

# KCS

*Be Everything You Can Be*

*Early Learning | Special Needs | Family Supports*

# Family Supports Program

Family Supports for Children with Disabilities



*Serving Sylvan Lake & Area Since 1978*

4725 - 43rd Street, Sylvan Lake, AB T4S 1M3

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# Family Supports Program

## Table of Contents

1. The Family Supports Program
2. Accessing Services (referrals, entrance criteria & exit criteria)
3. Scheduling of Services
4. Expenses Incurred for Services
5. Dispute Resolution/Appeals
6. Child Abuse Protocol
7. Discipline, Behavioral Intervention & Restrictive Procedures
8. Severe Weather Closure
9. Informed Consent & Release of Information
10. Forms:
  - In-Home Checklist
  - Parent Trip Consent Form
  - FSCD Timesheet
  - Family Supports Registration Form



## **Family Supports Program**



### **Program Overview:**

**kes Association** is under contract with Family Support for Children with Disabilities (FSCD) to provide 'Family Support Services.' This helps families with children (under 18 years) with disabilities to access family support services, child focused services and specialized services as determined in their discussion with their FSCD caseworker and as outlined in their Individual Family Support Plan and FSCD agreement.

The services may include (but are not limited to):

- hourly respite
- 24 hour respite
- care for a child if the parent(s) are at work, school, etc.
- to assist a child with daily personal care
- to assist a child in participating in community programs
- to assist a child's parent/guardian in managing the child's behavior, etc.
- counseling services

Most of these services are funded by FSCD through a 'Fee for Service Agreement' that has been established between FSCD and the parents. The Family Supports Program works with parents, using their FSCD 'Fee for Service Agreement,' to coordinate services for their child. The Program recruits and trains support staff/families within the community who will provide needed services. The Program also works to help families identify what other supports and services in the community (e.g. activities, organizations, special in-services, etc.).

## Accessing Services

### Eligibility



Children under the age of 18 who has a disability that is a chronic condition and/or significantly limits the child's ability to function in normal daily living may be eligible for Family Supports services. If you have concerns about your child's development whether your child may be eligible for these services please contact:

- |  |              |
|--|--------------|
| ❖ Family Supports Director ( <b>kcs</b> Association) | 403-887-5330 |
| ❖ FSCD Caseworker (for your community/area)          | 403-340-5478 |

### Referrals

The Family Supports Program will take referrals from:

- FSCD
- The child's family
- Community agencies/organizations

For families who have not been in contact with FSCD, the Program Director will connect the family with the appropriate FSCD caseworker in order that a Support Plan and Fee for Service Agreement can be made. The Program will also work with other resources in the community in order that the family will have the supports they need to care for their children, and promote their development.

### Entrance Criteria:

- A child is under the age of 18 and has what the FSCD Act's defines as a 'disability' or the parent(s) have a concern that the child may have such a disability.
- Any child that comes to **kcs** Association and falls within this criteria will be immediately welcomed into our regular programming environments and referred to the community's FSCD caseworker.
- The family connects with FSCD caseworker and has an Individual Family Support Plan and a 'Fee for Service Agreement.'

**Exit Criteria:**

- The Program Director will work with the family and the FSCD caseworker in order to 'tie up any loose ends' regarding the family's services, record of services, invoices, etc.
- All paperwork will be completed and with the consent of the family will be forwarded to the receiving agency, for example, if the family is re-locating.



## Scheduling Services

**kcs** Association will do its best to provide your family with the services needed as expressed in your 'Fee for Service Agreement' (FSCD). We ask that you keep us informed of any changes in your 'Agreement,' your need for services and also give us your feedback on the quality of services your family is receiving. With this in mind:

