



Dreams with Wings, Inc. Summer Camp Consents and Releases

Camper Name:

Date of Birth:

Address:

Emergency Contact Representative:

Best Daytime Phone Number:

Emergency Treatment:

I verify that my camper is receiving services from Dreams with Wings, Inc. (Agency). In the event of an emergency, I give my permission for my camper to receive emergency medical treatment whenever necessary at any time she/he is in the care of Dreams with Wings, Inc. and/or agents. I hereby give authority to any hospital or doctor to render immediate emergency treatment as might be required at the time for my camper's health and safety. I also give my permission for my camper to be transported by ambulance to an emergency center for treatment.

Transportation Release:

I give my permission for my camper to be transported by Dreams with Wings, Inc. staff and/or its agents for the purposes of service provision in various programs at various sites.

I understand that my camper will be transported to and from the program site(s) in vehicles owned and leased by Dreams with Wings, Inc. as well as vehicles privately owned and operated by the staff of Dreams with Wings, Inc. and/or its agents. I understand that the Agency requires that employees be in possession of a vehicle equipped with seat belts, possess a valid driver's license, and retain adequate automobile insurance to cover passengers.

Photograph/ Video Release:

I give my permission for Dreams with Wings, Inc. and its agent's permission to photograph and/or videotape my camper for client records and program promotional use. Promotional use includes, but is not limited to the Dreams with Wings, Inc. brochures, website, Facebook page, Instagram, newsletter, and advertising material. Photos will remain archived at Dreams with Wings, Inc. and can be used for promotional purposes without notification.

Medication Administration:

I give permission for Dreams with Wings, Inc. and/or its agents to administer medication to my camper as prescribed by a licensed physician. I understand that it is my responsibility to provide the medication in the original prescription bottle along with a copy of the physician's order. I understand that it is my responsibility to provide the staff with clear instructions and any possible emergency reactions to the medications. If the medication is discontinued, I understand that I must provide a copy of the physician's orders.

Grievances and Rights:

The following pages outline the grievances and rights that must be signed by the camper and parent each year.

Policy 1-15

Individual Grievance Procedure

Policy

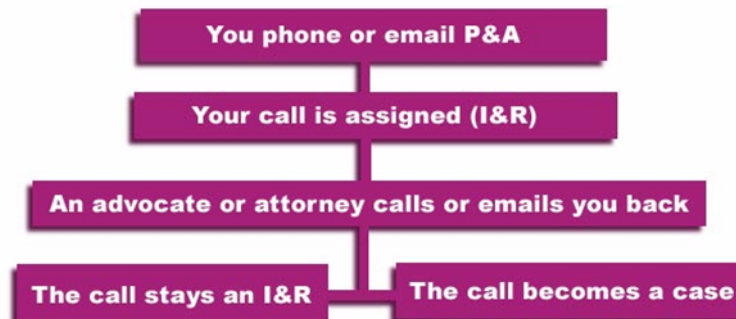
Any individual served at DWW has the right to file a grievance if she/he has a complaint.

Grievances- may include but are not limited to, the quality of care or services you receive, a problem with a provider or an employee, a violation of your rights as a waiver participant, or a dispute about the time it takes DMS to make service decisions. You do not need to have received an adverse action in order to file a grievance.

Procedures

1. If the individual or guardian chooses to file a grievance complaint internally within Dreams With Wings and wishes to appeal a decision made by the agency an appointment will be made to discuss it with the direct support professional at which time an attempt will be made to work it out informally. If the situation was unable to be worked out, there are three steps recommended to process it.
 - a. The DSP will assist the individual putting the grievance in writing on the appropriate grievance form. The DSP will forward the form to the Executive Director in no later than five business days. A meeting with the aggrieved and the direct support professional shall take place within five days.
 - b. If there was not a resolution, the complaint will be discussed with the Director of Human Resources, the aggrieved, and the direct support professional to resolve the issue.
 - c. If there was not a satisfactory resolution the complaint will be forwarded to the executive director for a final administrative decision.
2. The individual or guardian can contact an outside mechanism at any point in the internal grievance procedure. An external mechanism is an outside entity that could assist the individual with their grievance, (i.e., Protection and Advocacy (P&A) or the office of the Ombudsman, etc.) Please be advised that BHDID is not an external mechanism, they are the monitoring and regulatory entity.
3. The information below will assist the individual with the process of getting the above-mentioned assistance.

