency treatment to do so using measures deemed necessary. I absolve The Village Centers from liability in acting on my Villager's behalf in this regard.

I understand that this authorization is given to provide authority and power on the part of The Village Centers employees or representatives to give specific consent to any diagnosis, treatment, or hospital care, which, in the judgement of a licensed physician is deemed advisable.

Insurance Information

Primary Insurance:

Company:_____ Insurance Phone #: _____

ID #: _____ Group #: _____

Primary Insured Name: _____

Physician's Name: _____

Phone #: _____

Secondary Insurance:

Company:_____ Insurance Phone #: _____

ID #: _____ Group #: _____

Primary Insured Name: _____

Physician's Name: _____

Phone #: _____

Guardian Signature: _____ Date: _____

PLEASE MAKE A COPY OF ALL INSURANCE CARDS (FRONT & BACK) AND PASTE OR TAPE HERE

PASTE OR TAPE HERE

PASTE OR TAPE HERE

EMERGENCY CONTACT INFORMATION

In the event of the absence of a Parent/Guardian, the undersigned designated the following person(s) to be legally responsible in the case of a medical or other emergency.

This person must have permission to approve medical treatment for (name of Villager) _____, be present at The Village Centers within two hours of being notified, and assume all medical responsibility for said person. This person will also be on call for other emergencies.

_____

Name Relationship(s)

_____

Address City State Zip

_____

Home # Cell # Business #

I accept responsibility for _____ as outlined above.

_____

Responsible Party (Print & Sign) Date

_____

Parent/Guardian (Print & Sign) Date

MEDICATION POLICY

Attached is a Physician Medication Order for Villagers who require medication to be administered by a Licensed Medical Professional while attending The Village Centers. This form ***must be completed entirely by a Physician.*** This order must be in place before we will assist with dispensing any medication to the individual for which it is prescribed. No exceptions can or will be made to this policy.

The Physician Medication Order will be ***valid for one year from the date it is signed by the Physician.*** If there are any changes in medication or dosage, a new order must be obtained before we will assist in dispensing the medication.

Staff at The Village Centers cannot assist in dispensing the first dose of a newly prescribed medication. This policy is in effect for liability purposes in the even any effect or reactions occur as a result of taking the first dose of a newly prescribed medication. If your Villager is scheduled to start taking any new medications and/or new dosage of an existing medication at home, please notify The Village Centers Nursing Department in advance of the change. Depending on the medication, the Villager may be required to remain at home for the first 24 hours after starting the new medication or dosage so side effects may be monitored in the home environment.

All medication must be in the original containers/blister packs and must coincide with the written Physical Medication Order. To avoid having medications travel back and forth daily, a “school dose” bottle/blister pack may be obtained from the pharmacy – (ask you Physician to indicate this specifically when they write the prescription).

If the Villager is prescribed any medication not taken by mouth, such as a G-Tube or special medications (i.e. Diastat), please contact The Village Centers Nursing Department at 281-358-6172 to obtain an alternative Physician Medication Order form pertaining to these types of medication.

Members of the nursing department in combination with The Village staff are committed to ensuring the personal growth and life enrichment of the individuals we serve. Thank you for assisting us with this goal by making certain the nurse and staff are able to dispense all necessary medications in a safe and proper manner. Please sign below that you have read and understand this information. If you should have addition questions, please call the nurse at 281-358-6172.

_____

Print Name Signature Date

DISMISSAL/SUSPENSION POLICY

It is the policy The Village Centers to temporarily suspend or dismiss a Villager in the following circumstances:

□ Upon direct orders of a physician.

□ Upon the repeated violation of circumstances stated in the Behavioral Policy in the Program Handbook.

□ As deemed necessary by the Chief Executive Officer and/or Operations Manager due to safety issues.

□ If services and activities beyond those normally provided are needed.

