



Welcome to the City of Maple Ridge, Recreation Access!

Request for Children/ Youth 1:1 Support

The City of Maple Ridge offers specialized 1:1 support staff for children and youth to participate in a variety of recreation programs. Our programs provide a fun, safe, active and inclusive environment for children and youth to participate in.

Our 1:1 support staff are trained in:

- Behavioural support and emotional regulation
- Social interactions
- Physical support (lift and transfers between aid equipment)
- Biological care (toileting, feeding, changing clothing)

Parent/guardians with children and youth who require specialized support (personal and/or medical care) are required to arrange and provide training to support workers and their supervisor prior to attending camp.

The City of Maple Ridge proudly works with our partners to deliver the 1:1 support care program. The City would like to extend our greatest appreciation to our funders:

- The Ministry of Children and Family Development, Child and Youth Support Needs
- Ridge Meadows Community Living Association, Supported Child Development
- The Fraser River Indigenous Society, Indigenous Supported Child Development

ELIGIBILITY CRITERIA:

Ministry of Children and Family Development:

- Children and youth between ages 4-18 years
- Has an active and open file with the Ministry of Children and Family Development and Children and Youth Support Needs (and/or)
- Supported and confirmed funding through the Ridge Meadows Association for Community Living (supported childcare program) (and/or)
- Supported and confirmed funding through the Fraser River Indigenous Society

Information shared and collected throughout this process will be used to inform internal (and 3rd party) staff regarding the eligibility, needs, and support of the child(ren) or youth participating. The information collected will be stored in a restricted and secure location that only authorized staff that have completed the Ministry of Children and Family Development Privacy Training may access.



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The City of Maple Ridge will work closely with the participant, family/ caregiver(s) and staff to create a fun, safe, active and inclusive environment for all persons. If a participant becomes unsafe to themselves or others within the program at any time, they may be required to leave the program for the remainder of the days' activities and will be invited back once the following steps have been met:

- A phone or in-person meeting involving the participant, parents/guardian and appropriate supervisor (and)
- Creation of a collaborative individualized return to program plan

HOW TO REQUEST A 1:1 SUPPORT WORKER:

To request a 1:1 Support Worker, email: recsupport@mapleridge.ca with the following information:

- Participant's full name
- Participant's birthdate ((YY-MM-DD)
- Parent/guardian contact information
- Consultant(s) contact at the following, as applicable:
 - Ministry of Children and Family Development
 - Ridge Meadows Association for Community Living
 - Fraser River Indigenous Society
- Preferred Program Details (program or camp of choice) along with dates (however program preferences and dates are not guaranteed and will be subject to staff availability)

NEXT STEPS:

1. The Recreation Access Support team will determine if your child/youth is eligible for funded support. If eligibility is confirmed, families/guardians will be asked to complete this form, the Release Agreement, and Participant Agreement.
2. Once the documents have been submitted, the Recreation Access Support team will contact the parent/guardian to complete the camp intake/onboarding. At this meeting, the parent/guardian will get the opportunity to review the participant information, discuss specific program opportunities, and answer questions.
3. After the onboarding meeting has been completed, the Recreation Access Support team will send parent/guardian an email with program details. Please do not register your child in advance for any programs in which a 1:1 support worker is being requested. Registration will be completed once onboarding, staffing and registration dates are confirmed.



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PARTICIPANT PROFILE

1. Participant's Full Name: _____

2. Has the participant previously attended a program with us?
 - ☐ Yes – *please specify:* _____
 - ☐ No

3. Is the participant connected with:
 - ☐ Ministry of Children and Family Development – Child and Youth Support Needs
 - ☐ Ridge Meadows Association for Community Living – Supported Child Development
 - ☐ Fraser River Indigenous Society
 - ☐ Behavioural Interventionist
 - ☐ Other: _____

4. Does the participant receive support in the school system?
 - ☐ Has a full-time educational assistant
 - ☐ Has a part-time educational assistant
 - ☐ Receiving behavioural assistance
 - ☐ Other: _____

5. Does the participant currently have a behavioural support or Individual Educational Plan?
 - ☐ Yes – *please send a copy to:* recsupport@mapleridge.ca
 - ☐ No
 - ☐ Unsure

