

The Cambridge Program for Individuals with Special Needs
“Helping Turn Disabilities into Capabilities”

NEW PARTICIPANT APPLICATION
Welcome to all of our new applicants!

August 20, 2024

Dear New Applicants,

We hope you had a great summer and are excited that you are interested in the Cambridge Program. Please fill out the 2024 – 2025 program application in detail and send it back as soon as possible. Be sure to check off the programs in which you are interested in participating. *Our programs fill up quickly, so be sure to send yours in!*

Please Note: *We may not be able to provide 1:1 assistants due to the size of our program. Priority will be given to returning members who require 1:1 care and instruction.*

Preference will be given to our current participants. New participants will be accepted on a first come basis. Once all slots are filled, a wait list will be generated. You will be notified of openings as and if they become available.

All applications are due by Saturday, September 10th.

Please return applications to:

<i>hard copies</i> David A. Tynes Director of Programs for Individuals with Special Needs 114 Pine Street Cambridge, MA 02139	<i>email (pdf attachment)</i> dtynes@cambridgema.gov	Make checks out to: Cambridge Recreation, Special Needs <i>*Please don't send in an application without a check</i>
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IMPORTANT INFORMATION for NEW APPLICANTS

Anyone who was not a member last year or was on the waiting list will need to download this application, fill it out and send it ASAP to the address above. Applicants must be at least 11 years old.

Location: The Cambridge Program is located at 680 Huron Ave., at the West Cambridge Youth Center. This is the old VFW site across from the golf course.

Transportation: Bus pick ups and drop offs are provided. However, new participants will be put on a wait list until a spot opens up on the bus. **NEW PARTICIPANTS: Please plan on using your own transportation for the first two weeks. After that, if a spot opens up, you will be added to the bus list.**

The Pool: The War Memorial Pool is located at 1640 Cambridge St. next to CRLS High School on. We swim almost every Saturday throughout the year.

Russell Field Athletic Complex: 361 Rindge Ave. (Across from the towers)

The Department of Human Services: The emphasis in all of our programs continues to be: Health, fitness, wellness, understanding differences, building social interactions and safety.

Every year the program continues to grow and thankfully, we get the continued support of Ellen Semenoff and Adam Corbiel from the Department of Human Services. Our fees are kept very low due to our fundraising efforts and the DHSP's commitment to children and adults of all levels and abilities.

Staff: All of our dedicated staff will be returning this year! If necessary, we will hire additional staff in the coming weeks.

Medical Form: Special Olympics no longer requires a specific medical to participate. **The Cambridge Program will still require a yearly medical to ensure that we can best serve all of our participants.** You may now send in your yearly physical form. Please request a copy, allowing you to participate in some form of physical activity.

Participant's Name:

2024-2025 Application Information

1. Please fill out this application in its entirety.
2. **PLEASE MAKE SURE YOU PROVIDE US WITH A PHONE NUMBER WHERE YOU CAN BE REACHED WHEN YOUR CHILD/ADULT IS WITH US!**
3. The information you provide is necessary for us to fully understand and meet your child's/adult's needs.
4. Please send your application in as soon as possible. Applications will be accepted on a first come, first serve basis.
5. If your child/adult requires medication to be administered during any of the programs, a medical form, (included in this packet), must be completed by the prescribing physician, **prior** to the start of the program.
6. Additionally, no medication will be accepted if it is not provided in the original bottle with current dosage information clearly stated on the front. Medication needs to be handed to the bus monitor by a parent/guardian. **THERE WILL BE NO EXCEPTIONS.**
7. **Participants over the age of 22:** Please list DDS caseworker and contact information (If applicable).
8. Please also note that participants over the age of 18, *who are their own legal guardian*, must sign this application. No application will be accepted if someone other than a legal guardian signs.
9. **Special Devices, Adaptations and Modifications:** Any participant that uses a communication board and safety devices like: helmets, epi-pens, walkers etc. **must send them in every Saturday. We cannot accept anyone that uses these adaptations during the week without them on Saturdays.**
10. **For safety & identification purposes, please also attach a recent picture of your child/adult.**

Please check off the program(s) in which your child/adult wishes to participate:

_____ Saturday Recreation Program (680 Huron Ave) (Pool - 1640 Cambridge St.)

Ages: 11 years - Seniors

Time: 9:00am-3:00pm/*Transportation will be provided to and from the program. All participants must safely be able to ride the bus.*

Start Date: 9/28/24

Fee: \$110.00 per year

_____ Monday Evening Fitness Club (333 Rindge Ave.)

Ages: 18 years and older

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program All participants must safely be able to ride the bus.*

Start Date: 9/30/24

Fee: \$40.00 per year

_____ Tuesday Night Vocational Training and Skill Development (680 Huron Ave.)

Ages: 22 years and older

Limited to 15 people. Previous year's members will be given preference.

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program. All participants must safely be able to ride the bus.*

Start Date: 10/1/24

Fee: \$40.00

Note: Tuesday evenings will be used for play practice and prop making until January. We will meet in person and some weeks on Zoom.

_____ Wednesday Evening Fitness Club (333 Rindge Ave.)

Ages: 18 years and older

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program. All participants must safely be able to ride the bus.*

Start Date: 10/2/24

Fee: \$40.00 per year

Participant Information

<i>Name:</i>		<i>D.O.B/Age:</i>
<i>Address:</i>	<i>City</i>	<i>Zip:</i>
<i>Phone:</i>	<i>Email:</i>	<i>T-shirt size:</i>

Parent/Guardian/Caretaker info

<i>Name:</i>		<i>Relationship to participant:</i>
<i>Address:</i>	<i>City</i>	<i>Zip:</i>
<i>Email:</i>	<i>Phone:</i>	<i>Phone:</i>

Parent/Guardian/Caretaker info

<i>Name:</i>		<i>Relationship to participant:</i>
<i>Address:</i>	<i>City</i>	<i>Zip:</i>
<i>Email:</i>	<i>Phone:</i>	<i>Phone:</i>

Emergency Contacts

Please list 2 emergency contacts other than yourself for your child/adult. (*Adults with whom your child/adult may be released to in your absence.*)

<i>Name:</i>
<i>Address:</i>
<i>Phone:</i>

<i>Name:</i>
<i>Address:</i>
<i>Phone:</i>

Participant's Name:

Please tell us about your child/adult. The more information we have, the better able we are to meet your child/adult's specific needs. Our mission is to help all participants grow within this environment. The following information helps us prepare to meet your child/adult's needs. If you have any questions or concerns, please contact David at dtynes@cambridgema.gov

Please note: At this time, The Cambridge Program is not staffed to support individuals who require 1:1 support and/or individualized nursing care.

Please check all that apply

<input type="checkbox"/> Intellectual Impairment (age 9 and above)	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> PTSD (Post Traumatic Stress Disorder)
<input type="checkbox"/> Autism	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Fragile X	<input type="checkbox"/> PDD-NOS
<input type="checkbox"/> Trisomy 9	<input type="checkbox"/> Asperger's
<input type="checkbox"/> Emotional Disabilities	<input type="checkbox"/> Behavioral Disabilities
<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Nonverbal Learning Disability
<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Other (Please specify)	<i>There is space at the end to provide a brief summary.</i>

<p><u>My child/adult is:</u> <input type="checkbox"/> Able to speak <input type="checkbox"/> Unable to speak <input type="checkbox"/> Able to use public transportation <input type="checkbox"/> Able to state own name, address, and phone number <input type="checkbox"/> Aware of any allergies</p>	<p><u>My child/adult is able to:</u> <input type="checkbox"/> Get dressed on own <input type="checkbox"/> Use self-care skills (brush hair, brush teeth, etc.) <input type="checkbox"/> Toilet independently <input type="checkbox"/> Toilet with assistance <input type="checkbox"/> Is not yet toilet trained: <i>where are they in the training process?</i> _____</p>	<p><u>My child/adult communicates using:</u> <input type="checkbox"/> Words <input type="checkbox"/> Communication board (YOU MUST SEND ON SATURDAYS) <input type="checkbox"/> Sign language (ASL) <input type="checkbox"/> Other (please list)</p>
<p><u>My child/adult is able to:</u> <input type="checkbox"/> Walk independently <input type="checkbox"/> Walk with assistance (crutches, cane, walker, etc.) <input type="checkbox"/> Needs a wheelchair</p>	<p><u>My child/adult is afraid of:</u> <input type="checkbox"/> Being alone <input type="checkbox"/> Large groups <input type="checkbox"/> Being yelled at <input type="checkbox"/> Dogs <input type="checkbox"/> Water <input type="checkbox"/> The dark <input type="checkbox"/> Masks, costumes <input type="checkbox"/> Bugs, bees <input type="checkbox"/> Thunder <input type="checkbox"/> Loud noises <input type="checkbox"/> Cars, trucks <input type="checkbox"/> Other (please list)</p>	<p><u>My child/adult's first language is:</u> _____</p>