### **Scheduling of Services**

- a) Family Supports staff will do 'all they can' to find coverage for your family, to confirm with you scheduled service times and inform you of any changes/cancellations. Please check for messages!
- b) If you do not require services that have been booked for your child, please call back as soon as possible in order that these services may be cancelled. Failure to do so may result in having to pay staff for unused hours.
- c) If you have a standing request for services (e.g. you child is scheduled for respite every Saturday) staff will continue to schedule this service and will attempt to contact you to confirm the service. Please contact **kcs** Association if you wish to change/cancel these services as failure to do so may result in having to pay staff for possible unused hours
- d) **kcs** Association is also required to pay a staff member for hours worked when cancellations are not made with at least 24hrs advance notice. If you need to change/cancel your services please contact the Centre or Ms. Marie (403-746-3296) as soon as possible to avoid having to pay staff for possible unused hours.
- e) Alberta Labor Standards requires that staff are paid for a minimum of 2 hours for any work period (e.g. if staff works with your child for 1.5hrs we are still required to pay that staff member for at least 2 hours) This may impact the actual number of hours of service used for your child(ren). Please contact FSCD Director to answer any questions re: how this might impact your service agreement with FSCD.
- f) Family Supports staff will do 'all they can' to provide you with the services you need, however there are times due to staff illness; scheduling conflicts; etc. that services may not be able to be provided as requested. **kcs** Association encourages families to book services well in advance of upcoming family commitments and also encourages families to have other family members/friends, etc. that might be available if needed at the last moment.

### **Private Access of Services:**

- a) Under FSCD, families may access services for their child with disabilities privately.
- b) If you are accessing services privately please let **kcs** Association know as soon as possible to ensure that service hours for your child are tracked correctly and to keep you from being charged for extra services that are not covered by your 'Fee for Service Agreement.'

### **FSCD Timesheets**

- a) Timesheets need to be completed & signed for every service your child uses and submitted to **kcs** Association main office by the 25th of each month.
- b) Please confirm with the staff member(s) serving your family who will keep the timesheets during the month.
- c) If you have any questions about the FSCD timesheets please contact your FSCD Director, or Ms. Karen (403-887-5330)

### **In-Home Services**

- a) Family Supports services may be provided in your home. When this occurs your home becomes the workplace for **kcs** Association staff.
- b) Under the 'Occupational Health & Safety Act' **kcs** Association is required to ensure that every workplace is safe from potential hazards that may threaten the safety of staff members.
- c) Prior to services being provided in your home, the Family Supports Director will visit your home to:
  - a. Meet with your family
  - b. Learn about the child's functioning in his/her home environment
  - c. To ensure your home is a 'safe working' environment for the Family Supports staff.
- d) Please ensure that the items on the 'home safety checklist' are in place before the Family Supports worker's initial visit to your home - failure to do so could result in a delay of services for your child.

### **Monitoring & Evaluation of Services**

- a) **kcs** Association Family Supports Director will monitor the Support services on an ongoing basis through meetings with staff, informal conversations with parents, and through an annual evaluation of the Family Supports Program.
- b) We sincerely appreciate you feedback in order to ensure that services for your child are indeed meeting his/her needs.

## Expenses Incurred for Services

The Family Supports Program of **kcs** Association strives to provide families who have children with disabilities with the services they need according to those outlined in their 'Fee for Service Agreements' with FSCD. Although this 'Agreement' covers numerous costs incurred by the family there are a number of 'expenses' that remain the responsibility of the family – these are outlined below.

1. Direct costs for your child's participation in a program/trip/activity (e.g. entrance fees, ride tickets, theatre passes, snacks/meals, etc.)
2. Families that request staff members to take children to participate in trips/activities beyond our local area are responsible to cover all costs incurred with such a trip/activity. As well families are responsible to cover transportation costs beyond the **kcs** approved limit.





## Dispute Resolution/Appeals Policy

At times, concerns may arise regarding the placement, programming and/or services. **kcs** Association strives to propose equitable and fair resolution of these concerns to maximize the well-being of all parties involved.

### For Children, Youth, Adults, Parents, Staff, and Volunteers:

- a) Concerns are to be brought forward to the staff member directly involved in the situation (e.g. educational assistant, support staff, etc.)
- b) If resolution is not possible, the concern will be brought to the staff member's immediate supervisor (e.g. Teacher, Early Intervention Director, Family Supports Director, or Spectrum Supports Director, etc.) to resolve the concern in the best interest of the child/youth and **kcs** Association.
- c) If after such action, the concern continues to remain unresolved, the concern can be brought to the Principal/Executive Director to work with individuals involved to resolve the concern in the best interest of the child and the Centre.
- d) If after such action, it is felt that resolution has not been obtained, the Principal/Executive Director's decision may be appealed (in writing) to the Board of Directors of **kcs** Association (cc. the Principal/Executive Director). The Board of Directors will make a decision based on the appeal and review of the decision made by the Principal/Executive Director and staff re: the matter.
- e) In the case of an issue or the Family Supports Program (FSCD), parents may if they feel it necessary, request a review of the decision by the Minister of Education or Minister of Children's Services accordingly.

