



Thank you for your interest in the South East Consortium Teen Life program. The following information will provide you with insight into this unique and fun life skills program offered by SEC. Please review the information listed in this letter which will give you a basic understanding of the program. If you decide your teen meets the eligibility requirements and you wish to pursue registration, please contact the office to register. Individuals may not register for the program until all forms are completed on RecDesk prior to finalizing registration. If you are new to South East, your individual will have to be OPWDD eligible, and you will be required to make an appointment with your teen for a brief in-take interview to assess your teen's readiness for Teen Life Program and to finalize registration.

The Teen Life program is developed for teens, ages 14 to 25, who have outgrown our summer day camp. With this in mind, we have designed a program that combines the excitement of community-based activities and trips while providing opportunities to improve daily living skills. The opportunity to apply these skills and knowledge as we build them will allow us to scaffold and work towards individual goals and needs. Our individuals will work on skills related to socialization, executive functioning and activities of daily living. We will also work on developing financial skills, tools for self-regulation (social & emotional), as well as skill related to well-being and fitness.

We have many additional fun activities planned locally throughout the week for individuals to enjoy, such as our BBQ Day, Sports Day and scheduled swimming times throughout the week. There will be at least one trip per week where your individual will visit different places of interest in the surrounding communities. Because of the nature of this program, individuals need to demonstrate behaviors that are conducive to participating in community settings and functioning within larger groups.

Teen Life Season: First Day of Teen Life starts Wednesday, July 5th and runs through Friday, August 4th (23 Days).

Days and Times: Teen Life will take place Monday-Friday from 9:00am -3:30pm, unless otherwise noted. There may be extended days for special trips and outings. these will be outlined in your individual's summer schedule.

Location and Transportation: Pick-up and drop-off will be at different locations depending on the day. Locations will be reviewed at Family Orientation. Please be sure to review your weekly program calendar carefully!

Eligibility: Individuals between the ages of 14 and 25, who are diagnosed with a Developmental Disability who reside in one of the component municipalities and is eligible for reimbursement under New York State/Medicaid Wavier guidelines, will be given priority. Individuals must demonstrate behaviors that are appropriate for functioning within the community and follow group instructions. Due to staffing limitations South East Consortium cannot accept any individual requiring specialized health care or supervision. Unfortunately, we will not provide 1:1 staffing for the Summer Teen Life Program.

Transportaion: Transportaion is avaiable to and from program for those who reside in the consortiur area for an additional fee of \$450.00. Participates residing in Pelham qualify for transportation to and from program through Pelham Recreation.

Program Cost: The cost per individual for the program will be \$1,500.00 for the summer (5 weeks, 23 days of camp).The payment plan for the Teen Life Program is as follows:

- Non-refundable deposit due at the time of registration: \$100.00
- First Payment due April 15th: \$400.00
- Second Payment due May 15th:\$500.00
- Third and Final Payment due June 15th: \$500.00

Additional money for desired concessions and/or special purchases is not included in the cost of the program, and will need to be sent in with the individual. The total expense incurred by SEC for your individual to attend camp is \$6,031.35. Interpretation of Medicaid Wavier regulations permit SEC to assess families a cost of \$1,500.00 based on expenses related to internal transportation, consumable supplies, food, special entertainment and admission costs which are not covered by Medicaid. Please note, if your individual has been approved for the Medicaid Waiver, but does not have Respite units allocated in their Life Plan for Camp, the payor will be responsible for the aforementioned Medicaid rate, at \$30.31 per billable hour. Please call the SEC Office with any questions or concerns at 914-698-5232.

Each of our groups will have a maximum of 12 individuals enrolled. Your individual will be assigned a main group. However, groupings are subject to change depending on the activities for that day. Factors taken into consideration for these groupings include age, level of need, and previous relationships. Program groupings are final, barring any extraneous circumstance.

If you have any questions or concerns regarding these dates, please let me know immediately.

If you have any questions, please feel free to contact Program Supervisors Jonathan Sankat or Erin McGuinness at 914-698-5232 or email jsankat@secrec.org or emcguinness@secrec.org.

We look forward to seeing you this summer!





South East Consortium Teen Life Program Medication Authorization Form

In accordance with the Nurse Practice Act and the State Education Law, staff personnel may not dispense medication -whether prescribed or over-the-counter to an individual unless it is authorized by the individual's parents and their physician.

This form allows the administrative staff to store your individual's medication and to supervise your individual in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with the medication in its original container to the SEC Administrative Staff.

Please Note: Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by an individual instead of being stored at the program site.

Date: ____/____/____

I hereby grant permission to the SEC Administrative staff to store and to supervise the self-administration of my individual's medication as detailed below by our physician.

Individual's Name: _____ Grade in September (if applicable): _____

Address: _____

Parent/Guardian(s)' names: _____

Parent/Guardian #1 Cell: ____ - ____ - ____ Home: ____ - ____ - ____ Work: ____ - ____ - ____

Emergency Contact Name: _____ Cell: ____ - ____ - ____ Home: ____ - ____ - ____

Check all that apply:

- ◇ I would like my individual to carry their EpiPen/ Benadryl/ inhaler (circle one) at all times.
- ◇ I would like my individual's EpiPen/ Benadryl/ inhaler (circle one) to be carried by camp staff.
- ◇ I am providing a second EpiPen / Benadryl / inhaler (circle one) to be carried by camp staff.

Parent/Guardian signature: _____ Date: ____/____/____

*This portion must be completed by your individual's physician. Date: ____/____/____

_____ is to receive _____

individual's name

medication

for _____ . indication (what medication is utilized for)

Dose: _____ Route: _____ PRN or Frequency: _____

Notes: _____

Physician's Name: _____ Signature: _____

Phone: ____ - ____ - ____ Address: _____



South East Consortium Teen Life Program Sunscreen Authorization Form

Chapter 242 amended NYS Public Health Law permitting an individual to possess and use sunscreen at program when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use.
- (3) The parent or guardian provides written permission for the individual to carry sunscreen.

Please complete and sign this form if you would like your individual to use, carry and/or would like assistance applying sunscreen during program hours.

Individual's name: _____

Sunscreen Permission:

- ◇ I consent to have my individual carry and use sunscreen that they have brought to program, which is FDA approved for over-the-counter use to avoid overexposure to the sun. Parent/

Guardian(s)' names: _____

Parent/Guardian signature: _____ Date: ____/____/____

- ◇ I consent to have an SEC staff member assist with the application of sunscreen when my individual is unable to do so, or if my individual requests the assistance.

Guardian(s)' names: _____

Parent/Guardian signature: _____ Date: ____/____/____



South East Consortium Teen Life Program Off-Site Permission Form

The New York State Department of Health requires all camp programs to have written permission for individuals to participate in any off site camp activities such as swimming at the Hommocks Pool Complex, and any other community trips.

Please complete the form below and return it to the South East Consortium Office prior to registering your individual for program. Only individuals with signed permission slips will only be allowed register for the summer. If you have more than one individual participating in the Teen Life Program, please fill out one form per individual.

South East Consortium Teen Life Program Off-Site Activity Permission Slip

I give my individual _____ permission to participate in the Teen Life Off-Site Program conducted at Hommocks Pool Complex, and other various locations throughout the community and beyond, throughout the summer of 2023. I understand the following:

- Individuals will be supervised by program staff as well as qualified lifeguards at the swim facility.
- Individuals will at this time be required to wear a mask on SEC vehicles, and any public transportation that is utilized.

Parent/Guardian signature: _____ Date: ____/____/____

Guardian(s)' names: _____