



# Special Abilities of North Texas

ACE INTAKE INFORMATION			
NAME:		AGE:	DOB:
SSN:	MEDICAID:		PHONE:
PHYSICAL ADDRESS:			
LENGTH OF TIME IN RESIDENCY OF CITY:		LEGAL GUARDIAN:	
EMAIL ADDRESS:			
PAYMENT TYPE: <input type="checkbox"/> PRIVATE <input type="checkbox"/> Waiver Program (type and agency):			
BILLING ADDRESS:			
ACE INCOME TYPE: <input type="checkbox"/> SSI <input type="checkbox"/> Employed <input type="checkbox"/> Other:		AMOUNT:	
HOW DID YOU HEAR ABOUT US?			
EMERGENCY CONTACT INFORMATION			
NAME:		RELATION:	
NUMBER:	ALTERNATE:		EMAIL:
NAME:		RELATION:	
NUMBER:	ALTERNATE:		EMAIL:
NAME:		RELATION:	
NUMBER:	ALTERNATE:		EMAIL:
CASE MANAGER:		COMPANY:	
NUMBER:	ALTERNATE:		EMAIL:
MEDICAL INFORMATION			
MEDICAL DIAGNOSES:			
PRIMARY PHYSICIAN:		PHONE:	FAX:
ADDRESS:		CITY:	ZIP:
DIET:	HOSPITAL:		ALLERGIES:
IN CASE ACE REQUIRES LIFE-SUSTAINING MEASURES BEFORE EMERGENCY PERSONNEL ARRIVE, I WILL ALLOW CARDIO-PULMONARY RESUSCITATION TO BE PERFORMED. <input type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE ATTACH DNR ORDER)			
OTHER			
TRANSPORTATION WILL BE PROVIDED BY: <input type="checkbox"/> FAMILY <input type="checkbox"/> SPAN <input type="checkbox"/> DCTA <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER			
DAYS ACE WILL ATTEND: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> PRN			

ACE OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Special Abilities of North Texas

## Social Plan of Care

NAME:	AGE:	DOB:
RELIGION:		
SIBLINGS:		
DIET:		
EATING HABITS/HELP NEEDED:		
FOOD LIKES:		
FOOD DISLIKES:		
FOOD ALLERGIES:		
BATHROOM HABITS AND NEEDS:		
MOBILITY:		
EMOTIONAL BEHAVIOR:		
SOCIAL BEHAVIOR:		
PROBLEM OR UNACCEPTABLE BEHAVIORS (please note if there is a behavior plan in place that requires documentation):		
HOW THESE BEHAVIORS ARE DEALT WITH:		
SKILLS TO WORK ON:		
ACTIVITIES/HOBBIES:		
OTHER:		



# Special Abilities of North Texas

## Personal Belongings

Please list the personal belongings the ACE will bring to Special Abilities of North Texas. This is so that all staff can ensure that the ACE has all of his/her property that they bring each day (though Special Abilities of North Texas is not liable for any lost, stolen, or damaged property). Please let staff know if the ACE will be bringing a cell phone. We highly discourage the use of cell phones and other electronics while in our facility, with the exception of communication devices. Finally, please let us know the “rules” you have for cell phone and personal property use so that we can be consistent with that while the ACE is at our facility. Thank you.

<b>Personal Property</b>	<b>Description</b>
<input type="checkbox"/> Backpack	
<input type="checkbox"/> Purse	
<input type="checkbox"/> Communication Device	
<input type="checkbox"/> Phone	
<input type="checkbox"/> Daily Notebook for Staff/Family Communication	
<input type="checkbox"/> Lunch Box	
<input type="checkbox"/> Briefs/Pads	
<input type="checkbox"/> Feeding Supplies	
<input type="checkbox"/> Wheelchair	
<input type="checkbox"/> Walker	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Complaint Policy

It is the policy of Special Abilities of North Texas to provide all ACEs with a complaint procedure both verbally and in written format before or at the time of admission. The complaint procedure will be provided annually to each ACE to the guardian or person holding medical power of attorney for the ACE.

