

# Proclaiming Our Potential TOTS



## Summer Day Program

### Student Application

#### Collect Copies

\_\_\_ Student and Parent ID \_\_\_ Insurance Card \_\_\_ Guardianship Papers

\_\_\_ Scholarship Documents (if applying)

Received by \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_ / \_\_ / \_\_\_\_

Dear Parent/Guardian/Applicant,

Thank you for choosing the Circle of Friend's P.O.P. TOTS Day Summer Program! We are *very* excited to get to know your student! It is always a joy to watch as each student becomes aware of his/her unique gifts and talents. It is a blessing to be able to provide training and encouragement for students as they work hard to develop the skills necessary to lead more fulfilled lives and reach their full potential.

The Circle of Friends Ministry was founded in 1999 by Mertice Kelly, lovingly known as "Aunt Mert". Mertice was the mother of a daughter with profound disabilities. Mertice accepted that raising her daughter would be challenging but she was *not* prepared for the unjust treatment both she and her daughter would have to endure simply because her daughter was born different. She found that the prejudice, bias, and ignorance that ran throughout her community, and society towards individuals with disabilities ran deep and wide. Mertice watched as her daughter was treated as *the least of these* by the community, school, and church. There never seemed to be a place for her daughter to learn, play, or make friends. A deep passion welled up inside of Mertice to create *the* place for her daughter and other disabled children to belong. Mertice used her passion to create a Sunday School class for special needs children. It was from that Sunday School class that the Circle of Friends was formed. Over the years, the Circle has grown, moved locations, and gained support throughout the community. The Circle has since become a non-profit organization that provides respite, training, and education to disabled individuals and their families, which otherwise these services were unavailable in the Polk County area.

One of the services that the Circle of Friend's Ministry offers is our Proclaiming Our Potential Day Training Program (P.O.P.) The P.O.P program provides adults with intellectual and/or developmental disabilities (IDD) the opportunity to connect with their peers, build various life skills, practice fine arts, retain general education, and engage in inclusive community events & activities. Our P.O.P TOTS Summer program is our newest resource which offers age-appropriate life skills training and education retention. The TOTS program is a foundational block in the building progress of personal independence for children with IDD. TOTS is open throughout the month of July for children with IDD ages 10-18 years. Tuition is required to attend the P.O.P TOTS program. Scholarships may be available for students who qualify. The P.O.P. TOTS Tuition & Scholarship Form will provide more detailed information regarding tuition and scholarship requirements.

If your student is approved for the P.O.P. TOTS Program, you and your student will be given the opportunity to have any questions or concerns addressed during the administrative interview. As always, our mission is to ***equip, empower, and bring inclusion to individuals with intellectual and developmental differences!*** We look forward to working with *and* on behalf of your student(s) as the newest addition to our Circle of Friends.

Warmest Regards,

Crystal Higbee, President/CEO

**P.O.P. TOTS SUMMER DAY TRAINING PROGRAM APPLICATION**

Applicant (Student) Name \_\_\_\_\_  
(First Name) (Last Name)

Social Security \_\_\_ - \_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name) (City) (State) (Zip)

Mother's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ N/A \_\_\_\_\_

Father's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ N/A \_\_\_\_\_

Who does the applicant reside with:

Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Aunt \_\_\_ Uncle \_\_\_ Sibling \_\_\_ Other \_\_\_

If student does not reside with parents: Relationship of guardian to student \_\_\_\_\_

Guardian/Parents Name \_\_\_\_\_

Guardian phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Best time to contact you? \_\_\_\_\_

Preferred communication:

Text \_\_\_ Call \_\_\_ E-Mail \_\_\_

Would you like to receive monthly newsletters? Y/N

Emergency Contact \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(First Name) (Last Name)

Primary number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

-E-mail: \_\_\_\_\_

Please list all persons that are permitted to have access to the student, pick up/drop off, and/or review his/her records:

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Please list allergies:

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Please list any food that your student cannot have or will not eat:

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Medication List:

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Medically Diagnosed Disability/Disabilities:

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Medical conditions (Diabetes, heart disease, etc.)

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Can the applicant use the restroom independently? Y/N

Does the applicant have hearing or visual impairments? Y/N If yes, please explain.