## **Child Abuse Protocol**

**kcs** Association works to enhance the well-being and development of children within our community. There are numerous situations in which children are abused or neglected. **kcs** Association staff will endeavor to recognize 'signs' of neglect or abuse and respond to possible incidents of abuse or neglect to protect children who otherwise are unable to protect themselves.

The preservation, health & development of children & families should be encouraged & continually supported.

### **Prevention**

- a) Staff members shall demonstrate appropriate interaction with children
- b) Only staff members shall change diapers, attend children in washrooms and/or change rooms
- c) Staff members will implement the 'Keeping Kids Safe' prevention program/kit within classroom
- d) Upon hiring a new staff member, **kcs** Association will request: Criminal Record Check, Vulnerable Sector Check and will carefully review references

### **Response**

- a) Staff members will be given training regarding the 'Child Abuse Protocol & Abuse Protocol'
- b) If a staff member senses there is something wrong with a child the staff member will report such concern to their supervisor who shall support the staff member in: making observations of the child; recording concerns & observations in a confidential manner; and in reporting suspicions to the Children's Services caseworker.
- c) The supervisor will remain in direct communication with the Principal/Executive Director
- d) Staff members working in 'In-Centre' programs will report to the Early Intervention Director
- e) Staff members working in the Family Supports Program will report to the Family Supports Program Director

## **Discipline, Behavior Intervention & Restrictive Procedures**

1. **kcs** Association understands discipline as a means to help children grow in their development of socially appropriate skills. To this end, **kcs** Association staff may use a variety of strategies, depending on the needs of the child, to foster positive social behavior.
2. Staff shall use the most positive strategies to try to understand the reasons behind a child's inappropriate behavior and to try to implement change of that behavior. However, in situations where positive strategies prove ineffective and/or a child's behavior places themselves or others at risk, staff may employ strategies that are more restrictive in nature.
3. Restrictive procedures may be used only as an emergency intervention for high-risk behaviors that threaten the safety of children, others in environment or property and/or as a temporary suspension/withdrawal of an object, privilege, etc. that would otherwise be available to the child.
4. Under no circumstance is the use of corporeal punishment (or any practice that results in deprivation or purposefully caused physical pain) be permitted as a strategy in our work with children/youth.

### **Developing Social Skills**

- **kcs** Association works to help all children increase their ability to:
  - Understand socially appropriate behavior
  - Control themselves (self-management)
  - Think before they act
  - Make positive changes in their lives
  - Be accountable for their behavior
- Staff shall work with children to acquire skills, practice these skills and be able to use these skills in a variety of environments

### **Dealing with Inappropriate Behavior**

- **kcs** Association staff shall firstly use the most positive (and least restrictive) intervention strategies to deal with inappropriate behavior (whether it is anticipated or unanticipated). These include (but are not limited to):
  - Reinforce appropriate behavior – 'catch them being good'
  - re-direction (verbal, gentle physical...)
  - cueing (verbal, visual...)
  - modeling
  - teaching appropriate alternative behavior(s)
  - introducing or expanding choices
  - making accommodations for child's skill level in tasks/plans
  - enriching environment with additional materials to support learning
  - use of sensory supports (e.g. brushes, weighted blanket, sensory balls, etc.)
  - allowing the child to learn from the most logical and/or natural consequences of their behavior (e.g. purposefully spill their drink then the child will be assisted to clean up the spill and the drink is then no longer available to the child)

- If these above mentioned 'positive' strategies are not working, **kcs** Association staff will assess the situation (functional assessment):
  - Is the behavior a '1 time' or repeated behavior?
  - What is happening to cause such a response by the child?
  - Are there other types of more appropriate behaviors the child could use (learn) in order to deal with this cause?
  - What are the consequences resulting from the child's present behavior? If the child could use more social appropriate responses what would be the consequences for the child and others in the environment?
  - After this assessment, **kcs** Association staff will again return to the use of positive strategies based on the new information gained from the assessment
  