□ If the client becomes a threat to the health and safety of his/herself or others; including but not limited to:

- Wandering or Running Away
- Consistent Non-Compliant Behavior
- Throwing Objects
- Biting, Scratching, Kicking, Fighting
- Refusal to take Prescribed Medications
- Inappropriate Sexual Behavior
- Verbal Abuse
- Destruction of Property
- Persistent Aggression (verbal and/or physical)
- As per conditions outlined in The Village Centers Behavioral Policy
- Requested voluntary discharge by the client, family, or legal guardian

The Village reserves the right to discharge an individual at any time without prior notice for safety reasons. The following are examples only and reasons are not limited to those listed:

- Elopement
- Physical Harm to Self or Others
- Physical Aggression
- Threatening behavior including verbal threats

_____

Villager Signature Date

_____

Parent/Guardian Signature Date

CONSENT TO RELEASE INFORMATION

If the Villager is **his or her own legal guardian**, please have them complete the following information below.

I authorize The Village Centers, Inc. to disclose any information to the individual(s) listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This authorization for release of information will remain in effect until such time as I no longer attend The Village Centers or inform The Village Centers of a new caregiver and sign a new form.

I understand that I have the right to revoke this authorization at any time.

Villager's First Name: _____

Villager's Last Name: _____

Signature of Villager: _____

Printed Name of Caregiver: _____

Relationship of Villager: _____

If the Villager is **NOT his or her own legal guardian**, The Village Centers will need a current copy of the Guardianship paperwork to place in their file. This will need to be submitted each year at the time of the Villager's birthday. Please send all guardianship paperwork to the attention of the Admissions Department. If you have any questions or concerns, please contact the Admissions Manager at 281-358-6172.

CONSENT TO RECEIVE SERVICES

___ **YES** ___ **NO** I give The Village Centers permission to contact my Medicaid Waiver Provider to obtain benefit information as it pertains to services provided by The Village Centers.

___ **YES** ___ **NO** I give consent to receive day habilitation and social/recreational services provided by The Village Centers, with the exception of the following activities/services:

_____

_____

_____

Villager or Guardian Signature: _____ Date: _____

MEDICAID WAIVER PROVIDER INFORMATION

Current Provider:

Date services began: _____ Date services were terminated: _____

Provider Name: _____

Case Manager: _____

Phone Number: _____

Other (please explain): _____

_____

Former Provider:

Date services began: _____ Date services were terminated: _____

Provider Name: _____

Case Manager: _____

Phone Number: _____

Other (please explain): _____

_____

Former Provider:

Date services began: _____ Date services were terminated: _____

Provider Name: _____

Case Manager: _____

Phone Number: _____

Other (please explain): _____

_____

COMPLAINT PROCESS

We strive to provide the best quality of services. If you are not satisfied with our services, you have the right to file a complaint. Complaints can be reported orally or written. All complaints will be investigated within 7 days of receipt. If you are not satisfied with the results, you have the right to file for an appeal. An appeal can take up to 30 days for resolution for obtaining additional documents to support the investigation.

If The Village Centers is unable to resolve the complaint or if you are dissatisfied with the results, you may also file a complaint with the Operations Manager or CEO at The Village Centers.

RIGHTS

1. You have the same rights of all citizens.
2. You have the right to vote.
3. You have the right to be free from abuse or neglect.
4. You have the right to make your own decisions.
5. You have the right to choose your own services and provider.
6. You have the right to change provider if you are not happy with their services.
7. You have the right to choose your own goals.
8. You have the right to refuse medications.
9. You have to right to request your records.
10. You have the right to cancel services any time.

If you are not satisfied with services or you think someone has violated your rights, you should contact the Operations Manager or CEO at 281-358-6172. You may also call Consumer Rights at 1-800-252-8154 and/or Consumer Rights and Services, Texas Department of Aging and Disability Services at 1-800-458-9858

Please sign below to confirm that you have read and understand the Complaint Process and Consumer Rights:

Signature of Guardian or Villager: _____

Printed Name of Guardian or Villager: _____

Guardian Relationship to Villager: _____ Date: _____

Villager's Name: _____ MRN/LCN: _____

PERSONAL LUNCH AND SNACK STORAGE POLICY

Villager's attending The Village Centers have the choice to put their lunch either into a locked refrigerator, or on the designated shelf in their assigned classroom. If the decisions is made to not place their lunch in the locked refrigerator, The Village Centers will not be held responsible if the lunch is taken or missing. The family of the Villager whose food is taken will be called to replace the missing meal/snack.

I have read and understand this policy.

Printed Name: _____

Signature: _____

Date: _____

DRESS CODE

The dress code is expected to be in keeping with accepted community and workplace standards. The following statements are guidelines:

- Shoes must be worn at all times. Shoes should be closed-toed and should have a flat sole. Heels and wedges are not permitted. Flip flops are highly discouraged.

