

SUMMER
2023
MAY - AUG



HISRA registration

A COOPERATIVE EXTENSION OF THE
MORTON, PEORIA, CHILlicothe,
AND WASHINGTON PARK DISTRICTS
PROVIDING QUALITY RECREATION
PROGRAMMING AND INCLUSION
SERVICES.

CONTACT US › 309.691.1929 › HISRA.ORG › FB @HEARTOFILSRA › IG @HEARTOFILSRA

HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION › 8727 N PIONEER RD. PEORIA, IL 61615

FROM US, TO YOU

Hello Summer!

As the weather gets sunnier and we change into our shades and shorts, we are excited to offer a variety of jam-packed programs that will excite you all summer long. We are offering Center Based, Community Based and Athletic programming this season – from our hangouts and dances to our athletic programs, we hope that you find an event or activity that interests you in our Summer lineup! But that's not all, folks! We are excited to announce that we are also offering not one, but two special family events this July. UnPlug at HISRA will be a free event for all of the family to have fun in our facility, and why not bring all the family down for a splash in the pool at Washington Park Pool for our HISRA Family Splash Bash. Whatever program you decide to participate in, HISRA ensures with our hand-picked staff that you will have a fun, safe and memorable experience this summer!

REGISTER AT:

ONLINE: [HISRA.ORG](https://www.hisra.org)
FAX: 309.683.3311

DROP OFF IN LOCKED DROP BOX
IN PERSON AT:

8727 N PIONEER RD, PEORIA, IL 61615
M- Thur: 8:30 am - 4 pm
Office closed: 12 - 1 pm

Reach out for more information on

Volunteering, coaching, job openings, FOCUS, and any other questions or concerns.



Member district transportation is available on select programs

Includes pick ups in Morton at Freedom Hall, Washington at St Clare Crossing and Chillicothe at Shore Acres Park

▶ registration begins **APRIL 17, 2023**

Registration deadlines are two weeks prior to the start date of each program. Unless otherwise specified, all events held at Heart of Illinois Special Recreation Association located at 8727 N PIONEER RD, PEORIA, IL 61615.

CENTER BASED

Center Based programs are hosted at HISRA's facility on North Pioneer Road in Peoria. They provide a safe, fun environment for our participants to hang out, make friends and engage in a wide variety of exciting activities.

HISRA HANGOUTS (AGES 17+)

Looking for a night full of games, crafts and dinner? Come hangout with your friends at our HISRA Hangouts. Each month we will have a different theme. Test out all of the activities we have planned for this summer. We have everything from BINGO to you being the chef in the kitchen (with help from staff, of course). Not sure if you are still interested in that activity but still want to hangout with your friends? Don't worry, we will still eat dinner at every program and end the night with a movie or games like we do at all of our hangouts!



| Program | Dates | Day | Time | R/NR Fee | Class # |
|----------------------|-------|-----|------------|-----------|-------------|
| Cooks in the Kitchen | 5/6 | Sa | 5:00-9:00P | \$27/\$37 | HSH52503-01 |
| Backyard Cookout | 6/17 | Sa | 5:00-9:00P | \$27/\$37 | HSH52503-02 |
| Game Night | 7/8 | Sa | 5:00-9:00P | \$27/\$37 | HSH52503-03 |
| Bingo Night | 8/18 | F | 5:00-9:00P | \$27/\$37 | HSH52503-04 |



SUMMER LUAU DANCE (AGES 15+)

Light the tiki torches and get ready to kick off your summer with HISRA's Luau Dance. You wear your Hawaiian shirts, and we will provide the leis, music and good fun! Snacks will be provided during the dance – but don't forget to eat dinner beforehand!

| Date | Day | Time | R/NR Fee | Class # |
|------|-----|------------|-----------|-------------|
| 5/19 | F | 7:00-9:00P | \$17/\$22 | HSH52201-01 |

CENTER BASED

FIESTA NIGHT (AGES 15+)

HISRA's taking Cinco de Mayo to a whole new level with our Fiesta Night. We'll enjoy a catered taco bar and other Mexican treats and activities while we hang out with our friends.