- When staff are unable to get children to change their inappropriate behavior using positive approaches the staff members may use other types of strategies based on the level of seriousness of the behavior.
- Support staff may carry out an 'informal functional assessment' and develop intervention strategies in consultation with their Director for low-medium risk behaviors. Staff shall report on ongoing success of these behavioral strategies in their contact notes. These shall be reviewed with the Program Director on a regular basis.
- Staff shall report incidents of 'high-risk' behaviors and restrictive procedure(s) (e.g. physical holding, etc.) employed in an 'incident/accident/illness' report submitted to Program Director within 24hrs of the incident. The Program Director shall review these for frequency & severity of behavior. Depending on the severity & frequency of the 'high-risk' behavior there may be need for: a formal functional assessment to be completed, development of a formalized behavioral plan, consultation with a behavioral consultant, etc.
- Inappropriate behaviors that are deemed to be 'predictable,' may be addressed by using a 'planned positive/restrictive procedure.' This procedure shall be developed in consultation with the Program Director, parents and other qualified personnel as needed (Individual Program Plan). This procedure shall be monitored on an ongoing basis to evaluate its success in behavioral change. The procedure may need to be adjusted in order to ensure success. Once behavioral goal(s) have been reached the procedure may be terminated. Support staff shall receive orientation to the child's needs, their anticipated behavior and behavior management practices to address these.

## **Severe Weather Closure**

**kes** Association wishes to ensure the safety of children, their families and our staff in traveling to/from the Centre; traveling to/from a child's home and/or community activity for the Family Supports Program during winter days of extreme cold and/or storm.

### **Centre Closure**

The Centre will be closed:

- When the temperature plus wind-chill reaches -35C or below (according to local weather channel reports)
- Severe winter storm conditions
- Public school buses are not running

All closures will be announced on local radio stations between 7:00-8:00am.

### **Family Supports Program**

On days the Centre is closed due to severe weather conditions, Family Supports Staff will not be providing services to families with children with disabilities. All attempts will be made to reschedule services. Certain situations may exist where extraordinary child care is needed for working parents. These will be reviewed by the Family Supports Director on a case-by-case basis

### **Winter Caution**

During the winter months, when the Centre is open, parents and staff are advised to use their own discretion in judging their safety in traveling to/from **kes** Association.



1.13 Consent for Request and/or Release of Confidential Information

I, \_\_\_\_\_ give consent to kcs Association to  
(Individual or Parent/Guardian)  
release and/or request information from the following service provider(s), organizations or  
individuals, for the purpose of enhancing the individual's programming or services.

Individual's name (please print): \_\_\_\_\_

**Service providers, organizations or individuals:**

- Alberta Education
- Family Supports for Children With Disabilities (FSCD)
- Early Learning and Child Care (Licensing)
- Support Child Care (SCC)
- Persons with Developmental Disabilities (PDD)
- AISH
- Speech-Language (Name: \_\_\_\_\_)
- Occupational Therapist (Name: \_\_\_\_\_)
- Physical Therapist (Name: \_\_\_\_\_)
- Psychologist (Name: \_\_\_\_\_)
- Alberta Health Services ( \_\_\_\_\_ )
- School (Name: \_\_\_\_\_)
- Physician/Pediatrician (Name: \_\_\_\_\_)
- Other? \_\_\_\_\_

**Note:** This consent is only valid during the period of the individual's involvement in kcs  
Association programs and/or services

- Any changes or additions/deletions will require a new signature and new date
- Consent may be withdrawn at any time; it will require a written 'withdrawal' of consent.

