

# Support Needs Request Package

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# Welcome

Welcome to the City of Maple Ridge Parks, Recreation and Culture (PRC), Recreation Access (RA) Department. We are very excited that you have chosen our programs and services for your child's/youth leisure and recreation goals. Recognizing that some individuals may need additional support to be successful in our recreation programming, PRC in partnership with the Ministry of Children and Family Development, and Ridge Meadows Association for Community Living, will work to match children/youth with Access Support Workers.

Access Support Workers (ASW) are trained in the following areas:

- Behavioral Support,
- Physical Support (lifts, transfers, personal care and individualized complex care),
  - *Please be advised that families will be required to specifically document individualized complex care plans with appropriate hands on training to ASW's*
- Social Interactions (including support with specialized communication tools), and,
- Emotional regulation.

In order to ensure the safety and wellbeing of all of our participants, parents and caregivers wishing for their child/youth to attend a PRC program with the support of a support worker will be required to complete the following:

1. Review the Recreation Access: Support Needs Package.
2. Contact Petra Frederick, Recreation Access Coordinator either by phone or email to determine if your child/youth is eligible for support. [pfrederick@mapleridge.ca](mailto:pfrederick@mapleridge.ca)
3. Complete the Child/youth Participation Profile and return it to Petra Frederick at the Maple Ridge Leisure Centre, 11925 Haney Place, and Maple Ridge or scan copy to [pfrederick@mapleridge.ca](mailto:pfrederick@mapleridge.ca).
4. Register for the program/service experience at <https://www.mapleridge.ca/1484/Program-Registration> or call 604 467 7422 (Please note, due to COVID 19 Drop in Registration is not available);

PRC programming provides a safe, healthy and inclusive environment for all community members participating in recreational activities. Recognizing the individual strengths of each participant, our programs and services are built on the framework of each individuals' capacity to learn, play and be active. PRC has created a non-competitive environment where participants are encouraged to work collaboratively and make new and lasting friendships.

***\*Please note: The Child/youth Participation Profile does not replace the Children's Parent/Guardian Consent & Participant information Forms, that must be completed and returned prior to or on the first day of programming.***

# Value Statement

A safe, livable and sustainable community for our present and future citizens.

## PRC Goals

PRC staff play a key role in the delivery of high-quality programming and services for the benefit of all community members. PRC's programming and services are delivered on the basis of providing positive, fun and safe programming and on the knowledge that our programs and services will have lasting impacts on our participants.