| Date | Day | Time | R/NR Fee | Class # |
|------|-----|------------|-----------|-------------|
| 5/5 | F | 7:00-9:30P | \$35/\$45 | HSH52206-01 |

STORYBOOK STEM (AGES 4-16)



Are you looking to grow your child's library, get creative and hangout with friends? Our new Storybook STEM program is perfect for your kiddos. Join us at HISRA for an afternoon of art, snacks and games all based on a book that you have read at the program. The cost of the book is included in the fee. We encourage siblings to register and join in on the experience!

| Dates | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 5/20 | Sa | 1:00-3:00P | \$17/\$22 | HSH52253-01 |
| 6/17 | Sa | 1:00-3:00P | \$17/\$22 | HSH52253-02 |
| 8/12 | Sa | 1:00-3:00P | \$17/\$22 | HSH52253-03 |

HONEY BEE DAY (AGES 15+)

World Honey Bee Day is on August 19th! Join your friends in learning more about bee keeping, the important impact bees have on our environment, tasting fresh honey on our snacks, and making a craft using bees wax.



| Date | Day | Time | R/NR Fee | Class # |
|------|-----|------------|-----------|-------------|
| 8/19 | Sa | 1:00-4:00P | \$17/\$22 | HSH52202-01 |

COMMUNITY BASED

Community Based programs provide the perfect opportunity for our participants to explore the community, see what Central Illinois has to offer and to make memories with friends.



BOOKS AND BEANS (AGES 17+)

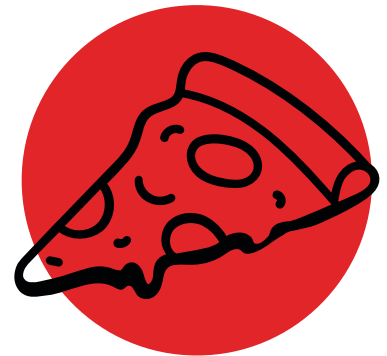
Looking for a good book to read with your friends this Summer? Join us for HISRA's NEW & IMPROVED book club called Books and Beans! Starting July 22nd and going until August 19th, we will meet every Saturday morning at HISRA and travel to a different coffee shop in Morton, Peoria, Washington and Chillicothe. We'll grab a cup of joe, read through the book, and talk about it. It doesn't matter if you're an expert reader or just love to sit and listen to a story. All reading levels are welcome! This year our topic is graphic novels! This picture story is about a young girls journey about having a hearing impairment and the challenges she overcame. This price of your book is included in the price. Please make sure to bring your own money for each week's drinks and snacks if you would like.

| Date | Day | Time | R/NR Fee | Class # |
|-----------|-----|--------------|-----------|-------------|
| 7/22-8/19 | Sa | 9:30A-12:00P | \$32/\$42 | HSH52207-01 |

PIZZA AND BOWLING (AGES 19+)

Is bowling right up your alley? Come join HISRA for pizza and bowling! We'll start the night off with pizza, then we will hit the lanes for bowling. To top off the night, we will enjoy a sweet treat! To ensure everyone is able to enjoy the fun, we must limit registration to 1 of the 3 events.

| Dates | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 6/24 | Sa | 6:00-9:30P | \$37/\$47 | HSH54201-02 |
| 7/7 | F | 6:00-9:30P | \$37/\$47 | HSH54201-03 |
| 8/11 | F | 6:00-9:30P | \$37/\$47 | HSH54201-04 |



COMMUNITY BASED

HISRA PEORIA CHIEFS GAME (AGES 17+)

HISRA's taking you out to the ball game this Summer! We're hitting the field to support our Peoria Chiefs Minor League Baseball. Make sure you make the HISRA roster and register fast! This Summer we will be attending the game as one big group versus three small groups throughout the summer. This time, we are cheering them on in style in a Peoria Chiefs luxury suite. You will still need to bring your own money for concessions.



| Date | Day | Time | R/NR Fee | Class # |
|------|-----|----------|-----------|-------------|
| 8/5 | Sa | 5:00-TBD | \$40/\$48 | HSH54203-03 |



