



PARTICIPANT APPLICATION

If you or your SSA/SC have any questions or need assistance, please contact us at:
Danielle at 614-271-8999 or danielle@dreamshine.org

Name: _____ Phone# _____

Address: _____

Date of Birth: _____ Medicaid # _____

SSA/SC Name (Case Manager): _____

SSA/SC Phone# _____ SSA/SC Fax #: _____

SSA/SC Email address: _____

County and Agency _____

Emergency Contact Name: _____ Phone# _____

Relation of Emergency Contact: _____

Funding Source: (please circle): *IO* *Level 1* *County funding* *Private Pay*
Other _____

Living situation: (please circle): *Supported Living* *Family* *Independent*

Are you currently attending a day program or have you in the past? _____

The hours of Dreamshine are 9:30am – 2:45pm Monday-Friday

Days you plan to attend program: (please circle) *M* *T* *W* *TH* *F*

Date that you are available to begin attending Dreamshine's Adult Day Program: _____

Guardian Information:

Guardian: _____

Address: _____

Phone# _____

Email Address: _____

Guardian emergency number (if not able to reach on number listed above): _____

Please sign below to indicate that we may discuss the above named person with the following list of individuals or agencies (list below) in regards to the IEP, Psych Eval, Behavior or other documentation provided:

Agency or individual names: _____

Guardian signature and date _____

Add Guardian email to Dreamshine's mailing list? (circle one) Yes No



Documentation Needed

We would like to thank you for your interest in Dreamshine at Autumn Lakes, LLC. ☺ In order to ensure we can best meet your needs, we are going to need some information. Please work with your County Board Service Support Administrator and/or your guardian to send us copies of the following information along with the application:

- A copy of your most recent ISP
- A copy of your most recent IEP (if you graduated more than two years ago, this is not needed unless requested).
- Consents/agreements/Policies that must be given to Dreamshine prior to the individuals first day: (If you do not already have these forms, they will be sent to you once the individual is accepted into the Dreamshine program).
 1. Dreamshine Service Agreement
 2. Authorization to Photograph/ Video
 3. Holiday Closings
 4. Hot Tub Consent
 5. Attendance agreement
 6. Participant belongings and money
 7. Dreamshine IPAD, computer, Wii use policy
 8. Dreamshine Weather Related Closings and Delays
 9. Massage Consent
 10. PRN (As Needed) Medication/ Treatment
- Health Form and medical form (part of the application document)
- Most recent Psychological and/or Psychiatric evaluation
- Behavior Support Plan or behavior guideline (if no behavior plan or guideline, please provide a summary of behavioral challenges (if any). Please include a summary of any incidents that resulted in injuries to self or others. Indicate if there is any history with law enforcement.

As the County Board SSA (Case Manager) or Guardian for _____
(Potential Participant)

I hereby verify that to the greatest of my knowledge, no information related to behavioral challenges or incidents has been omitted.

Service Coordinator or Guardian signature
8/28/2024 Participant Application/ Medical Authorization

Date



Dreamshine Health Form

Participant Name: _____ Social Security #: _____
 Date of Birth: _____ Medicaid #: _____
 Home Phone #: _____ Emergency #: _____
 Address: _____ City/State/Zip: _____
 Guardian Name: _____ Guardian #: _____
 Guardian email _____
 Emergency Contact Name and #: _____

Does participant have any food restrictions? Yes _____ No _____ Initial _____
 Please specify: _____
 May staff apply sunscreen and bugspray? Yes _____ No _____ Initial _____
 May staff apply first aid cream? Yes _____ No _____ Initial _____
 Does participant have any allergies? Yes _____ No _____
 Please specify: _____

*A Dr's order will be needed in order for PRN medications to be taken at Dreamshine, this includes sunscreen, first aid cream and bugspray.

Additional comments to any of the above: _____

Any concerns or physical limitations the participant might have in participating in recreational activities: _____

Please fill out the table below with all medications the individual regularly takes – attach additional sheets/documentation if needed. PLEASE INCLUDE PRN/AS NEEDED MEDS SUCH AS PAIN RELIEVER.

Medications	Dosage and Times	Reason for Medications	Drug Allergies/Signs

Will any of the above medications be taking at Dreamshine? Yes _____ No _____
 If Yes, please list which medication(s) will be taken at Dreamshine:



EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact the parent or guardian have been unsuccessful or time is not safely permitted to contact the guardian prior to seeking medical care for the individual: I hereby Give my consent for admission to a hospital or emergency treatment for _____
As deemed necessary by a medical professional. Participant Name

Doctor's name _____ number Doctor's phone _____

Guardian Signature (if own guardian, please sign) Date

Signature of person completing form: Date Relationship



Please return all requested documentation along with this application to:

Dreamshine
Attention: Danielle Horne
3821 Blue Church Road
Sunbury, Oh 43074
Fax: 740-936-5038
danielle@dreamshine.org

Thank You! We look forward to hearing from you!