\_\_\_\_\_  
(Signature of Individual/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of kcs Association Representative)

\_\_\_\_\_  
(Date)

**kcs Association**

**Family Supports Program -Parent Trip Consent Form**

Name: \_\_\_\_\_ Family Supports Staff: \_\_\_\_\_

Programs/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time period: \_\_\_\_\_

**kcs Association will make every reasonable effort to ensure or ascertain that:**

- a) the staff, volunteers and/or service providers involved are suitably trained and qualified
- b) the child is adequately supervised over all aspects of the program/trip
- c) the location(s) used are appropriate and safe for the activity(ies) and the group
- d) equipment used has been inspected and deemed appropriate and safe

Potential Hazards/Concerns & Actions/plans to address these

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent and Acknowledgement of Risk:**

- a) I accept that my child will travel with his/her Support Worker to/from the above mentioned trips/activities.
- b) I acknowledge my right to obtain as much information as I require about these activities/trips and associated risks/hazards, including information beyond that provided to me by **kcs Association** staff.
- c) I freely and voluntarily assume the risks/hazards inherent in the activity/trip and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her travel
- d) My child has been informed that he/she is to listen and follow the directions given by his/her Family Support Staff for these activities/trips
- e) I understand and accept that my child's Family Support Staff may have to use 'restrictive procedures' in the event that my child's behavior threatens the well-being or safety of my child and/or others who are also present
- f) I acknowledge that it is my responsibility to:
  - advise **kcs Association** of any medical and/or health concerns of my child which may affect his/her participation in the stated activity
  - provide any required medication for my child in 'pre-measured' dosages
  - provide appropriate clothing necessary to participate in the activities
  - provide appropriate snacks, drinks, etc. needed by my child for the length of the trip
  - provide adequate funds (\$) to cover expenses incurred for my child in order to participate in the activity (e.g. swimming, theatre pass, lunch at MacDonald's, etc.)
- g) I consent that, in the case of an emergency, **kcs Association** staff may secure the medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services

I have read and understand the above items and I agree that my child has my permission to participate in these activities/trips

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## EMERGENCY PLAN

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Care #: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Doctor Name & Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Condition/Allergy to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IF YOU SEE THIS:**

**DO THIS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY FOLLOW CARE PLAN BELOW:**

- Stay with individual
- Have someone call 911 and meet the ambulance
- Follow First Aid procedures
- Contact Parent/Guardian

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



kcs Association

'In-Home' Checklist - Family Supports Program

| <b>Item</b>                        | <b>Initial Review Date</b> | <b>Item present and/or Not Present</b> | <b>Comment (Status of item, follow-up needed, etc.)</b> |
|------------------------------------|----------------------------|--|---|
| Smoke Detectors                    |                            |  |   |
| Carbon Monoxide Detectors          |                            |  |   |
| Fire Extinguishers                 |                            |  |   |
| First Aid Kit                      |                            |  |   |
| Plan for emergency escape          |                            |  |   |
| Phones                             |                            |  |   |
| Medications                        |                            |  |   |
| Poisons/Chemicals                  |                            |  |   |
| Specialized Equipment for children |                            |  |   |
| Other:                             |                            |  |   |

\_\_\_\_\_  
(Family Supports Program Director)

\_\_\_\_\_  
(Date)



**C. Health Information**

1. Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Previous Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Are the client's health records on file with ALBERTA HEALTH SERVICES?  Yes  No

If No, where are the client's health records located? \_\_\_\_\_

4. Are the client's immunizations up to date?  Yes  No

If No, please state reason \_\_\_\_\_

5. Does the client have any allergies (food, medication, etc.)? Yes / No If Yes, please note:

Allergy: \_\_\_\_\_ Triggers/Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Allergy: \_\_\_\_\_ Triggers/Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Allergy: \_\_\_\_\_ Triggers/Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Asthma: \_\_\_\_\_ Triggers/Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Eczema: \_\_\_\_\_ Triggers/Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

6. Will the client need to be medicated at school?  Yes  No

If Yes, please fill out medical form.