MINI GOLF AND TREATS (AGES 19+)

Nothing beats the Summer like mini golf and a sweet treat! Join HISRA for a night out with friends as we hit the mini golf course. Don't forget to eat dinner before the program!

| Dates | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|-----------|-------------|
| 7/21 | F | 6:00-9:00P | \$30/\$40 | HSH52507-01 |



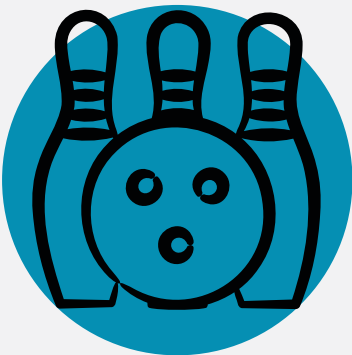
ATHLETICS

SPECIAL OLYMPICS GOLF (AGES 8+)

Whether you are an experienced golfer or are a beginner – there's a spot for you in HISRA's Special Olympics Golf and Golf Skills program! Are you looking to start a new sport? Do you want to master individual golf skills before hitting the course? The golf skills program allows athletes to learn from a golf pro while exploring various clubs around the green and on the fairway. Skills athletes will have the opportunity to compete in the Special Olympic Individual Golf Skills Competition. Golf Skills practice is held at the Golf Learning Center. The Special Olympics Golf program offers an opportunity for those new or not so new to the sport to practice the fundamentals of golf such as the rules, etiquette, equipment, and shots. Golfers will be provided with instruction and coaching from experienced volunteers leading up to the competition if the athlete is eligible and wishes to participate. Golf practice will be held at Kellog Golf Course.



| Program | Dates | Day | Time | R/NR Fee | Class # |
|-----------------------------|----------|------|------------|------------|-------------|
| Special Olympic Golf Skills | 5/17-8/4 | W, F | 5:30-7:30P | \$95/\$125 | HSH56501-01 |
| Special Olympic Golf | 5/17-8/4 | W, F | 5:30-7:30P | \$95/\$125 | HSH56501-02 |



SPECIAL OLYMPICS BOWLING (AGES 8+)

Bowl a strike with HISRA's competitive Special Olympics Bowling team! Under the instruction of coaches and volunteers, you will learn the fundamentals of bowling at our fun and interactive practices, which are held at Landmark Lanes!

| Dates | Day | Time | R/NR Fee | Class # |
|-----------|------|------------|-----------|-------------|
| 6/12-8/26 | M,Sa | 5:30-7:00P | \$54/\$70 | HSH56503-01 |

ATHLETICS



SPECIAL OLYMPICS SOFTBALL (AGES 8+)

Batter up! Whether you are familiar with the game of softball or want to knock it out of the park for the first time, there's a spot for you in HISRA's Special Olympics program! Those interested in team will experience instruction and practice time with knowledgeable coaches and volunteers. Practice will be held at Bradley Park. Fees are an additional \$20 for residents and \$26 for non-residents if you advance to the State Championships.

| Dates | Day | Time | R/NR Fee | Class # |
|----------|--------|------------|-----------|------------|
| 5/9-7/29 | Tu, Sa | 6:00-8:00P | \$43/\$55 | HS56502-01 |

VOLUNTEER OPPORTUNITIES

Are you somebody with a passion for making a difference in people's lives? Are you someone who wants to fulfill their volunteer hours in a fun and meaningful manner? HISRA offers a flexible way to learn alongside skilled educational, recreational, and health science professionals. Our volunteer program allows students, pre-professionals, working professionals and retirees to gain invaluable experience while helping our participants and Special Olympics athletes to build new and existing skills and have fun! Scan the QR code to apply now!