6. In what areas does the participant need support? (*Check all that are applicable*)
 - ☐ Social interaction with peers
 - ☐ Communication
 - ☐ Motivation/ encouragement
 - ☐ Problem solving
 - ☐ Behaviour regulation
 - ☐ Emotional regulation
 - ☐ Fine motor skills/ activities
 - ☐ Visual/ auditory (hearing)
 - ☐ Transitions
 - ☐ Personal care
 - ☐ Other: _____



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7. Does the participant have any sensitivities to:

- ☐ Sounds – please specify: _____
- ☐ Smells – please specify: _____
- ☐ Textures – please specify: _____
- ☐ Light – please specify: _____
- ☐ Other: _____

Note: While we will do our best to accommodate identified sensitivities, the City cannot guarantee an environment that is completely free of sensitivities.

8. What types of support strategies do you use at home and/or at school?

- ☐ Verbal reminders and prompts
- ☐ Visual reminders and prompts
- ☐ Physical reminders and prompts
- ☐ First, then
- ☐ Other: _____

9. Does the participant tend to wander or run away

- ☐ No
- ☐ Yes – please specify common triggers:

10. How does the participant express their emotions? (*excitement, anger, fear, sadness, frustration etc.*)

11. In the past 6 months, has the participant exhibited any of the following behaviours? (*Check all that are applicable*)

- ☐ Easily discouraged
- ☐ Hyperactive
- ☐ Physically aggressive
 - ☐ To self
 - ☐ To others
- ☐ Shouting/ screaming
 - ☐ To self
 - ☐ To others
- ☐ Biting, punching, hitting
 - ☐ To self
 - ☐ To others



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- ☐ Running away from caregivers or environment
- ☐ Other behaviours:

12. How best do we support the participant when transitioning from one activity to another?

13. Does the participant have any fears? *(Check all that are applicable)*

- ☐ Loud noises - please specify: _____
- ☐ Animals – please specify: _____
- ☐ Weather – please specify: _____
- ☐ People
- ☐ Water
- ☐ Vehicles
- ☐ Other: _____

SPECIALIZED EQUIPMENT

14. How does the participant communicate?

- ☐ Verbal speech – full sentences
- ☐ Verbal speech – 1-2 words, prompts, simple instructions
- ☐ Sign language
- ☐ Point/ gestures
- ☐ Facial expressions
- ☐ Pictures: _____
- ☐ Communication device: _____

*If the participant uses a communication device for communicating, it must be brought every day with the participant to the program

15. Does the participant use and/or require specialized equipment while in care? (Check all that apply)

- ☐ Wheelchair
- ☐ Walker
- ☐ Leg splints
- ☐ Standing frame
- ☐ Toilet frame
- ☐ Accessible table



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☐ Ceiling lift

☐ Other: _____

Please outline specialized training procedures for the equipment use: (transfers/ lifts etc.)

SAFETY

16. Please check all areas in which the participant is independently able to look after their personal care?

☐ Toileting

☐ Feeding

☐ Dressing/changing

☐ Applying sunscreen/ bug spray

If the participant needs support with personal care, please provide instructions:

Location of extra clothing and supplies:

17. Is the participant required to take any medication while in the program?

☐ Yes – an additional form must be completed - 'Administration of Medication Consent Form'

☐ No

Seizures:

18. Does the participant have a history of seizures?

☐ Yes – Please complete the questions below

☐ No

Type of seizure(s): _____

Warning signs to look for that might indicate a seizure will occur.



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How do we best support the participant when a seizure occurs?

When should 911 be called?

When was the last time the participant experienced a seizure?

PARENT/GUARDIAN SIGNATURE

By signing my name below, I confirm that I have read and understand this form in its entirety, the information I have provided is current and accurate to the best of my knowledge, and that:

- The information I provide will be used by the City to support my child (participant) in the City's Parks, Recreation and Culture programs and may be shared with third-party providers who help facilitate City programs.
- The City may be required to adjust my child's (participant) support plan from time to time or potentially withdraw my child from the program if the City determines it to be necessary.

Parent/ Guardian Signature: _____ Date: _____(MM-DD-YY)

The personal information on this form is collected in accordance with section 26(c) Freedom of Information and Protection of Privacy Act for the purpose of facilitating participation in the Program. Further information may be collected to clarify your responses. If you have any questions about the collection, use or disclosure of this information, please contact the Privacy Officer, at 604-466-4300 ext. 5557 or foi@mapleridge.ca