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Please check the over-the-counter medications the student can take if needed:

Tylenol    Motrin    Aleve    Tums    Benadryl    Aspirin

What is the highest grade completed by the applicant?

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What is the applicant's stage of verbal comprehension?

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Does the applicant understand sign language? Y/N

Does the applicant speak a language other than English? Y/N

-If yes, which language can he/she speak? \_\_\_\_\_

Is there any reason that your student cannot participate in physical and/or outdoor activities? Y/N

If yes, please explain:

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Please list items that best motivate your student:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please list activities your student enjoys:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Are there any academic or social/life skill areas in which your student needs special attention in? Y/N

If yes, please explain:

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Is your student allowed to participate in Bible study? Y/N

Is your student allowed to participate in music and dance class if Christian music is being played? Y/N

Additional Comments/Concerns/Questions:

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Interviewed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Issues resolved by the following action:

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Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Additional comments by the CEO:

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\_\_\_\_ Application approved

Student Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

\_\_\_\_ Application denied

Parent Notification Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Contact initiated by:    \_\_\_\_ Phone call            \_\_\_\_ Letter

## **P.O.P. BULLYING POLICY**

The Circle of Friends has a **Zero Tolerance** bullying policy. Bullying is defined as a physical or verbal action that insults or assaults another person, causing them mental/physical pain and/or anguish. This includes calling people inappropriate names, touching people without consent, grabbing/poking/hitting/slapping/flicking/kicking/pinching/biting, or spitting on someone, demeaning another person's progress, looks, or culture, getting other peers to join in on demeaning another person, or saying inappropriate sexual things there are several cameras mounted throughout the building that assists the staff with accusations made from students. The cameras are a great tool to sort out events and the footage can be made available during any meeting between staff and parents regarding an incident in question. We understand that every student is different and that their disabilities manifest themselves in ways that may be deemed inappropriate. We will work with parents/caregivers as much as we can to determine if the student's behavior is suitable for the P.O.P. environment, i.e., not dangerous to the wellbeing of other students and staff or managed with medication or diversion tactics. Then we will create a plan which addresses behavioral issues that are unique to that student. If the student is found to be a good candidate for the P.O.P. program through planned management and exhibits behavior that is negatively disruptive or harmful to his/her peers and/or staff regardless of the implementation of discussed diversion tactics, then disciplinary action will be taken up to expulsion from the program. Expulsion is the last resort and is not lightly considered. It is recommended that the parents/caregivers work closely with the program instructors to try and manage adverse behaviors. This may mean taking the student to see a counselor, adjust medication, finding incentives away from the program to change behavior, adjusting seating, plan reassessment, etc. The following steps will be taken for students who display bullying behavior.

**First Offense-** Parent will be immediately contacted and may be asked to pick the student up early depending on the student's behavior and a meeting will be scheduled to discuss a behavioral plan. Student will not be allowed back on the grounds until after the meeting has taken place.

**Second Offense-** Parent will be contacted and asked to pick their student up. A meeting to create a secondary plan will be scheduled. The student will not be allowed back on the grounds until the meeting has taken place.

**Third Offense-** Parent will be contacted to pick their student up. When the parent arrives, they will be notified that their student is not a good fit for the P.O.P. program at this time because of the negative interaction with his/her peers. The parent will be offered the chance to try and work with their student outside of the program and the student may be considered for re-enrollment the following year if the parent wishes **and** has sought assistance that leads to positive behavioral changes.

If the offense is sexual in nature, the student will be expelled from the program for the safety of their peers and the staff members.

If a student makes a false claim of bullying and/or harassment they will be under the same protocol as a student who bullies.

**ANY PARENT CUSSING, THREATENING, INSULTING, OR MAKING A FALSE CLAIM ABOUT A STAFF MEMBER, STUDENT, OR VOLUNTEER WILL BE BANNED FROM THE PROPERTY AND STUDENT SUSPENDED UNTIL BOARD OF DIRECTORS REVIEW CASE SITUATION FOR FINAL DETERMINATION OF NEXT ACTIONS.**

## P.O.P. PROGRAM REGULATIONS AND GUIDELINES

The Circle of Friends Ministry, Inc. is a Christian-based organization. Our students are held to high behavioral standards. They are expected to treat others with respect and carry out lessons and projects to the best of their ability. We strive to model our conduct to reflect Christian values; provide care without prejudice (regardless of background, race, culture, or contrary religious belief), encourage quality within work, uplift and encourage others, assist those in need, be modest in dress, present daily with good hygiene, and be respectful of other's feelings.