SPECIAL OLYMPICS BOWLING

| Dates | Days | Time | Location |
|-------------|------|---------------|----------------|
| 6/12 - 8/26 | M | 5:15 - 7:15 P | Landmark Lanes |

SPECIAL OLYMPICS GOLF

| Dates | Days | Time | Location |
|------------|------|---------------|--|
| 5/17 - 8/4 | W | 5:15 - 7:45 P | Kellog Golf Course/ Golf Learning Center |

SPECIAL OLYMPICS SOFTBALL

| Dates | Days | Time | Location |
|------------|------|---------------|--------------------------------------|
| 5/9 - 7/29 | T | 5:45 - 8:15 P | Laura Bradley Park Softball Diamonds |



SPECIAL EVENTS

HISRA FAMILY SPLASH BASH

Splish splash! It's a family swim bash! HISRA is hosting a family swim night at the Washington Park District Pool! The whole family is invited to join in on the fun! Each family member must be registered to attend. You may register your family in advance online or in-person at the HISRA office. If you choose to walk in and register at the event, we will only be able to accept cash payments. Please note that due to the nature of family events, there will be no staff support available to assist in providing any type of care.



| Dates | Day | Time | R/NR Fee | Class # |
|-------|-----|------------|----------|--------------|
| 7/29 | Sa | 6:00-8:00P | \$5/5 | HIS-FSB-2023 |

*This event will not be found on WebTrac, rather, it will be on the Ticketed Events section of the Peoria Park District Website. UnPlug at HISRA is a free event, but families will still need to register on WebTrac.

HISRA FAMILY SPLASH BASH REGISTRATION

REGISTRANT NAMES: _____

NUMBER OF PARTICIPANTS REGISTERED: _____

ADDRESS: _____

TOTAL FEE ENCLOSED (SPLASH BASH ONLY): _____

For your convenience, you can mail this registration slip to: Heart of Illinois Special Recreation Association | 8727 Pioneer Rd. Peoria, IL 61615.

SPECIAL EVENTS

UNPLUG AT HISRA

It's time to unplug the chargers and turn off the devices! Parks and recreation departments across the state of Illinois are encouraging community members to unplug on July 15th. HISRA is hosting a free family day that will include indoor and outdoor games, craftivities, snacks and much, much more! The event is free for the whole family, but there will be a cash only raffle drawing to test your luck while supporting HISRA. Please know that due to the nature of family events, there will be no staff support to assist in providing any type of care.



| Dates | Day | Time | R/NR Fee | Class # |
|-------|-----|-------------|----------|-------------|
| 7/15 | Sa | 11:00–2:00P | \$0/0 | HSH52508-01 |

UNPLUG AT HISRA REGISTRATION

REGISTRANT NAMES: _____

NUMBER OF PARTICIPANTS REGISTERED: _____

ADDRESS: _____

For your convenience, you can mail this registration slip to: Heart of Illinois Special Recreation Association | 8727 Pioneer Rd. Peoria, IL 61615.



PARTICIPANT REGISTRATION

IN ORDER TO BE REGISTERED FOR A PROGRAM, ALL THE FOLLOWING INFORMATION/WAIVER MUST BE FILLED OUT, SIGNED, & SENT BACK TO HISRA WITH PAYMENT. MAIL/DROP IT OFF TO 8727 N PIONEER RD. PEORIA, IL 61615. PAPERWORK CAN ALSO BE FAXED TO (309) 691-1929.

INFORMATION

FULL NAME OF PARTICIPANT:

MAILING ADDRESS:

(Program info will be sent here)
-Street, City,
State, & Zip

MALE / FEMALE (circle one)

DISABILITY:

PHONE:

BIRTHDAY // AGE:

PRIMARY EMAIL ADDRESS:

* This email is associated with RecTrac & Receipts*

☐ This is an updated email

LEGAL GUARDIAN FULL NAME:

TO REGISTER MAKE SURE YOU HAVE AN UPDATED ANNUAL INFORMATION FORM ON FILE

☐ Filled out the form online at <https://forms.hisra.org>

☐ Have an updated form attached to Registration

☐ Have already submitted a form for this current year

LEGAL GUARDIAN PHONE:

PAYMENT

☐ CHECK

☐ CASH

☐ CREDIT CARD (Contact HISRA at 309 691-1929 or register online via WEBTRAC)

☐ REQUESTING SCHOLARSHIP (Contact HISRA at 309 691-1929)