### Program Outcomes

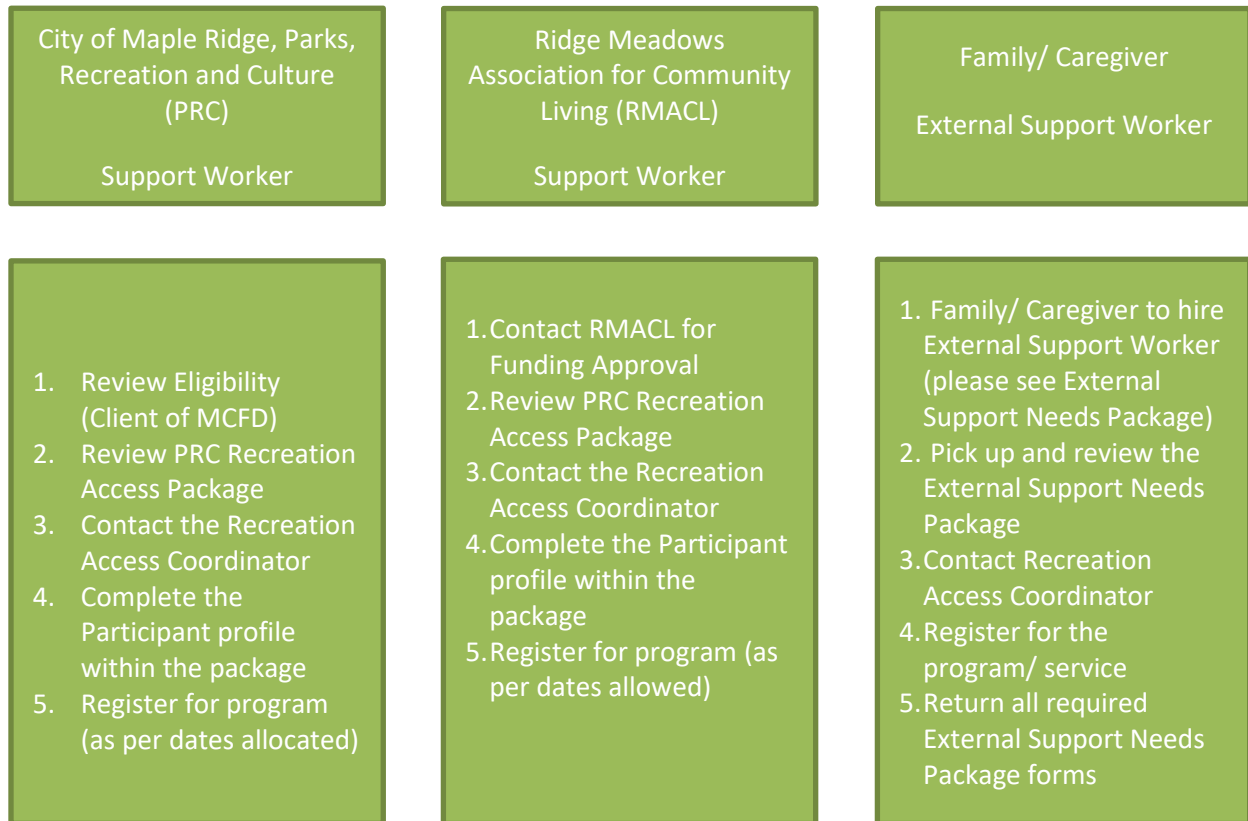
- To improve relationships with people in the community;
- To provide safe, accessible and affordable programming and services;
- To increase engagement with community members;
- To increase awareness around healthy habits and physical activity;
- To increase the level of connectedness to services provided in the community; (and),
- To increase opportunities for participants to become leaders.

## Eligibility

The City of Maple Ridge hires and trains Recreation Support Workers through funding received from the Ministry of Children and Family Development and Ridge Meadows Community Living Association. Parks, Recreation and Culture, Support Workers (ASW) provide support to children/youth with divers-abilities. Eligibility is based on the following:

Organization	Criteria
Ministry of Children and Family Development	<ul style="list-style-type: none"> <li>• Between the ages of 4 and 18 yrs. old</li> <li>• Have an active and open file with Ministry of Children and Family Development, Children and Youth with support needs (MCFD CYSN)</li> <li>• Have an assigned CYSN Social Worker</li> </ul>
Ridge Meadows Association for Community Living (RMACL)	<ul style="list-style-type: none"> <li>• Between the ages of birth and 18 yrs. old.</li> <li>• Active file with RMACL Supported Childcare</li> <li>• Supported Childcare worker approval, (once approval is granted, RMACL SC will inform PRC staff and implement a payment contract)</li> </ul>

# Request for Support: Process



## Recreation Access Department

The Recreation Access department provides opportunities for all individuals in our community to experience positive and inclusive recreation. Recreation Access offers support and other services for people with divers-abilities to fully participate in a variety of recreational experiences.

Through the RA Department, residents can access the following services:

1. Leisure Access (individual/agency) – is available for customers requiring support to participate in our leisure activities. This card enables customers to bring a support person free of charge.
2. Participation Program – offers reduced admission and program fees to Maple Ridge residents who meet eligibility requirements.
3. Mental Health Services (Fraser Health) – focuses on recreation as one component of a rehabilitation and recovery plan and is offered in partnership with Fraser Health – Mental Health and Substance Use Services.