## Complaint Procedure

The staff and Board of Directors of Special Abilities of North Texas hope that you are satisfied with the care and services provided at our facility. However, if you are dissatisfied, you are urged to voice your complaint(s) to the Chief Officers of Special Abilities of North Texas and/or the Texas Department of Aging and Disability Services. Any ACE, guardian or person holding medical power of attorney for a ACE may register a complaint either verbally or in writing. The complainant may register the complaint with the Chief Executive Officer.

Complaints may be filed with the Texas Department of Aging and Disability Services at: 1-800-458-9858.

All complaints will be investigated and resolved within five working days of receipt of the complaint. After the complaint has been resolved, the ACE, guardian or person holding medical power of attorney for the ACE will be asked to sign the complaint resolution form.

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ACE/Guardian Signature

Date



# Special Abilities of North Texas

## Standard Photo Release

ACE Name \_\_\_\_\_

I hereby authorize Special Abilities of North Texas to publish the photographs taken of the above named individual of whom I have legal guardianship or authority to make such decisions. Special Abilities of North Texas may use their name for use in printed publications including media release, brochures, website, social media, etc. I acknowledge that since my participation in publications and websites produced by or for Special Abilities of North Texas is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Special Abilities of North Texas confers upon me no rights of ownership whatsoever. I release Special Abilities of North Texas, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I DO give permission to Special Abilities of North Texas to photograph my ACE.

I DO NOT give permission to Special Abilities of North Texas to photograph my ACE.

## Permission to Transport ACE

By signing this form, the ACE has permission to be transported in the bus and/or van that is owned and operated by Special Abilities of North Texas. Transportation is provided for the purpose of Community Inclusion trips and outings sponsored by Special Abilities of North Texas. Trips may include, but are not limited to, shopping, bowling, lunch, movies, museums, etc. These trips will be staffed with Special Abilities staff and will be a part of the daily programming of all ACEs. Each trip is optional, and information sheets will be emailed with more information as it becomes available.

I DO give permission to Special Abilities of North Texas to transport my ACE.

I DO NOT give permission to Special Abilities of North Texas to transport my ACE.

If the ACE uses a wheelchair, can they transfer to a regular seat?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Information

In the case of a disaster or emergency, Special Abilities of North Texas staff will carry out the Emergency Plan. The full written plans are available upon request from the Special Abilities of North Texas office.

#### **In case of fire:**

Staff on duty will sound the fire alarm, call 911, and evacuate participants to designated area per the fire evacuation plan. After all persons have left the building and have been accounted for, caregivers will be notified. Participants may then be picked up by the caregivers and those that cannot be immediately picked up will be taken to the other Special Abilities of North Texas campus.

Fire drills will be conducted once a month to ensure all staff, volunteers, and participants understand and are able to execute evacuation plans as designed. All participants are expected to be compliant with fire evacuation policies, and in the case that they do not follow instructions during a fire drill, the caregivers will be notified.

#### **In case of tornado:**

All individuals in the facility will be moved to the designated areas, which are the interior corridors and bathrooms. Everyone will be instructed to assume a protective position, curled up, protecting head and eyes. Those that cannot physically sit on the ground protecting their head will be assisted to the bathrooms with staff. All building occupants will remain in the area until the all clear has been given.

## **Attendance and Late Pick Up Policy**

### **Hours of Operation**

Lewisville Campus: 7:30am – 5:30pm

Flower Mound Campus: 9:00am – 3:00pm

Our core program hours are 9:00am – 3:00pm, Monday through Friday at both campuses. During this time, ACEs participate in programs and activities based on our five program pillars. Our Lewisville campus offers extended hours, and during these hours ACEs are offered a variety of group and individual activities that they may be interested in such as puzzles, reading, social time, and more.

### **Late Policy**

Flower Mound ACEs not picked up by 3:30 pm will be charged an additional Late Pick-Up Fee.

Lewisville Campus ACEs not picked up by 5:30 pm will be charged an additional Late Pick-Up Fee.

The Late Pick-Up Fee is assessed at the following rate: \$5 for every 5-minute increment.

Example: 5:34 = \$5; 5:42 = \$15

Upon late pick up, staff will ask that you sign a form stating you acknowledge your ACE was picked up late and that a late fee will be assessed. Late fees will be mailed as private pay invoices to the primary caregiver's address.