☐ THIRD-PARTY PAYOR

☐ PAYMENT PLAN FOR BALANCES OVER \$200 (10% Down required)

TOTAL ENCLOSED:

WAIVER (Must be Signed for Participation)

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Heart of Illinois Special Recreation Association and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program. I further understand and agree that the terms such as "participating," "programs," and "activities," referred to in the Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events. I authorize HISRA staff to dispense prescribed medications in their original container or accompanied by a copy of a signed prescription to me/my child. I understand the nature of these programs for which I am registering, and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement. Additionally, in order that the Heart of Illinois Special Recreation Association may better serve the interests of myself/my child, I hereby grant permission for Special Recreation staff to access relevant education and/or medical records. I hereby consent to the use of my/my child's photograph in the Heart of Illinois SRA brochures, publications, or promotional materials.

SIGNATURE OF LEGAL GUARDIAN:

WRITTEN NAME:

Date of Signature:

____ / ____ / ____
MONTH DAY YEAR

Name: _____

Please "X" those programs you would like to register for below

| X | TITLE | DATES | MDT | FEE - R/NR |
|-------------|------------------------------|-----------|-------------------------------|------------|
| | HISRA Hangout 1 | 5/6 | N/A | \$27/\$37 |
| | HISRA Hangout 2 | 6/17 | N/A | \$27/\$37 |
| | HISRA Hangout 3 | 7/8 | N/A | \$27/\$37 |
| | HISRA Hangout 4 | 8/18 | N/A | \$27/\$37 |
| | Summer Luau Dance | 5/19 | Chillicothe/Morton/Washington | \$17/\$22 |
| | Honey Bee Day | 8/19 | N/A | \$17/\$22 |
| | Fiesta Night | 5/5 | Chillicothe/Morton/Washington | \$35/\$45 |
| | Storybook STEM 1 | 5/20 | N/A | \$17/\$22 |
| | Storybook STEM 2 | 6/17 | N/A | \$17/\$22 |
| | Storybook STEM 3 | 8/12 | N/A | \$17/\$22 |
| | Books and Beans | 7/22-8/19 | N/A | \$32/\$42 |
| | Pizza and Bowling 1 | 6/24 | Chillicothe/Morton/Washington | \$37/\$47 |
| | Pizza and Bowling 2 | 7/7 | Chillicothe/Morton/Washington | \$37/\$47 |
| | Pizza and Bowling 3 | 8/11 | Chillicothe/Morton/Washington | \$37/\$47 |
| | HISRA Peoria Chiefs Game | 8/5 | Chillicothe/Morton/Washington | \$40/\$48 |
| | Mini Golf and Treats | 7/21 | Chillicothe/Morton/Washington | \$30/\$40 |
| | Special Olympics Golf Skills | 5/17-8/4 | N/A | \$95/\$125 |
| | Special Olympics Golf | 5/17-8/4 | N/A | \$95/\$125 |
| | Special Olympics Bowling | 6/12-8/26 | N/A | \$54/\$70 |
| | Special Olympics Softball | 5/9-7/29 | N/A | \$43/\$55 |
| TOTAL COST: | | | | |

HISRA Transportation Policies & Instructions

HISRA programs will start and end at the HISRA building located at 8727 N. Pioneer Road unless noted in the brochure or if you registering for member district transportation. It is up to the participant/guardian to setup alternative plans prior to the program. Please do so by calling 309-691-1929. If you are riding member district transportation please call our program and weather line at (309) 691 1929 ext. 1111 for pickup/drop off times, location and on call staff.

FORM #1: HISRA 2023 ANNUAL INFORMATION FORM

This form is required to be filled out completely ONCE per calendar year. It will accompany participants at all programs/activities they attend. Form must be returned to HISRA prior to participation in any program. Please address ALL sections and questions. Contact HISRA to make changes on this form once submitted. **THIS FORM MUST BE SUBMITTED WITH THE PARTICIPANT REGISTRATION FORM.**

Please PRINT and do not abbreviate.

