



**Heart of Illinois
Special Recreation
Association**

Heart of Illinois Special Recreation Association

8727 North Pioneer Road, Peoria, IL 61615

P: 309-691-1929, F: 309-691-4383

hisra@peoriaparks.org

Form #3: Personal Care Request

IMPORTANT INFORMATION: Heart of Illinois Special Recreation Association ("HISRA") is committed to complying with the Americans With Disabilities Act (the "ADA") and providing reasonable modification/accommodation. Parents and guardians requesting personal services/care for their child/ward must understand and appreciate that many personal services are outside the scope of the ADA. HISRA reviews requests for personal care/services on a case-by-case basis. HISRA's handbook identifies certain personal care/services that are not provided by HISRA staff. At times, HISRA will voluntarily provide personal care/services that are outside the scope of the ADA. Various factors are taken into account, including, but are not limited to: staff resources, experience and expertise; the potential impact on the staff/participant ratio; the safety of the participant; physician authorization and approval; and other such pragmatic considerations.

Name of Participant: _____ Birthdate: _____

Please list any and all personal services/care requests. Kindly understand that HISRA does not guarantee that it can comply with any specific request/need. Please use additional sheet of paper if necessary. **Please check all that apply and provide detailed information when requested:**

Mobility:

- Electric wheelchair
 - Needs no assistance
 - Some assistance (please explain) _____
 - Participant should be transferred out of wheelchair every ____ hour(s) for ____ (mins/hours)
- Manual wheelchair
 - Needs no assistance
 - Some assistance (please explain) _____
 - Full assistance
 - May be secured in their wheelchair when being transported for HISRA programming (wheelchair provided is vehicle rated)
 - May be transferred from wheelchair to vehicle seat and secured by seatbelt when being transported for HISRA programming
 - Participant should be transferred out of wheelchair every ____ hour(s) for ____ (mins/hours)
- Walker/Cane
 - Needs no assistance
 - Some assistance (please explain) _____
- Has difficulty navigating stairs
 - Needs assistance climbing stairs
 - Needs assistance descending stairs

Toileting Assistance:

- Completely independent but needs prompts
 - Reminder to use restroom every _____ hour(s)
 - Prompts to _____ (ex: wipe, wash hands, etc.)
- Assistance dressing/undressing:
 - Manipulating buttons
 - Manipulating zippers
 - Lowering bottoms
 - Raising bottoms
- Assistance wiping
 - Urination
 - Bowel Movement

A cooperative extension of the Chillicothe, Morton, Peoria and Washington Park Districts providing quality recreation programs and services to individuals with disabilities.



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- Menstrual Care Assistance (no tampons)
 - Reminders to change pad every _____ hour(s)
 - Assistance changing pad
- Full assistance
 - Wears diapers – should be changed every _____ hour(s)
 - Changed on changing table
 - Changed in restroom while bearing own weight

***Note: HISRA staff cannot assist with catheter management

Diet and Feeding:

- Some assistance eating
 - Needs food cut into bite-sized pieces
 - Uses adaptive eating utensils (please list) _____
 - Uses adaptive drinking utensils (please list – ex: straw, sippy cup) _____
- Full assistance eating
 - Eating (please explain) _____
 - Drinking (please explain) _____
- Has feeding tube***
 - HISRA staff will feed participant via feeding tube
 - HISRA staff will administer meds via feeding tube (fill out Form #4: Med Dispensing Form)

***Please note that HISRA staff cannot reinsert feeding tubes

- Has diet restrictions (please list all and explain) _____

- Has medically soft diet
 - Mechanical soft (please explain) _____
 - Puree (please explain) _____
 - Thickened
 - Foods
 - Nectar
 - Honey
 - Pudding
 - Liquids
 - Nectar
 - Honey
 - Pudding
 - Other (please explain) _____

- Other Personal Care Request** (please explain) _____

Name of Person Completing Form: _____ Date: _____