4. Specialized programming (partnerships)
5. Support Workers (Summer and Spring Break Camps Only)

## Role: Access Support Worker

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Access Support Workers (ASW's) are responsible for providing 1:1 or 2:1 support for the child(ren)/youth in their care to ensure the overall success and experience of the participant(s) within the program and/or service. ASW's are City of Maple Ridge Employees and funded through the Ministry of Children and Family Development, HRDC and/or Ridge Meadows Association for Community Living.

***ASW's will participate in all aspects of the program/ service in which the participant is registered and will ensure that the needs of the participant are attended to at all times.***

ASW's are responsible:

- Communicate with program staff any important information pertaining to the successful integration of the child/youth (medical needs, personal care plans, behavior plans etc.)
- Review the day's activity plan with the child/youth and communicate any modifications necessary with programming staff;
- Implementing the overall personal and behavioral plan as it pertains to the participant;
- Positive integration and participation of the participant within the social, creative and active realms of the program/service (providing adaptive services and supports);
- Provide the necessary resources to ensure the positive social and physical integration of the individual is achieved (PIC symbols, iPad etc.), and;
- Be within a reasonable distance of the participant to ensure we are able to respond to any immediate needs that may arise.

***\*Please note: ASW staff are trained bi-annually in Best Practices to support individuals with divers-abilities. It is important that as the parent/caregiver, you provide us with as much detailed information as possible about your child/youth by completing the Recreation Access – Participant Profile For found in the appendix of this package, to ensure staff have the tools necessary to provide a fun, safe, and inclusive environment.***

# PRC Programming & Services

Parks, Recreation and Culture offers a variety of programs and services for all ages. Please visit our website at <https://mapleridge.ca/151/Parks-Recreation-Culture> for a full listing of all our programs and services. Below is an example of programming offered within age groups:

Age Groups	Programming/ Services
<b>Preschool Programming</b> (3 to 5 yrs. old)	<ul style="list-style-type: none"> <li>• Sportball – Multisport</li> <li>• Soccer</li> <li>• T-ball</li> <li>• Art Programming</li> <li>• Aquatics – (Swimming Lessons)</li> </ul>
<b>Children's Programming</b> (6 to 12 yrs. old)	<ul style="list-style-type: none"> <li>• Volleyball</li> <li>• Basketball</li> <li>• Skateboarding/ Scooters</li> <li>• Tennis</li> <li>• Water Sports</li> <li>• Fencing</li> <li>• Daycamps</li> <li>• Afterschool care</li> <li>• Home Alone</li> <li>• Fitness</li> <li>• Art Programming</li> <li>• Aquatics (Swimming Lessons)</li> </ul>
<b>Youth Programming (12 to 18 yrs. old)</b>	<ul style="list-style-type: none"> <li>• Youth Futures Leadership</li> <li>• Babysitter training</li> <li>• Fitness</li> <li>• Youth Centre Drop in</li> <li>• Youth Centre Outings</li> </ul>
<b>Drop in Services</b>	<ul style="list-style-type: none"> <li>• Drop in Fitness</li> <li>• Drop in Gymnasium programs</li> <li>• Drop in Aquatics</li> </ul>

*Please Note: Some programming is not being offered during COVID 19 due to ongoing Public Health Orders and guidelines. For a complete list of all programming available please refer to the online programming guide.*

## Program Checklist

All our programs/services provide a fun, safe, active, inclusive and positive environment for participants. Our goal is that all participants will truly enjoy their experience. In order to ensure a positive experience for all involved please ensure that the participant (and external staff) have the following items:

- Peanut/tree nut free lunch
- 2 snacks AM and PM for full day programs
- Water Bottle
- Sunscreen
- Extra Change of Clothes and/or toileting supplies
- Hat and sunglasses
- Proper outdoor attire and running shoes (no flip flops/ crocs)
- Bathing suit, towel and extra t-shirt
- Comfort toy
- Completed Registration package (required for registered Children/Youth programming)

## General Questions and Answers

### How do I connect with the program/service staff?

The staff to contact will depend on the program or service you are interested in. The following staff is responsible for:

#### Recreation Access Department

Petra Frederick, Coordinator  
604 467 7355

[pfrederick@mapleridge.ca](mailto:pfrederick@mapleridge.ca)

#### Youth Program/ Services

Clint Gamache, Programmer  
604 467 7443

[cgamache@mapleridge.ca](mailto:cgamache@mapleridge.ca)

#### Children's Programs/ Services

Jen Baillie, Children's  
Recreation

604 466 4339

[jbaille@mapleridge.ca](mailto:jbaille@mapleridge.ca)

#### Aquatics Programs/ Services

Chris Westwick, Coordinator  
604 467 7321

[jforsyth@mapleridge.ca](mailto:jforsyth@mapleridge.ca)

#### Sport & Fitness Programs/ Services

Daljit Sidhu, Programmer  
604 467 7452

[tmcbeth@mapleridge.ca](mailto:tmcbeth@mapleridge.ca)

#### Arts Programs/ Services

Lori Ceaser, Programmer  
604 467 2792

[loric@mract.org](mailto:loric@mract.org)

## Frequently Asked Questions (FAQ)

### **I have a concern about the program/service, who can I talk to?**

If you have any concerns regarding a program/service and would like to provide your feedback, please contact the appropriate staff person as listed above. Your feedback is greatly appreciated.

### **Can we arrive late or leave early for a program?**

It is the responsibility of the parent or guardian to notify PRC staff if a participant will be late for a program or leaving early. It is recommended that all participants arrive within 15 minutes of the program start time as many programs have outdoor and active components and may be off site if you are arriving late or leaving early. Please meet the program at their current location.

### **The program includes transportation. What do I need to know?**

If the program you are participating in provides transportation, please inform staff as soon as possible if there are any transportation needs for your child/youth. Transportation is usually in the form of a school bus, however if your child/youth requires a car seat, alternative transportation can be arranged with notice.

### **What are the locations of programs and services? Is transportation provided to satellite locations?**

PRC offers programs and services at a variety of locations in Maple Ridge. It is the responsibility of all participants to meet their program or service at the location in which it is listed in the brochure and on the registration conformation receipt. Transportation to and from satellite locations is not included in registration fees, unless otherwise stated.

### **I am going to be late picking up my child, what should I do?**

PRC recognizes that from time to time there may be extenuating circumstances that may cause a parent to be late. Please call the camp immediately and let the staff know that you will be late and your expected arrival time. If this occurs on more than one instance, you will be charged our late pick up fee, which is \$1 per minute. (Camp phone numbers are posted at camp sign in daily).

# Appendix

*(Please Note: Some services and programs may not be available due to COVID 19 Public Health Orders and ongoing guidelines. For a complete list of all programming available please refer to the online programming guide located at <https://www.mapleridge.ca/1466/Parks-Recreation-Culture-Program-Guide> or the online fitness and pre-registered drop in classes, located at <https://www.mapleridge.ca/1450/Fitness-Centre>. To register for any of our opportunities please visit <https://www.mapleridge.ca/1484/Program-Registration> or call 604-467-7422. At this time we are not able to take walk-in/ drop in registrations. )*

\*Please complete all relevant sections of the Child and Youth Participant Profile:

If you have any questions or to submit your package (Child and Youth Participant Profile) please email the Recreation Access Coordinator: email: [pfrederick@mapleridge.ca](mailto:pfrederick@mapleridge.ca) or call 604 467 7355.

## **CHILD AND YOUTH PARTICIPANT PROFILE**

Please print clearly and complete all relevant fields below:

### **PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_  
*First Name*
*Last Name*

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Is your Child/ Youth supported in the school system?