- Villagers may wear regular shorts but must meet the following standards:
  - Must be loose-fitting; no biking shorts, cutoffs, boxer shorts, or combination thereof
  - Must be hemmed or cuffed
  - Length must be longer than fingertips

- Dresses or skirts must be longer than fingertips.

- Tube tops, halter tops, and mesh shirts are not permitted. Tank tops should have straps at least three (3) fingers wide and should be modestly cut.

- Sun dresses will be permitted if modestly cut.

- Shirts must overlap the waistband of skirts, shorts, or pants.

- Items with provocative, offensive, violent, or drug-related pictures or words are not permitted inside the building.

- Bandanas and hoods are not permitted. Hats, caps, and sunglasses are generally not permitted inside the building.

- No clothing that has been torn or has holes is permitted.

- No sagging pants or shorts are permitted

- No gang paraphernalia is permitted.

Villagers who do not follow this dress code will be asked to change clothes. If The Village Centers does not have appropriate clothing on hand, the parent/guardian/caretaker may be asked to bring extra clothing or to pick up the Villager early.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR TRANSPORTATION

I, _____ (name) am the (Parent/Guardian) of _____(name).

I □ **authorize /** □ **do not authorize** The Village Centers staff or representatives my permission to transport _____ (name) to The Village Centers authorized activities. I understand The Village Centers staff or representatives are required to have a minimum amount of drivers insurance in order to transport and this insurance shall be used first should a situation arise. I understand that The Village Centers also covers additional drivers/accident insurance that shall be used additionally should a situation be deemed necessary.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

FITNESS PROGRAM INFORMED CONSENT AND WAIVER RELEASE

I consent to voluntarily participate in the exercise/fitness programs, exercise classes, and health & fitness enhancement events, which include, without limitation, any use of premises, facilities, or equipment (the "Programs") administered by The Village Centers.

I understand the risks involved in my participation in the Programs, and agree to cease my participation in them or any specific exercise if I feel that such participation is too strenuous or places me at specific risk of injury.

In no event shall The Village Centers, its officers, employees, or agents be held liable for any personal injury, death, or property loss or damage sustained resulting from my participation in any/all activities in connection with The Village Centers Fitness Program.

I also hereby release all those mentioned, and any other acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment provided by The Village Centers.

Unless amended by mutual agreement, this instrument shall remain binding and in effect as long as I am a participant in the Program.

I grant The Village Centers, its representatives and employees the right to take photographs of me in connection with the Programs. I authorize The Village Centers, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Village Centers may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Villager Signature: _____

Print Villager Name: _____

Parent/Guardian Signature: _____

Date: _____

PERSONAL PROPERTY RELEASE

I acknowledge and agree that The Village Centers and its agents, employees, representatives, volunteers, and assigns shall not be liable for any loss, breakage, or theft of personal property and I, on my own behalf and on behalf of (Villager Name) _____, release The Village Centers parties of any liability for loss or theft of any personal property in connection with their participation in any Village Centers activity. By signing this release, I understand that personal equipment and property is brought in at my own risk. I also understand that if anything happens to my property that The Village Centers cannot be held liable.

Villager Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VLC Representative Signature: _____ Date: _____

PERSONAL INFORMATION RELEASE FOR PARENT DIRECTORY

The Village Centers is putting together a directory which will allow Village families to stay connected. Please fill out the information if you would like to be included in the directory and sign at the bottom.

We do not share your personal information and/or our directory with any other organizations or with individuals unaffiliated with The Village Centers.

