

FALL/WINTER
2023
SEPT - DEC

HISRA registration

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

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

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

FROM US, TO YOU

Hello Fall!

As the leaves begin to change and the crisp air sets in, we are thrilled to present an incredible lineup of recreational activities designed to ignite joy, foster growth, and create lasting memories with friends. From engaging athletics and adventurous fall-themed outdoor explorations to exciting events planned at our HISRA facility, we hope that our diverse range of activities will keep you on your toes this season. We are excited to announce that depending on waitlist numbers and interest, we will drop new program offerings each month this season. New programs will be announced on our mailing list, website and social media pages.

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 **AUGUST 15, 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.



**Special
Olympics**
Illinois

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**Special
Olympics**
Illinois



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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+)

Are you looking for a night full of games, crafts, and dinner? Come hangout at our HISRA Hangouts! Each month will have a different theme. We will be singing karaoke, playing games, cooking in the kitchen, and remembering holiday traditions like wreath making and cookie decorating! As always, every hangout will include dinner, games, crafts, and a movie!



Program	Dates	Day	Time	R/NR Fee	Class #
Karaoke Night	9/15	F	5:00-9:00P	\$27/\$37	HFH52216-01
Game Night	10/14	Sa	5:00-9:00P	\$27/\$37	HFH52216-02
Cooks in the Kitchen	11/3	F	5:00-9:00P	\$27/\$37	HFH52216-03
Holiday Traditions	12/1	F	5:00-9:00P	\$27/\$37	HFH52216-04



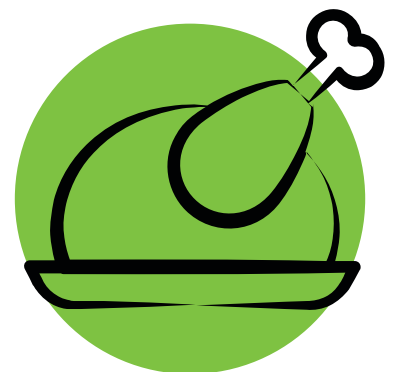
HALLOWEEN DANCE (AGES 15+) 🚌

You are all invited to HISRA's Halloween Dance! It will be such a fright to dance, snack, and listen to music all night! Costumes are optional but are highly encouraged! *Please make sure costumes are appropriate and non-violent in nature.

Date	Day	Time	R/NR Fee	Class #
10/27	Sa	7:00-9:00P	\$17/\$22	HFH52204-01

FRIENDSGIVING (AGES 15+) 🚌

Feast your eyes on our HISRA Friendsgiving this season! Spend the evening giving thanks for good food and even better, friends! We will be catering in a feast that will include dinner, drinks, and dessert. After dinner, we will play games and watch a holiday movie!



Date	Day	Time	R/NR Fee	Class #
11/18	F	6:00-9:00P	\$30/\$35	HFH52205-01

CENTER BASED

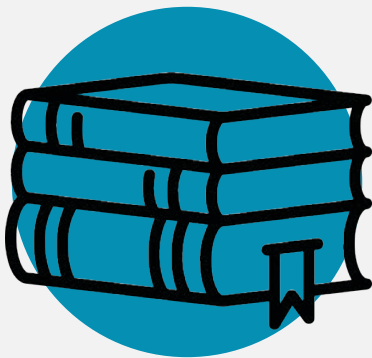
HOLIDAY DANCE (AGES 15+)

There's no place like HISRA for the holidays! Join us as we kick off the holiday season with our annual Holiday dance! We will eat snacks, dance, and be merry. Even though we will be serving drinks and snacks at the dance, please be sure to eat dinner before coming to the dance.