### **Attendance**

In order to provide the highest quality care and instruction, Special Abilities of North Texas must have an accurate projection of how many ACEs to expect in attendance each day. Please notify the Program Manager or Program Coordinator at your campus if your ACE's regular schedule is changing. Additionally, we request that ACEs attend for at least 5 hours during the Day Habilitation program. This helps ensure the ACEs are able to participate in all of the offered activities daily.

Please notify the Director of Program Services if your ACE plans to be absent from the program for an extended amount of time. Any ACE not in attendance for 60 consecutive days will be discontinued from the program. The ACE would then have to re-apply to attend Special Abilities of North Texas' program again.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2018 Holiday Closings Calendar

January 1<sup>st</sup> – New Year’s Day

January 15<sup>th</sup> – Martin Luther King, Jr. Day

February 19<sup>th</sup> – President’s Day

March 30<sup>th</sup> – Good Friday

April 2<sup>nd</sup> – Easter Break

May 28<sup>th</sup> – Memorial Day

July 4<sup>th</sup> – Independence Day

September 3<sup>rd</sup> – Labor Day

October 8<sup>th</sup> – Columbus Day

November 22<sup>nd</sup> – 23<sup>rd</sup> – Thanksgiving Break

December 21<sup>st</sup> – 26<sup>th</sup> – Christmas Break

December 31<sup>st</sup> – New Year’s Eve





# Special Abilities of North Texas

## Health Information Form

Family/Caregiver: Please fill this form out completely. You may attach additional information if desired. This form will be used to ensure all staff members are aware of any medical diagnoses, concerns, and medications. We will keep a copy of this form accessible on Community Inclusion trips so that we have all needed information if an emergency occurs. If you need assistance with this form, please contact Nurse Sh'mekia Lyles-Payton, LPN at the Lewisville Campus.

<b>Last</b>		<b>First</b>		<b>Middle</b>	
<b>DOB</b>		<b>Sex</b>		<b>Height</b>	
<b>Weight</b>					
<b>Medical Diagnoses</b>				<b>Health History – any inactive diagnoses/past health issues</b>	
1. _____				1. _____	
2. _____				2. _____	
3. _____				3. _____	
4. _____				4. _____	
5. _____				5. _____	
6. _____				6. _____	
7. _____				7. _____	
8. _____				8. _____	

**Current Medications – Please list ALL daily medications, PRN medications, supplements, etc.**

Medication	Dose	Route	Frequency	Reason	Admin at SANT
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If medications will be administered at Special Abilities of North Texas (including PRNs such as Tylenol, Pepto-Bismol, etc.), we must have a Physician's Orders form signed by the prescribing physician. This can be attached on a printout from the doctor's office or we can furnish a blank form if needed.

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies:**  
 Medications: \_\_\_\_\_  
 Food: \_\_\_\_\_  
 Insects/Other: \_\_\_\_\_

**Diet**  
 Regular  Diabetic  Mod. Texture \_\_\_\_\_  Other \_\_\_\_\_  
 Thickened liquids – Consistency: \_\_\_\_\_  
 Instructions/Notes/Comments: \_\_\_\_\_



# Special Abilities of North Texas

**Assessment of Functional/Physical Status – Check anything that the client has experienced in the past 90 days.**

**A. Alteration in Nutrition/Metabolism**

- Inadequate nutritional intake
- Blood sugar fluctuations or abnormalities
- Uses dentures
- Low body weight
- Upset stomach/indigestion
- Chewing/Swallowing Problem
- Some or all natural teeth lost
- Inadequate fluid intake
- Intake exceeds body's needs
- Other

**B. Alteration in Elimination**

- Constipation
- Bladder incontinence
- Diarrhea
- Bowel incontinence
- Other

**C. Alteration in Cardiac/Respiratory Status**

- Chest Pain
- Wheezing
- Shortness of breath
- Oxygen use
- Edema
- Blood Pressure fluctuations
- Other

**D. Alteration in Skin**

- Risk of skin breakdown
- Rash
- Abrasions, bruises
- Other

**E. Alteration/Deficit in Body Control**

- Unsteady gait
- Quadriplegia
- Uses ambulation device
- Contractures
- Amputation
- Paraplegia
- Hemiplegia/hemiparesis
- Balance- partial/total loss of ability to balance while standing
- Lack of hand dexterity
- Arm/Leg/trunk – Part or total loss of Voluntary movement
- Other