Authorization to Photograph/Video

Permission is granted for pictures and/or videos to be taken of

Participant Name

These pictures/videos are to be used in accordance with Dreamshine at Autumn Lakes, LLC. The photos/videos may be published on our website, in our brochure, on our social media pages, or for other Dreamshine related purposes. Photos may also be published in newspapers or other publications that are promoting Dreamshine or sharing a Dreamshine event.

Permission is also granted for this individual's name to be used in accordance with the above.

Participant

Date

Legal Guardian

Date



Dreamshine at Autumn Lakes, LLC
3821 Blue Church Road
Sunbury, Ohio 43074

Phone: (614) 313-8648 Fax: (740) 936-5038 www.dreamshine.site

Dreamshine Holiday Closings

**PLEASE NOTE THAT DREAMSHINE OBSERVES THE FOLLOWING
HOLIDAYS ANNUALLY*:**

- ✂ **New Year's Day**
- ✂ **Memorial Day**
- ✂ **Independence Day**
- ✂ **Labor Day**
- ✂ **Thanksgiving Day**
- ✂ **Day after Thanksgiving**
- ✂ **Christmas Eve**
- ✂ **Christmas Day**

***If the Holiday falls on a Saturday, it will be observed on the Friday directly before the holiday. If the holiday falls on a Sunday, it will be observed on the Monday directly following the holiday. The exception to this is Christmas Eve.**

This is only recognized if it falls on a weekday. We will NOT be closed in recognition of Christmas Eve unless if it falls on a weekday. Dreamshine will be closed on the day the holiday is observed.



Dreamshine Policy: Participant Attendance

Participant Name: _____

Due to the large number of individuals interested in attending Dreamshine, spaces are limited. This makes it necessary to implement an attendance policy. If a participant consistently misses a large amount of days, they are at risk of losing their spot on one or more days that they are currently scheduled to attend. Dreamshine wants to be sure that unused days are open to new applicants.

If an individual misses 25% or more of regularly scheduled day(s) consistently over a month's period, the participant, guardian and SSA will be notified that the participant's spot on some or all regularly scheduled days is at risk of being lost. The Dreamshine Program Director will initiate communication with the participant and other team members to discuss the specifics of each participant's current attendance situation, and arrange a meeting if deemed necessary. This will include discussing possible reasons for the lack of attendance, brainstorming possible solutions and ensuring that the individual does in fact still desire to attend Dreamshine. The individual will need to show consistent improvement in attendance from that point forward. In the event that the individual begins to miss 25% or more days within a month, the individual will lose their spot on one or more regularly scheduled days. Please Note that scheduled vacations and hospitalizations are taken into consideration when reviewing absences.

The individual may add more days in the future if they show consistent attendance over a reasonable amount of time (if space is available on the requested days).

Participant Date

Guardian Date

SSA Date

Care provider Date



Dreamshine Policy regarding participant belongings and money

Belongings:

Participants who choose to bring personal recreational type belongings (Ipods, cameras, mp3 players, books, etc) to Dreamshine will be encouraged to keep items in their Dreamshine bin. Items that are a distraction to other participants must be kept in the bins during group activities. These items can be brought out during free time at the discretion of Dreamshine. Dreamshine asks that large amounts of items not be brought in, as this is a distraction and at times a safety hazard.

Personal belongings are brought to Dreamshine at your own risk. Dreamshine will not be responsible for lost, stolen or broken items. **PLEASE LABEL THE INSIDE TAGS OF ALL CLOTHING ARTICALS AND TOWELS WITH PERMANENT MARKER. PLEASE LABEL ALL ITEMS THAT THE PARTICIPANT BRINGS IN (DEPENDS, CUPS, WATER BOTTLES, ETC).**

Money:

Dreamshine asks that all money be handed in to Dreamshine staff when handing in participant activity money to be overseen by Dreamshine. When money is not handed in to a Dreamshine staff member, Dreamshine will not be responsible if the money is lost or stolen. When sending activity money in to Dreamshine by way of lunch containers, participant coat pockets, etc, there is a risk that the money may not make it to a staff member. If a caretaker, guardian, etc chooses to send money via lunch box, etc, please notify the Dreamshine Program Director by phone so that the Director can assure that the specified area is checked for the money. If the money is not in the specified area, Dreamshine is not responsible for the missing money that was not given to a staff member.

Food:

Dreamshine asks that food items be kept in participant bins. Participants can access the food items once notifying a staff member. Due to allergies and other dietary restrictions of some participants, food cannot be out within easy reach of other participants without staff being aware that the food is out. Dreamshine participants may not share food with other participants. Items may be brought in for all participants (such as for a holiday) but must be pre-approved by the Dreamshine Program Director before giving to participants.

Guardian signature and date

Participant signature and date



Dreamshine IPAD, Computer and Wii use Policy

The Dreamshine IPADs, Computers and Wii systems are at Dreamshine for participant use at Dreamshine discretion. The items are a PRIVELEDGE for individuals to be able to use. All Participants must be showing responsible and respectful behavior in order to use these items. This includes regularly scheduled times as well as free time. These items must be treated well in order to continually be enjoyed by all participants at Dreamshine. Dreamshine cannot trust participants to treat the items well when the participants are refusing to follow staff direction or are being disrespectful to participants or property.