The Information and Referral (I&R) process looks like this. When your call or email comes into P&A it is assigned to an advocate or attorney. The advocate or attorney will contact you within 3 working days to get more details. After the advocate or attorney calls or emails you back, your call either stays an I&R or the call becomes a case. The graph below explains this process.



Voice grievances and complaints regarding services and supports that are furnished with-out fear of retaliation, discrimination, coercion, or reprisal; (SCL regulation 2019).

Protection and Advocacy (P&A)
 5 Mill Creek Park
 Frankfort KY 40601
 Phone: 1.502-564-2967
 Toll Free: 1.800-372-2988
 Fax:1.502-695-6764
 Email: KYPandAinquiry@gmail.com
 Link to P&A intake form: <http://www.kypa.net/contact.html>

1. If an individual or guardian choose to file a grievance complaint externally, you can fill out the appropriate form and email it to 1915cwaiverhelpdesk@ky.gov or mail it to: Department for Medicaid Services, Division of Community Alternatives, 275 East Main Street, 6W-B, Frankfort, Kentucky 40621
2. If you need assistance filing the external grievance or appeal, you may contact the Office of the Ombudsman and Administrative Review at (800) 372-2973 or the Department of Community Based Services located in your county regarding the availability of free representation by legal aid services.

Approved: 7/1/2000
 Reviewed: 5/23/13, 2/24/14, 3/14/15, 2/3/17, 3/18/18, 5/22/19, 6/24/19, 5/26/20, 8/2/21, 8/25/21, 7/28/22, 8/21/23, 8/11/24
 Revised/Approved: 3/13/17, 6/24/19, 8/25/21
 I have received a copy of the Individual Grievance Procedure provided by Dreams With Wings, Inc. By signing below, I agree that I have read and understand the policy that has been provided to me in this regard.

_____ Date _____ Guardian _____ Date

Camper

_____ Date _____
 DWW Witness (signed by staff upon receipt)

Behavior Guidelines/Discipline/Discharge Procedures

Behavior Guidelines

Please read our behavior policy with your camper before camp.

We expect campers to act respectfully at all times when they are on camp property or participating in our programs. Campers are to behave in a mature, responsible way and respect the rights and dignity of others. Each camper is expected to follow the below guidelines for the safety and enjoyment of each person involved in camp:

- Be responsible for her/his actions
- Respect themselves, other campers, counselors, instructors, and any other person who is involved in camp activities
- Respect camp property and equipment including but not limited to the camp facility, community settings, camp vehicles, and any materials used in camp activities

- Communicate directly or indirectly through a parent/guardian/advocate any difficulties she/he is having at camp to a counselor or DWW staff member to seek a resolution

Discipline Procedures

If a camper does not follow our behavior guidelines or engages in harmful or destructive behavior, we will take the following steps:

- Use redirection strategies as listed in a behavior plan provided with a submitted camp application or using behavior training techniques if no plan was provided
- If inappropriate behavior continues and/or escalates, the camper may be asked to leave an activity or camp depending upon the severity of her/his actions and whether the camper has de-escalated
- Counselors and/or DWW staff will communicate with parents/guardians if a camper has not followed behavior guidelines and is engaging in harmful or destructive behavior
- If a camper's behavior continues to violate our guidelines and is unchanged despite multiple attempts to be corrected, or if the behavior is judged too potentially harmful to the individual or others, the parents/guardians will be notified immediately to pick up their camper.
- Campers who exhibit repeated inappropriate behavior, egregious behavior, or are harmful to self and/or others will be required to have a parent/guardian conference to discuss their further participation in the camp program including being discharged from camp.

Examples of harmful or destructive behavior include, but are not limited to, the following:

- Stealing or damaging property (personal or camp property)
- Using profanity, offensive, or obscene language
- Continuous disruptive behavior
- Leaving camp or camp activities without permission (eloping)
- Fighting or physical aggression with peers, staff, or anyone involved in camp activities
- Endangering the health and safety of peers and/or staff

Camper fees are non-refundable if a camper is sent home for disciplinary reasons.

Discharge Procedures

Dream With Wings expects each camper to have a successful camp experience. This procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to camp, but is not so egregious as to warrant immediate dismissal from camp. It in no way precludes immediate dismissal from camp for more serious disciplinary problems or violations of camp behavior guidelines.