Participant Info

Participant Name: _____

Participant Cell: _____

Date of Birth: ____/____/____ Age: ____

Disability

- ☐ Autism Spectrum Disorder
- ☐ Behavior Disorder
- ☐ Cerebral Palsy
- ☐ Developmental Disability
- ☐ Down Syndrome
- ☐ Mental Illness: _____

- ☐ Physical Impairment: _____
- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Health Related Issues: _____
- ☐ Other: _____
- ☐ N/A (sibling)

Has the participant had a seizure in last 5 years?

☐ Yes* ☐ No

*If yes, please ask office for Form #2

Mobility

- ☐ Independent mobility

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Electric wheelchair
- ☐ Manual wheelchair
- ☐ Walker/cane
- ☐ Has difficulty climbing stairs

Toileting (check all that apply)

- ☐ Completely independent

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Assistance dressing/undressing
- ☐ Prompting/Reminders
- ☐ Assistance wiping
- ☐ Wears diapers and needs full assistance
- ☐ Needs menstrual care assistance

Diet and Feeding

- ☐ Eats independently

NOTE: If any box below is checked, Form #3 must be completed.

- ☐ Needs assistance eating
- ☐ Has diet restrictions
- ☐ Eats medically soft diet

If 21 – is participant allowed to drink alcohol?

☐ Yes ☐ No

Allergies (list all foods, drugs, etc.)

| Allergen | Allergy Type | Symptoms |
|----------|---|----------|
| | <input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled | |
| | <input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled | |
| | <input type="checkbox"/> Ingested <input type="checkbox"/> Contact <input type="checkbox"/> Inhaled | |

Medications

- ☐ Does not take any medication
- ☐ Takes medication: please list all meds taken or attach med list – even if not taken during HISRA program. Ask office for Form #4 if meds are taken during program.

| Medication | Dose/Time | Prescribed for |
|------------|-----------|----------------|
| | | |
| | | |
| | | |

Social Skills/Communication (check all that apply)

- ☐ Has written behavior plan
- ☐ Understands what is said to him/her
- ☐ Uses communication device: _____
- ☐ Other communication: _____

- ☐ Can express needs
- ☐ Uses PECs
- ☐ Dislikes noises
- ☐ Physically aggressive
- ☐ Sexually aggressive
- ☐ Uses sign language
- ☐ Is easily frustrated
- ☐ Sensitive to touch
- ☐ Verbally aggressive
- ☐ May wander off

Any specific sensitivities that would lead to any form of aggression?

What helps calm participant when agitated?

Is there any fear of which staff should be aware?

FORM #1: HISRA 2023 ANNUAL INFORMATION FORM

Participant Name: _____

Support System

Is participant own guardian?

☐ Self

☐ Other:

Name: _____

Relation: _____

Phone: _____

Email: _____

In the event of program change and/or emergency who should we contact?

☐ Participant

☐ Guardian

Name: _____

Alternate Emergency Contact – must be DIFFERENT than above:

Name: _____

Cell #: _____

Participant Lives:

Address: _____

Home Phone #: _____

☐ With parent(s)/family

☐ In a group home

Group Home Name: _____

Manager: _____

Phone: _____

☐ Other: _____

☐ Independently

HISRA Pick Up Information

☐ Independently comes/goes from program

☐ Release to group home staff

☐ Will travel via 3rd party transportation

Agency: _____

☐ Others (include yourself and family members):

members):

1) _____

2) _____

Uniform Sizes: (sizes are youth or adult unisex):

Shirt size (circle): S M L XL 2X 3X 4X

Short size(circle): S M L XL 2X 3X 4X

Swimming

☐ Needs full assistance while swimming

☐ Has some swimming skills

☐ Can swim independently

Who filled out this form?