The Circle of Friends' P.O.P. TOTS Summer Day Program offers Bible study lessons and other religious lessons. No student is *required* to attend any religious event or lesson. While students are not required to attend such events/lessons, they are expected to be respectful of the students and staff while *they* participate.

Staff members and volunteers are restricted from taking any student away from the rest of the group without proper approval and/or a second staff member present for supervision. No student shall be alone at any given time with an adult male. No student shall be alone at any given time with an adult female without parental and administrative approval. Students are to always remain on campus, while signed in, during day program hours, unless they are attending a scheduled day trip, event, or performance, which has been pre-scheduled and approved by administration. Students will be monitored by two or more employees, and students' locations will be communicated regularly, without exception.

Students are required to leave all electronic devices, including cell phones, at home unless the device is necessary to perform daily living activities such as speaking or ambulating. Students are to be responsible for the condition and whereabouts of all property brought to the Circle of Friends' facility and/or at any event/outing authorized, hosted, or promoted by the Circle of Friends.

Drop off time is **no earlier than 8:30am**, unless otherwise arranged and approved by the CEO. We encourage the parents/caregivers to start each day with encouraging words and affirmation about the student's abilities and progress made in the program. You set the stage for how your student's day goes. Thank you for starting your students' day off in a positive way!

When picking up your student early please be aware that lessons may be in progress and early arrival can potentially throw the students off course. If you are running behind picking your student up, please call to inform us of your ETA. A staff member will remain until 4:30pm. **If a parent is later than 5pm, more than 3 times, then that parent will be charged the equivalent wages of the staff members who have been working overtime while awaiting the parent's arrival.** **Please do your best to arrive by 4:00pm!** Communication is key for a good partnership. We will do our best to make accommodation whenever possible. We are looking forward to a wonderful and rewarding experience with your student. Thank you again for choosing to be part of our *Circle of Friends!*



## **DRESS CODE**

Our students will be interacting with the public to break down barriers and resolve prejudiced thoughts and opinions regarding our disabled students. We want the students to be presented in the best possible light. People are walking billboards. The way we present in dress can elicit specific treatment from those who perceive us in the community. We recommend our students (and staff) to dress how they want to be treated! Always strive to represent Christian values by modest dress and positive behavior!

- No shorts or skirts/dresses that rise 1inch or more above the knee
- No slits in skirts or dresses
- No excessive rips or tears in jeans
- Tears/rips must not expose any skin 1 inch or more above the knee
- No opened toe shoes
- No sleeveless shirt without wearing a jacket or cover over said shirt
- No low neckline or loose neckline shirts unless a tank top is worn underneath
- No loose sided shirts which expose the bra-a tank top must be worn under such shirts
- Jeans must be worn above the buttocks in a manner that does not expose underwear
- A belt must be worn with any loose-fitting jeans
- Women must wear a sports or regular bra of some type.
- Clothes must be clean without excessive stains

## **HOLIDAYS/VACATIONS**

The P.O.P. TOTS Summer Program runs uninterrupted through the month of July except for July 4<sup>th</sup>. Please be aware that the program will be in session for the entire week of July 4<sup>th</sup> except for Independence Day. Students will resume the program on July 5<sup>th</sup> at 9:00am.

**The following Holiday is accompanied by campus closure:**

- July 4<sup>th</sup>

**PHOTOGRAPHY AND VIDEO RELEASE**

We often photograph our students for marketing, training, and educational purposes. The students are regularly photographed during the day. It is necessary to use photographs of our students as they are taking part in lessons and activities in pursuit of funding for our program and for use in our media. All photographs used are approved by the *top administration* prior to being posted or utilized for the website, newsletter, brochures, and flyers. A parent/guardian may request, at any time, that a picture be taken down or removed if the picture is deemed by the parent/guardian to be unsuitable by their standard for use. The staff at the Circle of Friends will always portrait photographs of students in such a manner of positivity that students and their families are uplifted and encouraged.