Village Name: _____

Villager Classroom: _____

Parent/Guardian Name: _____

Email Address: _____

Cell Phone #: _____

Home Phone #: _____

Parent/Guardian Name: _____

Email Address: _____

Cell Phone #: _____

Home Phone #: _____

I grant The Village Centers the right to print the above information in the Parent Directory.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY/VIDEO RELEASE CONSENT FORM

I, _____, do hereby authorize and grant the absolute right and permission to The Village Centers to use, store, copyright, copy, and publish photographs, pictures, videos, or motion pictures of me and/or my child, including composite pictures of which I or my child may be included, in whole or in part, including the use of my name and/or my child's name, to be used in any format such as electronic or printed publications and materials (which may be produced by a studio), for art, advertising, marketing, editorial, trade materials, or for any other lawful purpose whatsoever. All right, title, and interest in and to the photographic images of me or my child, any pictures, video, or motion pictures of me and/or my child shall be the sole property of The Village Centers free from any claims whatsoever by me or any other person. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection with my image or the image of my child. I hereby waive any right that I may have to compensation from The Village Centers for the use of photographic portraits or pictures, videos or motion pictures of me or my child, or use of my name or my child's name; and I hereby waive any and all claims arising from rights to privacy for me or my child in connection with the use of my photographs, pictures, videos, or motion pictures of me or my name or my child's photographs, pictures, videos, or motion pictures or name by The Village Centers.

I understand that the photographs will be the property of The Village Centers, Inc. and will be credited to The Village Centers, Inc. for all journalistic purposes.

_____

Name Relationship to Client (if applicable)

_____

Client Name Client's Date of Birth

_____

Address City State Zip

_____

Email Address Phone Number

_____

Signature of Photo Subject or Parent/Guardian Date

RIGHTS OF THE ELDERLY

(a) An individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.

(b) An individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the individual:

(1) Has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services;

(2) Has the right to be free from abuse, neglect, and exploitation; and

(3) If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.

(c) An individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restrains may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.

(d) An individual with an intellectual disability who has a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.

(e) An individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.

(f) An individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the individual. The person providing service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take punitive action against an individual who makes a complaint.

(g) An individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. A person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an individual is married and the spouse is receiving similar services, the couple may share a room.

(h) An individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.

RIGHTS OF THE ELDERLY (CONT'D)

(i) An individual may manage the individual's personal financial affairs. The individual may authorize, in writing, another person to manage the individual's financial affairs. The individual may choose the manner of financial management, which may include management through or under a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an individual's financial affairs shall do so in accordance with each applicable program policy, law, or rule. On request of the individual or the individual's representative, the person designated to manage the individual's financial affairs does not affect the individual's ability to exercise another right described by this chapter. If an individual is unable to designate another person to manage the individual's financial affairs and a guardian is designated by the court, the guardian shall manage the individual's financial affairs in accordance with the Estates Code and other applicable laws

(j) An individual is entitled to access to the individual's personal and clinical records. These records are confidential and may not be released without the individual's consent, except the records may be released

(1) To another person providing services at the time the individual is transferred; or

(2) If the release is required by another law.

(k) A person providing services shall fully inform an individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition

(l) An individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.

(m) An individual may participate in an individual plan of care that describes the individual's medical, nursing, and psychological needs and how the needs will be met.

(n) An individual may refuse medical treatment after the individual

(1) Is advised by the person providing services of the possible consequences of refusing treatment: and

(2) Acknowledges that the individual clearly understands the consequences of refusing treatment.

(o) An individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.

(p) An individual may refuse to perform services for the person providing services

(q) Not later than the 30th day after the date the individual is admitted for service, a person providing services shall inform the individual

(1) Whether the individual is entitled to benefits under Medicare or Medicaid; and

(2) Which items and services are covered by these benefits, including items or services for which the individual may not be charged.

RIGHTS OF THE ELDERLY (CONT'D)

(r) A person providing services may not transfer or discharge an individual unless:

(1) The transfer is for the individual's welfare, and the individual's needs cannot be met by the person providing services;

(2) The individual's health is improved sufficiently so that services are no longer needed;

(3) The individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;

(4) The person providing services ceases to operate or to participate in the program that reimburses the person providing services for the individual's treatment or care; or

(5) The individual fails, after reasonable and appropriate notices, to pay for services

(s) Except in an emergency, a person providing services may not transfer or discharge an individual form a residential facility until the 30th day after the date the person providing services gives written notice to the individual, the individual's legal representative, or a member of the individual's family stating;

(1) That the person providing services intends to transfer or to discharge the individual;

(2) The reason for the transfer or discharge listed in Subsection (r);

(3) The effective date of the transfer or discharge;

(4) If the individual is to be transferred, the location to which the individual will be transferred; and

(5) The individual's right to appeal the action and the person to whom the appeal should be directed.