Date	Day	Time	R/NR Fee	Class #
12/16	Sa	7:00-9:00P	\$17/\$22	HFH52207-01



STORYBOOK STEM (AGES 4-16)



Are you looking to grow your child's library, get creative and hang out with friends? Our 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 you read that afternoon. 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 #
9/30	Sa	1:00-3:00P	\$17/\$22	HFH52218-01
10/28	Sa	1:00-3:00P	\$17/\$22	HFH52218-02
11/18	Sa	1:00-3:00P	\$17/\$22	HFH52218-03
12/9	Sa	1:00-3:00P	\$17/\$22	HFH52218-04

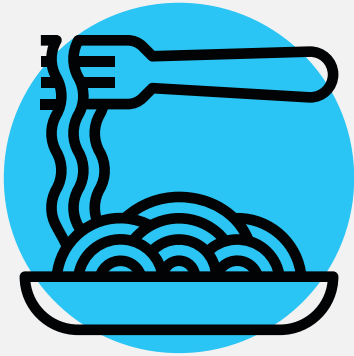
BURGERS AND BAGS (AGES 15+)

Come enjoy a night full of friends and backyard games! There will be a Corn Hole "Bags" bracket to determine which duo will earn bragging rights for the night and other games set up for those not wanting to join a competition. We will grill burgers in the backyard for dinner.

Date	Day	Time	R/NR Fee	Class #
9/9	Sa	5:00-9:00P	\$27/\$37	HFH52203-01



CENTER BASED



NATIONAL PASTA DAY PASTA BAR (AGES 15+)

HISRA is celebrating National Pasta Day by hosting an Italian pasta bar! We will enjoy dinner and then end the night watching the classic tale of Lady and the Tramp.

Date	Day	Time	R/NR Fee	Class #
10/6	F	7:00-9:30P	\$35/\$45	HFH52220-01

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.

PIZZA AND BOWLING (AGES 19+)

Pizza and bowling- there is no better pair! We will be eating pizza together and then hitting the lanes for a few games! To mix things up, we will be going to different bowling alleys throughout our member district communities. All participants will meet staff at the bowling alley at the start of the program. We will not be meeting at HISRA. Dates and Locations: Friday September 29th at Landmark Lanes in Peoria; Friday October 20th at Potter's Alley in Morton; Saturday November 18th at Landmark Lanes in Peoria; Friday December 8th at Plaza Lanes in Washington.



Dates	Day	Time	R/NR Fee	Class #
9/29	F	6:00-9:30P	\$37/\$47	HFH54202-01
10/20	F	6:00-9:30P	\$37/\$47	HFH54202-02
11/18	Sa	6:00-9:30P	\$37/\$47	HFH54202-03
12/8	F	6:00-9:30P	\$37/\$47	HFH54202-04

COMMUNITY BASED

BONFIRE AT BLUE RIDGE COMMUNITY FARM (AGES 19+)

HISRA is headed to the farm! We will be meeting at HISRA and heading to the farm together to enjoy a cookout, live music by the fire, and s'mores.

Date	Day	Time	R/NR Fee	Class #
10/13	F	5:00-9:30P	\$35/\$45	HFH54206-01



MINI GOLF AND TREATS (AGES 19+)

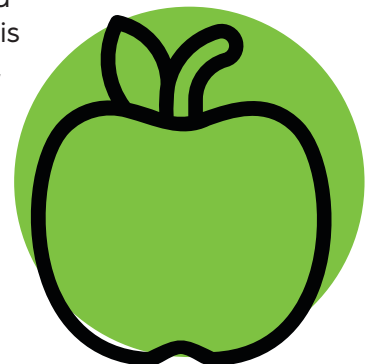
There is no better way to end the summer than a round of mini golf and sweet treats with friends! Don't forget to eat dinner before the program!

Date	Day	Time	R/NR Fee	Class #
9/8	F	6:00-9:00P	\$30/\$40	HFH54210-01

ORCHARD OUTING (AGES 19+)

It's apple picking time! Come join us on the orchard outing as we explore all a local orchard has to offer and pick apples! A small bag of "you-pick" apples is included in the program fee. Money will be needed for any additional apples, snacks, or merchandise.

Date	Day	Time	R/NR Fee	Class #
9/23	Sa	10:00A-1:00P	\$27/\$37	HFH54216-01



COMMUNITY BASED



PUMPKIN PATCH PICKING (AGES 19+)

Come join us as we hunt for this year's Great Pumpkin! We will be going to a local pumpkin patch after meeting at HISRA. A small pumpkin or gourd is included in the program fee. Please bring money for any additional snacks, merchandise, or pumpkins.