Please check the statement that best relates your wishes regarding your child/ward being photographed and sign below:

I agree to allow my child/ward to be photographed during special events, for marketing, educational, training, and other advertisement reasons.

I agree to allow my child/ward to be photographed, but do not want the photographs shared on social media platforms.

I do not agree to allow my child/ward to be photographed.

I agree to be photographed and allow the photographs to be used for marketing, training, and other advertisement reasons on all social media platforms.

Independent Student/Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I provide my stamp \_\_\_\_\_  
Official Stamp

\_\_\_\_\_  
Notary Public Printed

\_\_\_\_\_  
Notary Public Signed

**PERMISSION TO TRANSPORT STUDENT**

The students will need to be transported from time-to-time by a member of our staff or a senior volunteer, for various reasons. Students will need to travel to perform at churches, civic clubs, and other community events. They attend day trips/outings and travel locally as part of their curriculum to assist in building life and social skills. Please sign below if your student will be allowed to be transported along with the other P.O.P. participants.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to be transported in a motor vehicle by an approved staff or volunteer, to any community-based outing or for personal transportation needs. I understand that all staff and volunteers have passed all appropriate background checks, are fully licensed and insured in the state of Florida and will each carry out transportation duties/tasks as laid out in the Circle of Friend’s Employee Handbook under policies and procedures.

Independent Student/Parent/Guardian Signature \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I provide my stamp \_\_\_\_\_

Official Stamp

\_\_\_\_\_  
Notary Public Printed

\_\_\_\_\_  
Notary Public Signed

**EMERGENCT MEDICAL CONSENT FORM**

Name of Student: \_\_\_\_\_

To whom it may concern,

I, \_\_\_\_\_, give my permission for my child/ward, \_\_\_\_\_ to attend *and* participate in activities sponsored by the Circle of Friends Ministry, Inc. I authorize an adult to whom my child/ward’s care is entrusted *and* is employed at the Circle of Friend’s Ministry, Inc. consent for the decision to consent to medical treatment in my stead on behalf \_\_\_\_\_ until I can be present to take over said medical decisions. The entrusted employee may consent to/for; medical transportation (EMS), x-ray’s, ultrasounds, CT scans, MRI’s, blood draws, examination, anesthetic, oral and/or injected medications; surgery-only if my child/ward’s life and/or limbs/digits are/is at risk while I cannot be reached), dental treatment, and general medical/dental care that is necessary to treat, diagnose, and stabilize the health of my child/ward at any licensed hospital, clinic, or medical office, *and* only under the treatment/supervision of a licensed physician and/or surgeon.

As legal guardian, I agree to pay all incurred costs and expenses associated with any consented medical event, to include medical transportation (EMS). If my child/ward needs durable medical equipment (DME) such as crutches, wheelchair, inhaler, or oxygen etc.; or a medical device such as a splint, boot, neck guard, or cast etc., I hold myself liable for all expenses in which my insurance will not/does not cover.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I affix my stamp.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

**MEDICAL HISTORY FORM**

Emergency Contact \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Current health conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_

Previous hospitalizations or surgeries? Y/N If Yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance? Y/N \_\_\_\_\_ Attached copy of Insurance card (front and back)

Primary Physician's Name \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is there any object, person, or music that gives comfort to your student in times of distress? Y/N  
If Yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT LIABILITY RELEASE FORM**

The students, whom are the subject of this release, each have a form of disability. This places them at a greater risk for accidents and injuries. By signing below the parent/guardian/caregiver, and/or student is acknowledging these increased risks and releasing the Circle of Friends Ministry, Inc., its' employees, and volunteers from being held legally and/or civically liable for accidents that may occur while attending classes, functions, or special performances which may lead to bodily injury up to and including death, emotional injury, and property damage.

I, \_\_\_\_\_,

-Hereby release, waive, discharge, and agree not to pursue legal and/or civil recourse/charges of the Circle of Friends Ministry, Inc., its' officers, employees, and volunteers for any reason(s) pursuant and/or consistent with accidental occurrences, incidents, and/or events which may have arisen from neglect and are outlined in this signed release of liability.

-Hereby release the Circle of Friends Ministry, Inc., its' officers, employees, and/or volunteers of any-and-all financial responsibility for; any damage to personal affects/property *and* waive any claims or demands made on account of an injury to myself or my child/ward up to and including death.

