



Thank you for your interest in the South East Consortium's The Life Experience 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 individual 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, have units allocated for Respite services to SEC, and complete a brief in-take interview to assess your individual's readiness for the Life Experience Program and to finalize registration.

**The Life Experience Program:** 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 and job readiness. This camp intends to teach teens the importance of life skills. We intend to cover many aspects such as but not limited to:

- Financial literacy (budgeting, savings, understand loans)
- Time management and organization (Time exercises, schedule making, prioritizing )
- Critical thinking and problem solving (decision making, analyzing information, ect...)
- Decision Making Skills (creating a pros vs con list on important topics)
- Career exploration and job readiness skills (creating resumes, filling out job applications)

Our goal for this program is to equip individuals with the practical knowledge and abilities necessary to navigate various aspects of life effectively. The camp aims at empowering individuals to manage daily tasks, make informed decisions, cope with challenges, and pursue personal growth and fulfillment. By teaching essential life skills, we aim to enhance individuals' overall well-being and prepare them for success in both personal and professional domains.

We have many additional fun activities planned locally throughout the week for individuals to enjoy, such as our trips to Hommocks Pool, our Cookout, Fitness Fridays with Breakthrough Fit Co., in addition to several themed days throughout the summer. 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.

**The Life Experience Program Season:** The Life Experience Program will begin on Monday, July 8th and runs through Friday, August 9th (25 Days). If you have questions regarding program dates for your individual, please reach out to the SEC Office immediately.

**Days and Times:** The Life Experience Program 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, which will be distributed prior to the start of the program.

**Eligibility:** Individuals between the ages of 19 and 27, 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, SEC cannot provide 1:1 staffing for The Life Experience Program. please note that individuals who are attending from outside the Consortium area must attend all days, and be completely billable.

**Transportation:** Transportation is available to and from program for those who reside in the Consortium area for an additional fee of \$450.00. Unfortunately, Pelham Recreation will be unable to offer Pelham residents participating in the Life Experience Program transportation to and from program this summer. We apologize for any inconvenience this may cause.

**Program Cost:** The cost per individual for the program will be \$1,500.00 for the summer (5 weeks, 25 days of camp). The payment plan for The Life Experience 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 \$6,622.00. 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 \$31.52 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 10 individuals enrolled. Your individual will be assigned a main group. Based on the activities for that day/week, your individual's group may be subject to change temporarily. Factors taken into consideration for these groupings include age, level of need, and previous relationships.

If you have any questions regarding program groups, or any additional questions about the program, please feel free to contact Program Supervisors Jonathan Sankat or Erin McGuinness at 914-698-5232 or by email [jsankat@secrec.org](mailto:jsankat@secrec.org) or [emcguinness@secrec.org](mailto:emcguinness@secrec.org).

We look forward to seeing you this Summer!





# South East Consortium Life Experience 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 program staff.
- ◇ I am providing a second EpiPen / Benadryl / inhaler (circle one) to be carried by program 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 Life Experience 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.

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 Life Experience 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 program 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.

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## South East Consortium Life Experience Program Off-Site Activity Permission Slip

I give my individual \_\_\_\_\_ permission to participate in the Life Experience (off-site) Program conducted at Hommocks Pool Complex, and other various locations throughout the community and beyond, throughout the Summer of 2024. I understand the following:

- Individuals will be supervised by program staff as well as qualified lifeguards at the swim facility.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian(s)' names: \_\_\_\_\_