

#### **Group Services Fall 2020 Respite Application**

Group Services is so excited to be re-opening our doors and welcoming back our funded evening and weekend programs! While spaces are limited, we are offering select evening and weekend groups for children and youth as well as weekend groups for our adult participants. All services In-Centre will be offered at a 1:1 ratio and will be compliant with COVID-19 recommendations as directed by Toronto Public Health.

Since spots will be limited, we are continuing with an application process and depending on the number of applications, will use a lottery system to determine respite spots.

Please not that these are funded programs and therefore you may only apply to **ONE** session. In addition, these programs are non-refundable unless COVID-19 guidelines change and programs are closed.

#### Fall 2020 Evening & Weekend Respite

Evening and Weekend Respite are play based and recreational programs that supports children and youth on the Autism Spectrum. Participants will have exposure to social, recreational and leisure opportunities in a group environment. Respite staff use the principles of Applied Behaviour Analysis (ABA) to support clients in working towards individualized goals and engage in individual and group activities.

If you are interested in evening and/or weekend respite, please rank your preference below from **1 being most** preferred to **4 being** *least* preferred. While we will try to accommodate your preference, we cannot guarantee your first choice.

Weekend Respite (Ages 6-17) \$400.00 Saturday October 17-December 19 from 9:30-2:30 Sunday October 18-December 20 from 9:30-2:30

Evening Respite (Ages 3-17) \$350.00 Wednesday October 21-December 16 from 4:00-8:00 Thursday October 22-December 17 from 4:00-8:00

If you are interested in adult weekend respite, please choose your preferred date below. While we will try to accommodate your preference, we cannot guarantee your first choice.

Weekend Respite (Ages 18+) \$400.00 Saturday October 17-December 19 from 9:00-2:00 Sunday October 18-December 20 from 9:00-2:00

Group Services will also be re-launching remote services and offering both a Social Club and Rec Group! For more information reading remote or in person services, please reach us at GroupServices@autism.net or by phone at 416-322-7877 ext.259.

We can't wait to see you!



### **COVID-19: IN-PERSON SCREENING AND REGISTRATION**

COVID-19 Screening				
1.	Has the participant travelled in the past two weeks or been in	Yes	No	
	contact with someone who has travelled in the past two weeks?	103	110	
2.	Has the participant been in contact with someone who has tested	Vos	No	
	positive for COVID-19?	Yes	INO	
3.	Will the participant tolerate support staff wearing Personal	Yes	No	
	Protective Equipment (e.g. masks, face shields)?	165	INO	
4.	Will the participant tolerate washing their hands and using hand	Yes	No	
	sanitizer?	163	INU	

Behaviour Screening				
<ol> <li>Does the participant engage in elopement behaviour (i.e. do they run away or wander around) rather than stay in a designated area such as a classroom?</li> </ol>	Yes	No		
Does the participant engage in any at-risk behaviours? If Yes, pleas specify all at-risk behaviours.	Yes	No		
3. In camps or recreational programs, my child typically requires 1:1 or 1:3 support?	1:1	1:3		

Participant Information				
First Name:	Last Name:			
Date of Birth:	Male Female Undisclose	ed		

Medical Information			
Are there any concerns (physical/social) that you would like us to be aware of? Yes No			
If yes, please specify.			
Does the participant have any allergies that you would like us to be aware of? Yes No			
If yes, please specify.			
Does the participant carry an EpiPen? Yes No			
Does the participant need to take any medication? Yes No If yes, please specify.			
Permission to be administered during program? Yes No			
Time/Dose:			

Primary Contact Information			
First Name:	Last Name:		
Address:	Unit/Apt:		
City:	Province:	Postal Code:	
Email:	Phone:		

Emergency Contact Information (other than previously listed)				
First Name:	Last Name:			
Relationship:	Phone:			
Permission to pick up child? Yes No				
First Name:	Last Name:			
Relationship:	Phone:			
Permission to pick up child? Yes No				

## **Drop-Off and Pick-Up Information**

Please note that drop-off and pick-up must be done by the caregiver or persons listed above. The caregiver or individual dropping the participant off must be available to return the participant home if they do not pass the screening/temperature check. If your child is taking transportation, the caregiver must still be available to pick up if the participant does not pass the screening/temperature check.

Is your child taking transportation to Geneva Centre for Autism Yes No

Date: \_\_\_

# STOP COVID-19 Please complete before entering the child care centre/day camp. Time:\_

# Do you have any of the following:

Yes No	Fe	ver	Yes No	Cough	Yes No D	ifficulty breathing	Yes No tr	Sore throat, ouble swallowing
Yes No		nose or eyes	Yes No	Loss of taste or smell		Not feeling well, ed or sore muscles	Yes No	ausea, vomiting, diarrhea
	Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?							
	Have you returned from travel outside Canada in the past 14 days?					е		
	If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider, to find out if you need a test.							

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TORONTO Public Health