Name: _____

Date: ____/____/____

MUST SIGN HERE:



LEGAL GUARDIAN SIGNATURE

DATE ____/____/____

Helpful additional information for HISRA staff:

When engaging in physical activities, participant:

☐ Knows physical limits and self-regulates

☐ Needs to be encouraged to push him/herself

☐ Should not exert self beyond _____

Anything else you feel staff should know:

Member District:

(circle): MPD CPD WPD PPD NR

INTERNAL USE ONLY

| Required | Received | |
|----------|----------|-----------------------|
| | | #2 Seizure Care Plan |
| | | #3 Personal Care Reg. |
| | | #4 Med Dispensing |
| | | #5 Release |
| | | #7 Med App _____ |
| | | #8 Payment |

THIS MUST BE SUBMITTED WITH THE PARTICIPANT REGISTRATION FORM



**Heart of Illinois
Special Recreation
Association**

Heart of Illinois Special Recreation Association
P: (309) 691-1929 | F: (309) 691-4383 | hisra@peoriaparks.org
8727 North Pioneer Road, Peoria, IL 61615

FORM #3: PERSONAL CARE REQUEST FORM

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: _____ DATE: _____

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 of each need:**

- ☐ Medication Dispensing _____
- ☐ Toileting Assistance _____
- ☐ Feminine Care Assistance _____
- ☐ Epinephrine Injections _____
- ☐ Inhaler Assistance _____
- ☐ Feeding Tube Management _____
- ☐ Diazepam Rectal Gel Delivery _____
- ☐ Suction Device Management _____
- ☐ Catheter Management _____
- ☐ IV Medications _____
- ☐ Tracheotomy Management _____
- ☐ Nebulizer Therapy _____
- ☐ Vagal Nerve Stimulator _____
- ☐ Insulin Pump Management _____
- ☐ Syringe Injections (insulin/other) _____
- ☐ Seizure Treatment _____
- ☐ Other: _____

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

FORM #3: PERSONAL CARE REQUEST FORM

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. **Check all that apply and provide detailed information of when requested; use additional sheet of paper if necessary.**

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 _____
(eg: wipe, wash hands, etc.)

☐ Assistance dressing/undressing:

- ☐ Manipulating buttons ☐ Manipulating zippers
- ☐ Lowering buttons ☐ Raising buttons

☐ Assistance wiping

- ☐ Urination ☐ Bowel Movement

☐ 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 the changing table
- ☐ Changed in restroom while bearing

*HISRA 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
eg: 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)

*** 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

☐ Thickened liquids

- ☐ Nectar ☐ Honey ☐ Pudding

- ☐ Other (please explain) _____

☐ Other Personal Care Requests (please explain)

Person Completing Form: _____

Date: _____/_____/_____

IMPORTANT INFORMATION: Heart of Illinois Special Recreation Association ("HISRA") is committed to complying with the Americans with Disabilities Act (the "ADA") and providing reasonable modifications/accommodation. Parents and guardians requesting personal services/care for the 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.

HEART OF ILLINOIS SPECIAL RECREATION ASSOCIATION
FORM #9: HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION

Applicant Name: _____ Date: _____

Address: _____ City: _____ Zip code: _____

Phone #: _____ Email: _____

Completed by: _____ Phone #: _____

Scholarship Request:

Program name

Cost/Fee

Applicant:

- ☐ Lives in a group home
- ☐ Is a foster child/in foster care
- ☐ Is supported by alternative family member
- ☐ Lives independently
- ☐ Other items to be considered by scholarship committee:

Required documentation:

- ☐ Down Payment (at least 10%)
- ☐ Driver's Licenses or State ID
- ☐ Copy of most recently tax return and/or 2 most recent paystubs for all household wage-earners
- ☐ Medical Card (Verified by _____)
- ☐ ACA forms

| Household Info Please print first name | Applicant | Adult | Adult | Child | Child | Child |
|---|-----------|-------|-------|-------|-------|-------|
| Monthly income | | | | | | |
| SSI | | | | | | |
| Unemployment | | | | | | |
| LINK, SNAP, or other public aid | | | | | | |
| Child support, foster care payments, adoption subsidy | | | | | | |
| Retirement, pension, etc. | | | | | | |
| Other | | | | | | |

Office use only

| |
|---------------------|
| Scholarship Awarded |
| R81 _____ R83 _____ |

_____ Entered into RecTrac



HISRA SUMMER



2023





Heart of Illinois Special Recreation Association
8727 Pioneer Road
Peoria, IL 61615

