

ESPERANZA CENTER

516 WEST 181st STREET, NEW YORK, NY 10033
TEL. 212-928-5810 FAX 212-740-2053



Dear Parent/ Guardian,

Welcome to Esperanza Center Program, within this packet you will find all the necessary information regarding the program.

Saturday Recreation Program

Location: Esperanza Center

516 West 181th St. 2nd Fl. New York,
N.Y. 10033 Tel#: 212-928-5810

When:

Saturdays 10:00am to 3:00pm.
Transportation provided.
We provide lunch for participants.

Wednesday Recreation Program

Location: Esperanza Center

516 West 181th St. 2nd Fl. New York,
N.Y. 10033 Tel#: 212-928-5810

When:

Wednesday 3:30pm to 6:30pm
Transportation provided.
Esperanza provides a snack.

The program offers various activities for the participants, among them Arts & Crafts, dancing, community outings, games, parties, and more. The program is open to all residents residing with their family members in Northern Manhattan and Western Bronx.

Please fill out the application and include:

- Current medical evaluation
- Two PPD results within the year
- TABS number
- Level of Care
- A Psycho-Social and Psychological evaluation
- ISP Addendum
- Approval from NYS Office for People with Developmental Disabilities

If you have further questions, or would like more information, you can reach us at 212-928-5810 ext.120 or Julian Burrell at ext.118.

Sincerely,

Elizabeth Lindao, Program Supervisor

Check one or both:

- I would like my son/daughter to participate in Saturday Recreation Program.
 I would like my son/daughter to participate in Wednesday Recreation Program.

Parent's Name: _____

Son/Daughter's Name: _____

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Estimado Padre/Tutor,

Bienvenidos al Programa Recreativo del Centro Esperanza, dentro de este paquete encontrará la información necesaria sobre el programa.

Programa Recreativo de los Sábados

Lugar: Esperanza Center

516 West 181th St. 2nd Fl. New York
N.Y. 10033 Tel#: 212-928-5810

Cuándo:

Sábados 10:00am a 3:00pm
Transportación es proveida.
Proveemos almuerzo.

Programa Recreativo de los Miércoles

Lugar: Esperanza Center

516 West 181th St. 2nd Fl. New York
N.Y. 10033 Tel#: 212-928-5810

Cuándo:

Miércoles 3:30pm to 6:30pm
Transportación es proveida.
Proveemos un aperitivo.

El programa ofrece varias actividades para los participantes entre ellas manualidades, bailes, paseos dentro de la comunidad, fiestas y otras actividades. El programa está disponible para todo individuo que viva en el hogar de su familia en la parte Norte de Manhattan y la parte Oeste del Bronx.

Por favor llene la aplicación e incluya:

- Evaluación médica al día
- Dos resultados de PPD recientes
- Número de TABS
- Nivel de cuidado "Level of Care"
- Evaluación Psicológica y Psico-Social
- ISP Addendum
- Aprobación de NYS Office for People with Developmental Disabilities

Si tiene alguna pregunta o desea mas información puede llamar al (212) 928-5810 ext.120 o a Julian Burrell, ext 118.

Atentamente,

Elizabeth Lindao, Supervisora del Programa

Marque los que desea:

- Deseo que mi hijo/hija participe en el programa de los Sábados.
 Deseo que mi hijo/hija participe en el programa de los Miércoles.

Nombre de Padre: _____

Nombre de Hijo/Hija: _____

Esperanza Recreation Program

1. Identifying Information

Name: _____ Sex: ___ M ___ F

D.O.B: _____ SS #: _____

TABS ID #: _____ Medicaid #: _____

Address: _____

Home Tel #: _____

Parent/Guardian: _____ Relationship: _____

Cell phone #: _____

1. Emergency Contact: _____ Relationship: _____

Tel #: _____

2. Emergency Contact: _____ Relationship: _____

Tel #: _____

Does the individual have a Case Manager? ___ Yes ___ No

If yes, please complete:

Name: _____

Agency name and Address: _____

Tel #: _____ Fax #: _____ Email: _____

Is individual waiver enrolled? ___ Yes ___ No. Has individual been to front door? ___ Yes ___ No

Does the individual attend Day Program? ___ Yes ___ No

If yes, please complete:

Name of program: _____

Address and Tel #: _____

Contact Person: _____

Esperanza Recreation Program

2. Medication Information

Is the applicant currently taking any medication? Yes No

If yes,

	Name	Purpose
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Are there any medications during program hours? Yes No

If yes, which ones: _____

Describe any allergies or special medical alerts: _____

Does the applicant suffer from a seizure disorder? Yes No

Frequency of seizures: _____

Describe seizure: _____

Is individual diabetic? Yes No

If yes, type of treatment: _____

Esperanza Recreation Program

3. Current functioning:

How independently does the applicant function in the following areas:

Activities of daily living:

ADL	Independent	Supervision	Verbal Prompting	Physical Prompt	Total Assistance
Dressing					
Undressing					
Toileting					
Menstrual Care					
Grooming Hair					

Does individual use any adaptive supports? (Wheel chair, walker, etc.) Yes No

If yes, which one? _____

Does the applicant need any assistance with eating? Yes No

Food consistency: whole 1' ½' ¼' pureed chopped ground

Does the applicant utilize utensils? Yes No

Explain: _____

Does the applicant drink from a cup? Yes No

Liquid consistency: nectar honey pudding N/A

Describe any eating problems: _____

Does the individual have any food restrictions?

Ex: religious reasons, special diets, etc? Yes No

Please list any food restrictions:

1. _____

2. _____

3. _____

4. _____

5. _____

Esperanza Recreation Program

4. Communication:

Is individual verbal? Yes No

If yes, what languages does individual speak? _____

If non-verbal what language does individual understand? _____

How does individual communicate? gestures sign language

5. Travel: our transportation independent

6. Preferred activities:

What enjoyable activities does the applicant engage in during leisure time? _____

Does the applicant initiate these activities independently? Yes No

Does the applicant engage in activities independently? Yes No

If no, what assistance is required? _____

7. Behavior:

Describe current behavior problems at home or school/program: _____

What upsets/frustrates applicant? _____

Suggestions to de-escalate behavior problems: _____