-Hereby agree to identify and hold harmless each of the individuals who are protected by this release if I, my family, and/or my child/ward is/are bodily or emotionally injured, death occurs, or property is damaged due to the negligence of an attendee, bystander, volunteer, or staff member at any event sanctioned, authorized, or promoted and/or hosted by or facilitated for/by the Circle of Friends Ministry, Inc.

-I expressly acknowledge that individuals who participate in the programs as students at the Circle of Friends Ministry, Inc. are developmentally and/or intellectually disabled and/or delayed, which creates a greater risk of serious injury, death, and property damage, than would be the case with individuals without these disabilities and/or delays. I further expressively agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and as inclusive as permitted by law in the state where the Circle of Friend's event was being held at the time of incident. If any portion of this release is deemed legally invalid within said state the incident occurs, then the remaining valid portions of the release will remain in full effect and will be honored as a signed, contracted agreement.

All my questions have been answered to my satisfaction. I freely sign this liability release, waiver, and indemnity agreement and consider it contractual between myself, my child/ward, and the Circle of Friends Ministry, Inc, its' staff, volunteers, and other participants. I further attest that no oral representations, statements, or inducements apart from the foregoing document have been made.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D or  Driver's License.

In witness hereof signature I affix my stamp

\_\_\_\_\_

Notary Stamp

\_\_\_\_\_

\_\_\_\_\_

Notary Public Name Printed

Notary Public Name Signed

**TUITION PAYMENT AGREEMENTS**

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

Student Name

\_\_\_\_\_

(First Name)

(Last Name)

**Tuition Payments**

The P.O.P TOTS Summer Day Program tuition can be paid one of three ways;

\_\_\_ Pay \$800.00 (in-full) One week prior to the start date. (June 24<sup>th</sup>).

\_\_\_ Pay \$400.00 on June 24<sup>th</sup> and \$400.00 on July 16<sup>th</sup>

\_\_\_ Pay \$200.00 per week (payment is due when the student arrives each Monday at the start of the program. No exceptions.)

I, \_\_\_\_\_, the parent/guardian/legal representative/independent student, of \_\_\_\_\_, hereby attest that I fully understand and agree to abide by the terms and conditions set forth in the above Proclaiming Our Potential (P.O.P.) TOTS Summer Program Tuition Form. I further understand that defaulting the tuition payment will result in my child/ward being unable to attend the program in any capacity until the tuition payment has been paid in full or until a payment plan has been made between the CEO and myself to “catch-up” the arrear tuition.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I affix my stamp

\_\_\_\_\_

Notary Stamp

\_\_\_\_\_

\_\_\_\_\_

Notary Public Name Printed

Notary Public Name Signed



## **P.O.P. TOTS Summer Program Scholarships**

To qualify for a scholarship, applicants, their guardians, or responsible representative are required to produce certain financial documentation that will be used in the determination process. Independent students are only required to submit their income information. Any student who is under the care of a legal guardian (regardless of if they live in the same household), is not considered independent and the guardian is required to produce all household income in addition to the student's income.

The scholarships offered to attend our day program are determined on a 3-teired system, using the Federal Poverty Guidelines. If a guardian neglects to present any of the requested documentation, or knowingly falsifies or alters the financial information provided, their application is immediately terminated and the tuition, at the corrected rate, will be backdated to the day of enrollment. The student will remain suspended until a new application is submitted with proper documentation, and the difference in the corrected tuition has been paid up to date. Depending on the circumstances surrounding inaccurate reporting, a student may possibly be expelled due to a parent/guardian knowingly providing fraudulent or false information on the application.

### **Documentation for Scholarship Determination**

- Social Security Determination Letter-Current year for everyone in the home.
- Last 3 months of paystubs for everyone in the household.
- Most recent tax return-Current Year-

Documents must be complete. No exceptions. Please make sure that you black out sensitive information such as Social Security Numbers on tax returns.

**If a family is enrolling siblings, they will be able to attend at the reduced rate of \$300.00/week (\$7.50/hr. for 2 children!).**

### **Scholarship Determination**

#### **TEIR 1**

Income equal to or below 250% of federal poverty guideline

\$500.00/month

#### **TEIR 2**

Income equal to or below 138% of federal poverty guideline

\$600.00/month

**Scholarship Responsibilities**

Scholarships will need to be re-applied annually, at our parent orientation meeting and open house. Failure to re-apply will result in the charge of \$40.00 per day until all required documentation is handed in for re-evaluation.