Date	Day	Time	R/NR Fee	Class #
10/21	Sa	10:00A-1:00P	\$27/\$37	HFH54217-01

ATHLETICS

SPECIAL OLYMPICS BASKETBALL (AGES 8+)

We're playing... basketball! The HISRA Special Olympic Basketball team will begin the season by focusing on the fundamental aspects of the game and will then begin to play local teams starting in early December. Practices will take place at the RiverPlex on Monday nights. Practice times and teams will be determined after the first practice. Practices scheduled after the District Competition are TBD. There will be no practice on 12/25 or 1/1.



Dates	Day	Time	R/NR Fee	Location	Class #
10/16-3/4	M	6:30-8:30P	\$54/\$70	RiverPlex Recreation & Wellness Center	HFH56501-01

· UPCOMING PROGRAMS ·

ATHLETICS

JUNIOR BASKETBALL (AGES 6+)

HISRA's Junior Basketball team will practice the fundamentals of the game and learn the rules of the court. Practices will take place in the HISRA gym. The season will culminate with a scrimmage day on December 3rd.

Dates	Day	Time	R/NR Fee	Class #
10/16-12/3	M	6:30-7:30P	\$54/\$70	HFH52217-01



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!



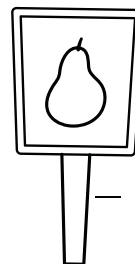
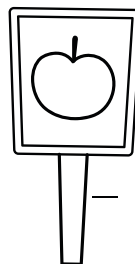
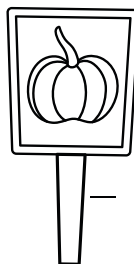
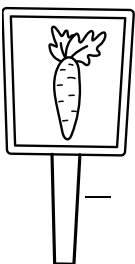
SPECIAL OLYMPICS BASKETBALL

Dates	Days	Time	Location
10/16 - 3/4	M	6:30 - 8:30P	RiverPlex Recreation & Wellness Center





COUNT THE HARVEST





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 Halloween Dance	10/27	Chillicothe/Morton/Washington	\$17/\$22
	Friendsgiving	11/17	Chillicothe/Morton/Washington	\$35/\$45
	Holiday Dance	12/16	Chillicothe/Morton/Washington	\$17/\$22
	HISRA Hangout 1	9/15	N/A	\$27/\$37
	HISRA Hangout 2	10/14	N/A	\$27/\$37
	HISRA Hangout 3	11/3	N/A	\$27/\$37
	HISRA Hangout 4	12/1	N/A	\$27/\$37
	Burgers and Bags	9/9	Chillicothe/Morton/Washington	\$27/\$37
	Storybook STEM 1	9/30	N/A	\$17/\$22
	Storybook STEM 2	10/28	N/A	\$17/\$22
	Storybook STEM 3	11/18	N/A	\$17/\$22
	Storybook STEM 4	12/9	N/A	\$17/\$22
	National Pasta Day Pasta Bar	10/6	Chillicothe/Morton/Washington	\$35/\$45
	Pizza and Bowling 1	9/29	N/A	\$37/\$47
	Pizza and Bowling 2	10/20	N/A	\$37/\$47
	Pizza and Bowling 3	11/18	N/A	\$37/\$47
	Pizza and Bowling 4	12/8	N/A	\$37/\$47
	Bonfire at Blue Ridge Community Farm	10/13	Chillicothe/Morton/Washington	\$35/\$45
	Mini Golf and Treats	9/8	Chillicothe/Morton/Washington	\$30/\$40
	Orchard Outing	9/23	Chillicothe/Morton/Washington	\$27/\$37
	Pumpkin Patch Picking	10/21	Chillicothe/Morton/Washington	\$27/\$37
	Junior Basketball	10/16-12/3	N/A	\$54/\$70
	Special Olympics Basketball	10/16-3/4	Chillicothe/Morton/Washington	\$54/\$70
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.

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):

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





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