Wipes, diapers, pull-ups and a change of clothes must be sent in for any participant not toilet trained.

Participant's Name:

For school age participants

<u>School Name:</u>	<u>Grade:</u>
<u>Address:</u>	<i>Does your child have an aide, BT or other support during the school day?</i> _____
<u>Phone:</u>	<u>School Email:</u>

For participants over the age of 22

<u>Agency/Program Name:</u> <i>(ARC, Vocational placement, group home, etc.)</i>
<u>Address:</u>
<u>Phone:</u>

Photography Release/Field Trip Release

Please check and complete the following section:

<input type="checkbox"/> I give permission for my child/adult to be photographed for publicity purposes and to attend all scheduled field trips.
<input type="checkbox"/> I DO NOT give permission for my child/adult to be photographed for publicity purposes and to attend all scheduled field trips.

Parent/Guardian Signature: _____ Date: _____

Are there any activities in which you DO NOT want your child/adult to participate?

Please list and explain:

Additional Information:

Is there any other information that you feel is important for us to know about your child/adult?

If there are any other significant events or changes (death, divorce, traumatic experience, etc.) that you would like to share that will help us in supporting your child or adult, please feel free to call me in confidence at (617) 349-6829.

Medical Authorization and Consent

This program makes every effort to keep all participants safe. In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian.

If I, _____ cannot be reached, I authorize the staff from The Cambridge Program to transport my child/adult _____ to the nearest hospital for emergency treatment.

_____ Date _____
Parent/Guardian Signature

Medication Information

Please list all medications that the child/adult is prescribed.

1.	3.
2.	4.

Medication Consent

If the participant has been prescribed an Epipen or will need to take any prescription medications at the Cambridge Program, please complete the consent form below. **It must be signed by a healthcare provider.**

Please use one form for each medication.

Consent to Administer Medication and/or Treatment Plan in a Department of Human Services Program

In order for a medication plan (prescription and non-prescription), and/or treatment plan to be given to your child during a Department of Human Services Program (DHSP), this form needs to be completed by both you and your child's doctor or clinic. (Please note: nurses are not on staff at our programs.) Return the completed form to your child's program staff. Printed attachments from your health care provider can be attached to this form. An original signature from your health care provider is required below.

Name of Child _____ Date of Birth _____ Program _____

MEDICAL PROVIDER INFORMATION

Diagnosis* _____ Symptoms _____

Any other medical condition(s)/Allergies _____

Medication Plan

Medication _____ Route of Administration _____

Dosage _____ Frequency _____

Time(s) of Administration _____ Date of Order _____ End date _____

Specific directions or information for medication plan _____

Other medication information: (side effects, contraindications, or possible adverse reactions; other medications being taken, specific directions for storage) _____

Consent for self-administration (provided the primary care provider/parent determine it is safe and appropriate) Yes No

Treatment Plan/Care Plan

Description of chronic health condition _____

Special healthcare and/or treatments necessary while child is in program _____

Potential side effects of treatment and consequences if the treatment isn't administered _____

Adaptation to specific activities on-site and/or off-site _____

 Signature of Licensed Prescriber Please Print Name Here Business Telephone Number

PARENT/GUARDIAN INFORMATION AND CONSENT

Parent/Guardian Name _____ Parent/Guardian Name _____

Tel # (H) _____ Tel # (H) _____

(W) _____ (W) _____

Other person(s) to be notified in case of medication emergency:

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

I give permission to have the program staff administer this medication and/or treatment/care plan	___ Yes ___ No (Please Initial)
I give permission to the program staff to share information relevant to the prescribed medication and/or treatment/care plan as s/he determines appropriate for my child's health and safety.	___ Yes ___ No (Please Initial)
I give permission to the program staff to photograph my child, to keep on file for identification purposes only and/or to provide the program with my child's picture if needed.	___ Yes ___ No (Please Initial)
I understand I may retrieve the medication from the program at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order.	___ Yes ___ No (Please Initial)
I give permission for the topical application of sunscreen/insect repellent and/or vaseline by staff.	___ Yes ___ No (Please Initial)
I understand the 1 st dose of any medication must be given by the Parent/Guardian unless it's an epi-pen.	___ Yes ___ No (Please Initial)

 Parent/Guardian Signature Date

*If not in violation of confidentiality Revised 10/22/10

Allergy Information

Please answer the questions about your child/adult:

Has participant ever had an anaphylactic reaction? Yes or No (Please Circle)	Was an Epi Pen used? Yes or No (Please Circle)	Was the patient taken to the emergency room? Yes or No (Please Circle)
If yes, when was the last incident? Approximate date: _____	Does this participant have an EPI PEN? Yes or No (Please Circle)	<i>If participant uses an EPI Pen, it must be sent in each week.</i> No Exceptions!

Please list any food allergies or other allergy your child/adult has

1.	3.
2.	4.

Allergic Reaction Symptoms

Please list the specifics that a staff member should be alert to if this person is having an allergic reaction.

1.	3.
2.	4.

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Upcoming Program Dates

All dates subject to change

August 31: Labor Day Weekend
September 2: Labor Day
September 7: Staff Training
September 14: Staff Training (half day)/New participant visit in the afternoon
September 15: Canobie Lake Field Trip (for past members only/no new members on this trip)
September 21: Staff Training/Set up/Filming
September 28: Saturday Program begins for all participants (new and returning)
September 30: Monday night fitness Begins
October 1: Zoom or in person play practice begins
October 2: Wednesday night fitness begins
October 5: Regular Program
October 7: Monday night fitness
October 8: Zoom or in person play practice
October 9: Wednesday night fitness
October 12: No Regular Program/Yom Kippur/Indigenous Peoples' Day Weekend
October 14: No Monday evening programming (Holiday)
October 15: Zoom or in person play practice
October 16: Wednesday night fitness
October 19: Regular program/ (Prudential Center Field Trip)
October 21: Monday night fitness
October 22: Zoom or in person play practice
October 23: Wednesday night fitness
October 26: Regular program
October 28: Monday night fitness
October 29: Zoom or in person play practice
October 30: Wednesday night fitness
November 2: Regular program
November 4: Monday night fitness
November 5: Election Day/No program
November 6: Wednesday night fitness
November 9: Veterans' Day weekend/no regular program
November 11: Veterans' Day/No Monday night fitness
November 12: Zoom or in person play practice
November 13: Wednesday night fitness
November 16: Regular program
November 18: Monday night fitness
November 19: Zoom or in person play practice
November 20: Wednesday night fitness
November 23: Regular Program
November 25: Monday night fitness
November 26: Zoom or in person play practice
November 27 - 30: NO PROGRAM/Happy Thanksgiving
December 2: Monday night fitness
December 3: Play practice
December 4: Wednesday night fitness

December 7: Regular program/Field trip for those not in the play - TBA
December 9: Monday night fitness
December 10: Play practice
December 11: Wednesday night fitness
December 14: Full Dress Rehearsal (<i>No program for those not in the play</i>)
December 16: Monday night fitness
December 17: Play practice
December 18: Wednesday night fitness
December 21: PLAY 7:00pm
December 22: PLAY 4:30pm
December 23 - January 1 No program/Happy Holidays
January 4: Staff Training
January 11th: Regular Program
January 13: Monday fitness
January 14: Tuesday night vocation
January 15: Wednesday night fitness
January 18: No program MLK, Jr. weekend
January 20: No Monday night fitness
January 21: Tuesday night vocation
January 22: Wednesday night fitness
January 25: Regular Program

This year's play is...



***IF THESE WALLS
COULD TALK***

Performances are:

Saturday, December 21st at 7:00 pm and Sunday, December 22nd at 4:30pm

★ SAVE THE DATES ★