If parents, caregivers, or students are not actively participating in activities and events they will be subject to having scholarship status revoked. Revocation will be determined after considering attendance and participation of combined fundraisers that have taken place since the student’s enrollment.

**P.O.P. TOTS SUMMER PROGRAM TUITION & SCHOLARSHIP AGREEMENT**

**Monthly Scholarship Rate**

\_\_\_\_\_ Pay \$\_\_\_\_\_ (in-full) One week prior to start of program. (June 24<sup>th</sup>)

\_\_\_\_\_ Pay \$\_\_\_\_\_ on June 24<sup>th</sup> **and** \_\_\_\_\_ on July 16<sup>th</sup>.

I, \_\_\_\_\_, the parent/guardian/legal representative/independent student, of \_\_\_\_\_, hereby attest that I fully understand and agree to abide by the terms and conditions set forth in the above Proclaiming Our Potential (P.O.P.) TOTS Summer Program Scholarship Forms. I further understand that defaulting tuition payment or providing false information will result in my child/ward being unable to attend the program in any capacity until true and correct documentation/information has been provided for determination, a new application has been completed, and the tuition payment has been paid in full.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I affix my stamp

\_\_\_\_\_

Notary Public Name Printed

\_\_\_\_\_

Notary Public Name Signed

**Med Waiver & CDC Plus Application Agreement**

**Med Waiver-** state funding that is paid out to service providers in network with the waiver program when billed for services rendered to enrolled person. There is a lot of rules and regulations. The state can override providers choice on placement and make demands on what providers can and cannot do as they provide services.

**CDC Plus-**This will result in losing a small percentage (I believe 10% of benefit total) of approved financial benefits for enrolled person. However, these funds are paid directly to the parent/caregiver who then decides which programs and services they would like to pay without the state being involved in the process. Service providers bill the caregiver or parents for services rendered instead of billing the state.

**All applicants for our services are required to provide proof of application for Med Waiver within 60 days of enrollment into the P.O.P. Program.** The state of Florida offers financial assistance to special needs families which assist in securing day program services, amongst other services. It is our goal to have families be able to take advantage of our program, housing, and other resources without it causing financial harm. Funding from the state will help make this possible. The approval of the application for this service can be lengthy. We suggest visiting APDcares.org and following prompts to apply for Med Waiver services. Once the application has been approved, we ask our families to then apply to move their services from Med Waiver to CDC Plus. CDC Plus is a sufficient way to pay for our services without causing financial hardships for our students and families or our program.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ have read, understand, and agree to the terms and conditions as laid out above. Further, I understand that failure to apply for these services will result in my student(s) losing their spot within the Proclaiming Our Potential Program. I understand that my student will not be ejected from the P.O.P. program if he/she applies and is denied the Waiver Services.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

In the County of Polk, State of Florida , on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me, a notary public, the undersigned known to me or presented satisfactory documentation to prove identity via  State I.D. or  Driver’s License.

In witness hereof signature I affix my stamp

\_\_\_\_\_  
Notary Public Name Printed

\_\_\_\_\_  
Notary Public Name Signed

**Med Waiver Application**

Today’s Date \_\_\_\_\_

Date of application \_\_\_\_\_

Copy of proof of application collected and added to student file \_\_\_\_\_

Name of staff member collecting information

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Today's Date \_\_\_\_\_

Was CDC Plus Approved? Y \_\_\_\_\_ or N \_\_\_\_\_

Was appeal started? Y \_\_\_\_\_ or N \_\_\_\_\_

Name of staff member collecting information

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**CDC Plus**

Today's Date \_\_\_\_\_

Date of application \_\_\_\_\_

Copy of proof of application collected and added to student file \_\_\_\_\_

Name of staff member collecting information

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Today's Date \_\_\_\_\_

Was CDC Plus Approved? Y \_\_\_\_\_ or N \_\_\_\_\_

Was appeal started? Y \_\_\_\_\_ or N \_\_\_\_\_

Name of staff member collecting information

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