Guardian signature and date

Participant signature and date



Dreamshine Weather related closings and delays

If Dreamshine is closed or transportation is delayed due to weather, you will receive a phone call from Dreamshine notifying you of this.

Often times, Dreamshine is still open and transporting even when schools may be closed. We only close or delay when the roads are truly not safe to travel on (such as icy conditions from freezing rain and/or large amounts of snow). At times schools close due to cold temperatures and children having to wait at bus stops. Dreamshine provides door to door transportation, so standing outside is not necessary. Please wait inside for us. We will honk or call once in your driveway. We often wait to make a decision until the morning of the predicted severe weather. We do this because news forecasts are often not correct. We do not want to close if it is not necessary.

If you do not receive a call, we are open and transporting as normal. Please remember you will not receive a call unless we are closed or are arriving outside of your 30 minute window. You will NOT receive a call if we still plan to arrive within your 30 min window (for example: if the van generally comes at 8:10am for a 8-830 window, you will not be called if we are arriving later in the window, such as at 8:25). If your 30 min window has passed, the van has not arrived and you have not received a call, please contact the Dreamshine Program Director at 614-271-8999.

Dreamshine individuals are always offered a warm drink upon arrival. Stay safe and warm this winter!



Guardian signature and date

Participant signature and date



DREAMSHINE

Massage Consent

_____ is permitted to receive a monthly back, neck, hand, shoulder and head massage from a licensed massage therapist at Dreamshine at Autumn Lakes, LLC. This massage may be anywhere from 5 to 20 minutes long, depending on participant preference and number of individuals signed up.

Guardian Signature (participant should sign if they are their own guardian. If participant is own guardian, either the physician or SSA should sign in addition to participant.)

SSA signature (does not need to sign if physician or appointed guardian (other than participant) have signed.

Physician signature*

*A Physician's signature is required if the participant has health concerns that the massage could adversely effect or if the SSA or guardian prefers to not sign and would rather have a physician sign.

Please list restrictions or any special instructions for Dreamshine staff and the massage therapist:

The massage therapist will be available one day a month for one hour at Dreamshine. The cost will be fully covered by Dreamshine at Autumn Lakes, LLC. Dreamshine staff will be present for the massage. No participant will be unattended with the massage therapist. Research shows that therapeutic massage is beneficial for reducing stress, anxiety and for improving posture and circulation. Massage has also been said to enhance tissue elasticity and flexibility and help increase the range of motion of joints.



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Guardian signature and date

Participant signature and date



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Participant Date

Guardian Date

SSA Date

Care provider Date



Dreamshine at Autumn Lakes, LLC
3821 Blue Church Road
Sunbury, Ohio 43074

PRN (As Needed) Medication/ Treatment

Name _____ Date of Birth _____
Address _____ Allergies _____

To be given by nurse/ designated staff. Please specify route/ dose/ frequency if other than listed

For headache/ minor pain/ temperature above 100

Motrin (Ibuprofen) 200 mg tablets: Give 1 tablet _____ Give 2 tablets _____ Every 4 hrs as needed by mouth

Tylenol (Acetaminophen) 325 mg: Give 1 tablet _____ Give 2 tablets _____ Every 4 hrs as needed by mouth

Aspirin 325 mg tablet: Give 1 tablet _____ Give 2 tablets _____ Every 4 hours as needed by mouth

Other _____

For upset stomach/ indigestion

Chewable Antacid Tablet (Calcium Carbonate Tablets):

Give 1 tablet _____ Give 2 tablets _____ Every 4 hours as needed by mouth

Mylanta Antacid Liquid: Give 1 oz. _____ Every 4 hours as needed by mouth

Other _____

For Cough

Robitussin (Guaifenesin): Give 1 tablet _____ Give 2 tablets _____ Every 4 hours as needed by mouth

Other _____

Topical

____ Sunscreen SPF 15 or higher: Apply to skin prior to sun exposure and reapply as needed every 4 hours.

____ Desitin Ointment: Apply a thin layer to buttocks as needed every 4 hours for minor skin irritation

____ Hydrocortisone Cream 1%: Apply a thick layer as needed every 4 hours to affected areas

____ Triple Antibiotic Ointment: Apply a thin layer as needed to minor skin wounds after cleaning areas with soap and water

Other _____

May generic equivalents be substituted? Yes No

Licensed Health Care Provider Signature: _____

Address: _____ Phone Number: _____



Dreamshine Participant Important Information

Name: _____

Date of Birth: _____

Address: _____

Allergies: _____

Medications: _____

Diagnosis: _____

Guardian(s): _____

Guardian(s) Address: _____

Guardian(s) Phone

Number: _____

Emergency Contact: _____

Emergency Contact Address: _____

Emergency Contact Phone Number: _____