**F. Alteration in Neurological Status**

- Seizures
- Tremors
- Generalized weakness
- Dizziness
- Other

**G. Altered Sensory/Perceptual Awareness**

- Vision deficit – minimally/highly impaired
- Limitations in cognition
- Wears glasses or contacts
- Hearing deficit – minimally/highly impaired
- Wears hearing aid
- Other

**H. Communication Deficits**

- Difficulty making self understood
- Limited to making concrete requests
- Difficulty finding wording/finishing thoughts
- Difficulty understanding Rarely/never understands
- May miss intent or message
- Only sometimes understands
- Other

**I. Behavior Challenges**

- Wandering
- Motor agitation
- Failure to eat or take medication
- Socially inappropriate or disruptive
- Other

**Personal Care Needs at Special Abilities of North Texas**

- Transfer:**  Lifted Manually  Hoyer Lift  Stand-pivot  Contact Guard
- Ambulation:**  Cane  Walker  Wheelchair-Assisted  Wheelchair-Independent
- Toileting:**  Briefs/Pads  Reminders  Assistance with hygiene  Total Change
- Eating:**  Feeding tube  Staff Physical Assistance  Prompting  Monitor

**Please list any activity restrictions (walking long distances, sensitivity to sunlight, etc.):**

**Other – Medical information Special Abilities of North Texas staff needs to be aware of on a daily basis or in case of emergency:**

\_\_\_\_\_  
Printed Name (Responsible Party)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone



# Special Abilities of North Texas

## CAREGIVER PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

ACE Name: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at Special Abilities of North Texas.

### PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

\_\_\_\_\_ I approve all medications listed below      \_\_\_\_\_ I do not want any OTC meds given to my ACE

\_\_\_\_\_ Please notify me before giving any of the approved medications below.

#### TOPICAL:

- \_\_\_\_\_ Antibiotic cream
- \_\_\_\_\_ Hydrocortisone cream
- \_\_\_\_\_ Benadryl Cream
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Oral products containing benzocaine
- \_\_\_\_\_ Burn gels
- \_\_\_\_\_ Eye drops for dryness

#### ORAL:

- \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin)
- \_\_\_\_\_ Acetaminophen (i.e. Tylenol)
- \_\_\_\_\_ Antacid (i.e. Mylanta, Maalox, Tums)
- \_\_\_\_\_ Bismuth subsalicylate (Pepto-Bismol)
- \_\_\_\_\_ Anti-diarrheal (Imodium)
- \_\_\_\_\_ Cold Medications (guaifenesin, pseudoephedrine phenylephrine)
- \_\_\_\_\_ Antihistamine (i.e. Benadryl, chlorpheniramine, Loratadine)
- \_\_\_\_\_ Cough syrup (dextromethorphan, plain or medicated cough drops)

Please check with the nurse to see which medications are available for ACEs from the nurse's office and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage, unless otherwise specified.

When sending OTC medications to Special Abilities of North Texas, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, caregivers are requested to bring the medication directly to the nurse.

Special Abilities of North Texas is not able to supply medication for frequent or daily use.

For OTC medications not listed on this form, or if the medication must be given daily, please use the Physician's Orders Form.

The Flower Mound Campus does not have a nurse on staff. The Program Coordinator will notify the nurse if they believe there is a need for medication, and will follow the nurse's recommendations.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Behavior Agreement

**POLICY:** Clients will not be verbally or physically aggressive towards other clients or staff. Clients will not be destructive of Special Abilities property or other people's belongings.

**PURPOSE:** To provide a safe and secure environment for all clients, staff, and volunteers, physical aggression will not be tolerated.

**PROCEDURE:** If a client violates this policy the following steps will take place:

- 1) A phone call and/or email to the parent/caregiver notifying them of the current behavior. Staff and the caregiver will discuss possible ideas for decreasing said behavior.

If the behavior continues:

- 2) A meeting will be scheduled with the parent(s)/caregiver to discuss a behavior plan.

If the behavior continues after the meeting:

- 3) Another meeting will be scheduled with the parent(s)/caregiver to discuss the client's future at Special Abilities. This step can result in dismissal from Special Abilities of North Texas

I, \_\_\_\_\_ acknowledge the behavior agreement stated above.

Client/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_