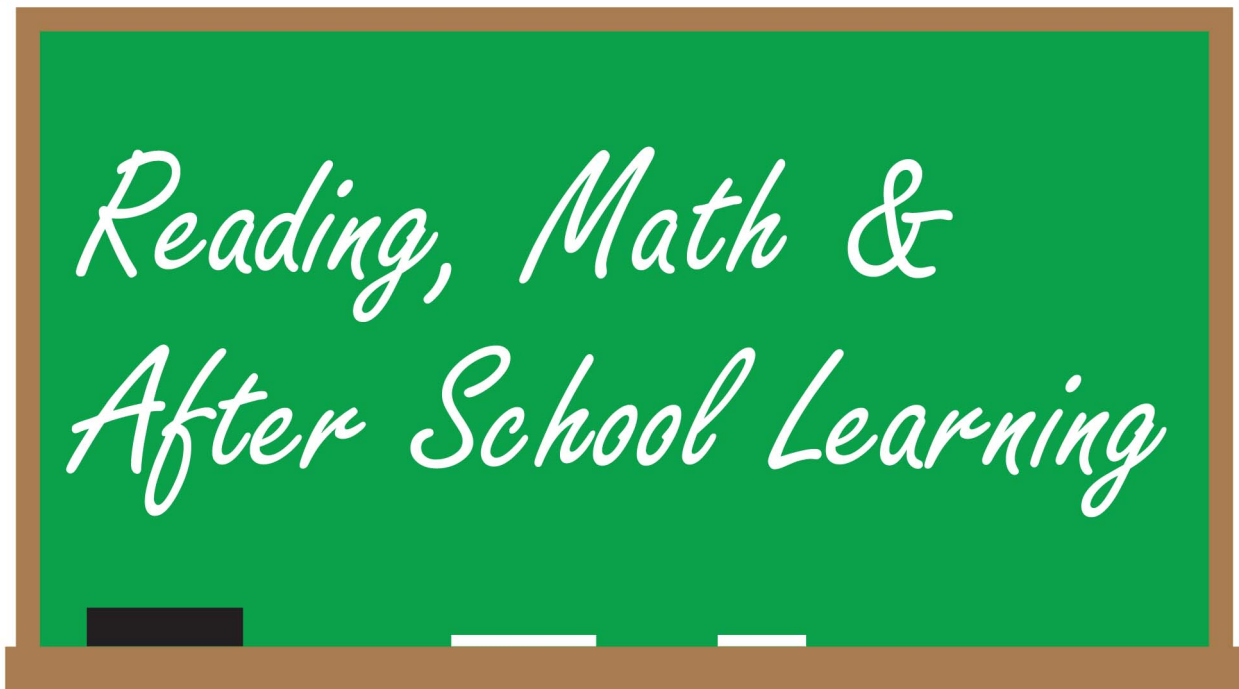


Application



Community and Family Services

Hope Ferris

ISS/FSS Coordinator

315.272.1588

MAIN OFFICES

ONEIDA COUNTY | 245 Genesee Street · Utica, NY 13501 | **315-735-6477**

LEWIS COUNTY | P.O. Box 126, 6138 W. Main Street · Turin, NY 13473 | **315-348-8401**

Steven Gassner · BOARD PRESIDENT
Karen Korotzer · CHIEF EXECUTIVE OFFICER

WWW.THEARCOLC.ORG

Reading, Math & After School Learning Program

APPLICATION

***Families should complete this application with assistance from their Care Manager.

The following documents are requested to be submitted with this application:

- Eligibility Letter/Documentation of Developmental Disability from OPWDD
- Copy of current LIFEPlan
- Copy of current DDP2 (within 2 years)
- IEP
- Any other applicable academic information

*****Important information regarding the Reading, Math and After School Learning Tutoring Program:**

Please note that this is not a respite program. Someone (parent/guardian/caregiver/staff) is required to stay with the student during the tutoring session. The person who brings the student to tutoring and stays with him/her is responsible for any necessary evacuation/ dietary needs/first aid or medical treatment during emergency situations. With this policy in place, our tutors can focus solely on academic goals for the program with the student.

Reading ____ Math ____ After School Learning ____ *(please check at least one)*

Name of Student _____

DOB: _____ Age: _____ Gender: _____ SS #: _____

Home Address: _____

City: _____ Zip: _____

Home Telephone #: _____ Other Telephone #: _____

Email: _____

TABS ID: _____ Medicaid #: _____

Primary Disability: _____

Parent/Guardian's name: _____

Care Manager's Name: _____

Agency: _____

The following person(s) will transport and accompany the student to tutoring sessions and stay for the duration of the session:

ACADEMIC INFORMATION

Grade Level _____

School Currently Attending _____

Subject(s) Student Needs Most Assistance with _____

Successful Teaching Approaches/Learning Techniques for Student _____

Student Interests _____

Other Pertinent Academic Information _____

MEDICAL INFORMATION

Allergies Yes _____ No _____

Foods _____ Medications _____ Insects (bee stings, etc.) _____ Other (dust, animals, etc.) _____

Milk (Dairy Products) _____ Peanut Butter _____ Sun Precautions _____

Specify allergy and reaction _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____ Relationship _____

Telephone _____

Parent/Caregiver's Permission:

I hereby give / do not give (please circle one) my permission for emergency medical treatment by a physician in case of a medical emergency involving the student on this application. I also give permission for an ambulance to be called if necessary. I will be responsible for any expenses arising from such emergency.

Parent/Guardian's Signature

Date