(t) An individual may:

(1) Make a living will by executing a directive under Subchapter B, Chapter 166, Health and Safety Code;

(2) Execute a medical power of attorney under Subchapter D, Chapter 166, Health and Safety Code; or

(3) Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

By signing below, I understand these rights as written.

Parent/Guardian Signature:_____ Date: _____

Staff Signature: _____ Date: _____

Witness Signature: _____ Date: _____

APPROVED PICK-UP / RELEASE FORM

I, _____ agree that the following person(s) can pick up my child/loved one _____ from the Village Centers in my absence. I also understand that anyone on the approved pick up list may be asked to present a valid ID to be able to pick my child up.

NAME	RELATIONSHIP

I understand that unless it is the person(s) listed above, or myself, my child will not be released from The Villages care. We will need to be notified in advance if anyone who is not listed above will be picking up your Villager.

Parent/Guardian Signature: _____ Date: _____

Village Representative Signature:_____ Date: _____

INTERENT AND ELECTRONIC MAIL PERMISSION FORM

We are pleased to offer access to our Computer Lab network for access to the Internet. To gain access to the Internet, all clients must obtain parental permission and return this form. Access to the Internet will enable Villagers to explore varying subjects, libraries, databases, and bulletin boards while exchanging messages with Internet users in our local community.

Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, Villagers may find ways to access other materials as well.

We believe that the benefits to Villagers from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages; but ultimately, parents and guardians are responsible for setting and conveying the standards that their individual should follow when using media and information sources. To that end, The Village supports and respects each family's right to decide whether or not to allow their individual access.

The Village Computer Lab Internet Rules:

Users are responsible for good behavior on computer networks. Communications on the network are often public in nature. The network is provided for use to conduct research and communicate with others. Access to network services is given to users who agree to act in a considerate and responsible manner. Parent permission is required. **Access is a privilege – not a right.** Access entails responsibility. Individual users of the computer networks are responsible for their behavior and communications over those networks.

The following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems, or computer networks
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work, or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes

Violations may result in a loss of access.

User Agreement and Parent Permission Form:

As a user of The Village Computer Lab network, I hereby agree to comply with the above stated rules – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Villager Signature: _____

As a parent or legal guardian of the individual signing the above, I grant permission for him/her to access networked computer services such as electronic mail and the Internet. I understand that some materials on the

Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my Villager to follow when selecting, sharing, or exploring information and media online.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Villager: _____ Date: _____

UNEXPECTED DAY PROGRAM CLOSURES

During cold weather, flooding, hurricanes and/or other inclement weather or disaster related events, the Village will follow Humble ISD regarding building closures. Should the district not be in session, families can check the Village Social Media for updates or you can be alerted by Remind and/or the Village Parent Group Email.

To join Remind via text:

Phone Number – **81010**

In Text:

VLAC: **aff32**

Transportation - **@bf79kk**

To join the Village Parent Group Email:

Email: info@villagelac.org

In Person: **Front Desk**

Remind and VPG Email is used by the Village Centers to send out weather notifications, closures, Holiday reminders, outings, and events going on at the Village. You can set up by texting above or stop by the front desk and we will be happy to help.

RECEIVED CHECK LIST FOR ADMISSION:

□ Current Guardianship Papers, obtained annually from the court
□ Copy of Most Current Picture ID (if it has been renewed this past year)
□ Client Information
□ Current Physical
□ TB Test
□ Parent/Caregiver/Guardian Information
□ Medical Information
□ PRN List, signed by your physician
□ Medical Information Release
□ Medication Self Administration Waiver
□ Authorization for Emergency Medical Treatment
□ Copy of Current Insurance Cards, private, if applicable, and Medicaid
□ Approved Pick-Up List
□ Medical Consent Form
□ Emergency Contact Information
□ Medication Policy
□ Physician Medication Order
□ Dismissal/Suspension Policy
□ Unexpected Closure
□ Consent to Release Information
□ Consent to Receive Services
□ Medicaid Waiver Provider Information
□ Complaint Process/MR Rights
□ Personal Lunch and Snack Storage Policy
□ Dress Code
□ Authorization for Transportation
□ Authorization for Photo/Social Media Release
□ Fitness Program and Informed Consent Waiver Release
□ Personal Property Release
□ Personal Information Release for Parent Directory