7. Is the client able to 'self-administer' their medication? \_\_\_\_\_

8. Has the client had? Please check with an X any of the following that apply:

- Mumps       Red Measles       German Measles       Croup
- Chicken Pox       Scarlet Fever       Whooping Cough       Diphtheria
- Pneumonia       Bronchitis       Tonsillitis       Polio
- Ear Aches       Frequent Colds

9. Does the client experience epilepsy/seizures/convulsions? If Yes:

| Controlled/Uncontrolled | Physical Signs | Frequency | Duration | After Effects | Recommended Method of Treatment |
|-------------------------|----------------|-----------|----------|---------------|---------------------------------|
|                         |                |           |          |               |                                 |

10. Please advise us regarding developmental concerns of the client:

| Developmental Area   | Nature of Impairment | Use of Appliance/Equipment | Special Instructions | Special Skills | Affect on daily living |
|----------------------|----------------------|----------------------------|----------------------|----------------|------------------------|
| Physical-gross motor |                      |                            |                      |                |                        |
| Physical-fine motor  |                      |                            |                      |                |                        |
| Sensory-motor        |                      |                            |                      |                |                        |
| Vision               |                      |                            |                      |                |                        |
| Hearing              |                      |                            |                      |                |                        |
| Speech               |                      |                            |                      |                |                        |
| Sleep                |                      |                            |                      |                |                        |
| Toileting            |                      |                            |                      |                |                        |
| Feeding              |                      |                            |                      |                |                        |
| Other                |                      |                            |                      |                |                        |

11. Are there any other health conditions that the Family Supports Program should know about?  
 If yes, please provide information here: \_\_\_\_\_  
 \_\_\_\_\_

12. Did the client experience problems at birth? If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. About the client:**

**1. Social/Emotional:**

a) How does the client show:

happy \_\_\_\_\_  
 sad \_\_\_\_\_  
 angry/frustrated \_\_\_\_\_  
 over stimulated \_\_\_\_\_  
 anxious/nervous \_\_\_\_\_

b) Describe the client's interactions with:

adults \_\_\_\_\_  
 siblings \_\_\_\_\_  
 peers \_\_\_\_\_  
 pets \_\_\_\_\_

c) Describe what motivates the client \_\_\_\_\_  
 \_\_\_\_\_

d) What events/people/things cause a change in the client's behavior? \_\_\_\_\_  
 \_\_\_\_\_

e) Describe the client's ability to engage in play \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Self-Care:

Describe the client's ability with each of the following:

- a) washing hands \_\_\_\_\_
- b) toileting \_\_\_\_\_
- c) hair care \_\_\_\_\_
- d) brushing teeth \_\_\_\_\_
- e) bathing \_\_\_\_\_
- f) dressing/undressing \_\_\_\_\_
- g) eating \_\_\_\_\_
- h) drinking \_\_\_\_\_
- i) awareness of diet \_\_\_\_\_
- j) awareness of allergies \_\_\_\_\_
- k) sleep routines \_\_\_\_\_
- l) preparing to eat \_\_\_\_\_
- m) clean up after eating \_\_\_\_\_
- n) putting toys/games away \_\_\_\_\_

3. In your home:

- a) What areas of your home are accessible to the client? \_\_\_\_\_  
\_\_\_\_\_
- b) What areas of your home are specifically for the client? \_\_\_\_\_  
\_\_\_\_\_
- c) Are there any special accommodations for the client in your home? \_\_\_\_\_
- c) What safety concerns need to be taken into account while working with the client in your home? \_\_\_\_\_  
\_\_\_\_\_

4. Community/Recreation Activities:

- a) Describe the client's current interests: \_\_\_\_\_  
\_\_\_\_\_
- b) Are there activities the client would like to try: \_\_\_\_\_  
\_\_\_\_\_
- c) What supports are needed for these activities/interests: \_\_\_\_\_  
\_\_\_\_\_
- d) Describe the client's awareness of traffic safety and/or 'safety from strangers: \_\_\_\_\_  
\_\_\_\_\_
- d) What safety concerns need to be accommodated: \_\_\_\_\_  
\_\_\_\_\_

5. Other information:

Please add any extra information/comments about the client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Agreement & Signature(s)**

- kcs Association 'Family Supports Program'** shall do its best to provide care and/or activities for the client that are, both safe and appropriate for the client's developmental level.
- kcs Association** is committed to keeping the personal information you share with us confidential. In summary: - we obtain your consent when we collect, use or disclose your personal information  
- we only use the information for the purposes we discussed with you  
- we allow you access to your information as needed
- My signature below indicates that:
  - o I have read and agree to the terms & conditions outlined in the Family Supports Program Handbook
  - o The information I have provided with regard to my son/daughter is true.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