If a camper has violated our behavior guidelines and/or has exhibited repeated or extreme behavior, a conference will be held with the camper's parent(s) or guardian(s) and DWW staff to discuss the incidents, any documentation or conversations about the behavior guideline violations, and recommendations for next steps. The conference can include any behavior plan documentation, camp application, notes from counselors, and communications with behavior therapists if applicable. The conference can be in-person or via Zoom if needed to accommodate availability.

If the camper's behavior demonstrates a risk to the safety of the camper, other campers, staff, or any other person or property involved in camp, a camper may be discharged from camp.

Any fees or tuition paid prior to the parent conference are non-refundable.

I have received a copy of the Behavior Guidelines/Discipline/Discharge Procedures provided by Dreams With Wings, Inc. By signing below, I agree that I have read and understand the guidelines and procedures that have been provided to me in this regard.

Camper	Date	Guardian	Date
Dreams With Wings Witness (signed upon receipt by staff)	Date		

Participant Rights

Every individual served by Dreams With Wings, Inc. shall ensure the rights of participants providing conflict free services and supports that are person-centered. Making available a description of the right and means by which the rights can be exercised and supported including the right to individuals receiving supports from Dreams With Wings, Inc. have the following rights:

1. The right to live and work in an integrated setting.
2. The right to time, space, and opportunity for personal privacy.
3. The right to communicate, associate, and meet privately with the person of choice.
4. The right to send and receive unopened mail.
5. The right to retain and use personal possessions, including clothing and personal articles.
6. The right to private, accessible use of a telephone or cellphone.
7. The Right To Access accurate and easy-to-read information.
8. The right to be treated with dignity and respect and to maintain one's dignity and individuality.
9. The right to voice grievances and complaints regarding services and supports that are furnished, without fear of retaliation, discrimination, coercion, or reprisal.
10. The right to accept or refuse services.
11. The right to be informed of and participate in preparing the Person Centered Service Plan of Care and any changes in the Person-Centered Service Plan.
12. The right to be advised in advance of the provider(s) who will furnish services and the frequency and duration of services.
13. The right to receive services in accordance with the current Person Centered Service Plan.
14. The right to be informed of the name, business, telephone number, and business address of the person supervising the services and how to contact the person.
15. The right to have property and residence property to be treated with respect
16. The right to be fully informed of any cost share liability and the consequences if any cost share is not paid
17. The right to review the individual participant's records upon request.
18. The right to receive adequate and appropriate services without discrimination.
19. The right to be free from and educated on mental, verbal, sexual, and physical abuse, neglect, exploitation, isolation, corporal or unusual punishment, including interference with daily functions of living.

20. The right to be free from mechanical, chemical, or physical restraints.

Camper	Date	Guardian	Date
DWW Witness (Signed by staff upon receipt)		Date	

Planned Absences and Vacation Notification:

Campers will be expected to submit tuition payment weekly for the full seven weeks of camp.

We must receive notification of any planned absences and/or vacations by Friday, May 23rd 2025. If proper notification is not received by this date, absences that occur during the duration of the camp will be considered unplanned, and regular weekly tuition rates will be charged.

If we receive notice by or before Friday, May 23rd 2025, a 50% vacation tuition rate will be applied based upon your committed attendance option. This applies to both Private Pay and Michelle P Respite Waiver campers. This payment offsets the administrative and logistical costs of camp based upon committed enrolled camper capacity.

Camper Pick-up: I understand that I am responsible for transporting my camper to and from camp each day. Please list all persons that will be authorized to pick up your child. Camp staff will ask for a picture ID to release your camper. Please print names clearly:

Case Manager Communication:

I understand that Dreams With Wings, Inc. will be in contact with my camper case manager and I give permission for them to release and obtain valuable information regarding my camper.

Personal Belongings:

I understand that my camper is responsible for any items that she/he may bring to camp and that Dreams with Wings, Inc. will not be held liable for any items that may become damaged or lost. Any electronics (including but not limited to: CD players, Tablets, iPads, phones, gaming devices, etc.) that are brought to camp will be requested to be turned off during program times.

This document contains a release of claims. Please read carefully before signing.

I agree that I have read and fully understand all of these policies and consents, and by signing below I acknowledge our agreement and compliance to all aforementioned. I give my consent for my camper to participate in all of the programs that will be offered this summer.

Camper	Date	Guardian	Date
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_____ Date
DWW Witness
(signed upon receipt by staff)

This release expires: _____

My signature indicates I have read and agreed to all pages of this release form.