- |  |  |
|--|--|
| <input type="checkbox"/> Receiving Educational Assistance          | <input type="checkbox"/> Receiving Behavioral Assistance       |
| <input type="checkbox"/> Has a Full time Educational Assistant     | <input type="checkbox"/> Has a Part time Educational Assistant |
| <input type="checkbox"/> Does not require an educational assistant | <input type="checkbox"/> Other: _____                          |

Is your child/ youth connected with another agency? **(\*please check all applicable agencies)**

- ☐ MCFD - Child & Youth with Special Needs. If yes, who is your contact: \_\_\_\_\_
- ☐ Ridge Meadows Community Living Association. If yes, who is your contact: \_\_\_\_\_
- ☐ Behavioural Interventionist. If yes, who is your contact: \_\_\_\_\_
- ☐ Other \_\_\_\_\_

\*Has your child/youth participated in the City of Maple Ridge Parks, Recreation and Cultural programs in the past 12 months: ☐ Yes ☐ No If yes, what program(s): \_\_\_\_\_

### **PARENT/ CAREGIVER INFORMATION**

Name: \_\_\_\_\_  
*First Name*
*Last Name*

Name: \_\_\_\_\_  
*First Name*
*Last Name*

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PROGRAM GOALS

1. What are your goals for your child/youth in this program?

- ☐ Social Interaction      ☐ Social Recreation      ☐ Peer Interaction  
☐ Other: \_\_\_\_\_

2. What does your child/ youth enjoy doing? (*games, activities, music, toys etc.*)

3. What does your child/ youth dislikes? (*activities, fears etc.*)

## SUPPORT INFORMATION

1. Is your child/youth approved to share a support staff with another child/ youth in a program/service?

- ☐ Yes      ☐ No      ☐ Unsure

2. In what areas does your child need support? (*please check all areas that are applicable*)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Redirection                  | <input type="checkbox"/> Focusing to complete tasks    |
| <input type="checkbox"/> Communication      | <input type="checkbox"/> Clarifying instructions      | <input type="checkbox"/> Motivation/encouragement      |
| <input type="checkbox"/> Problem solving    | <input type="checkbox"/> Behaviour Regulation         | <input type="checkbox"/> Assembling/creating projects  |
| <input type="checkbox"/> Transitions        | <input type="checkbox"/> Emotional Regulation         | <input type="checkbox"/> Visual/Auditory (hearing)     |
| <input type="checkbox"/> Personal Care      | <input type="checkbox"/> Fine motor skills/activities | <input type="checkbox"/> Gross motor skills/activities |
| <input type="checkbox"/> Other: _____       |   |  |

3. Does your child have any sensitivities to:

- |   |                                 |                                   |   |
|---|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Sounds                                 | <input type="checkbox"/> Smells | <input type="checkbox"/> Textures | <input type="checkbox"/> Lighting (sun) |
| <input type="checkbox"/> Crowds                                 | <input type="checkbox"/> Taste  | <input type="checkbox"/> Sight    |   |
| <input type="checkbox"/> Other ( <i>please explain</i> ): _____ |                                 |                                   |   |

4. What types of support strategies do you use at home or in your child's/youth school:

- ☐ Verbal reminders/ prompts    ☐ Visual reminders/ prompts    ☐ 'First, then...' prompts  
☐ Physical reminders/ prompts    ☐ Personalized visual schedule  
☐ Other (*please explain*): \_\_\_\_\_

## BEHAVIOURAL CONSIDERATIONS

1. Does your child currently have a behavioral support plan? ☐ Yes ☐ No  
*\*If yes, please attach a copy when submitting this form.*
  
2. In the past 12 months has your child/youth exhibited any of the following behaviors? *(Please check all behaviors that are applicable)*

Easily discouraged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Easily distracted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hyperactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shouts/ screams	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically aggressive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Biting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interacts well with adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hair Pulling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____		Other: _____	

3. How best do we support your child/youth when transitioning from one activity to another?

4. How does your child/youth express their emotions? (excitement, anger, fear, sadness, frustration etc.)

## SAFETY CONSIDERATIONS

1. What does your child/youth safety awareness look like? *(street safety, spatial awareness, strangers, etc.)*

2. Does your child/ youth ever wander or run away? ☐ Yes ☐ No  
*(\*If yes, what are some of their common triggers?)*

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**3. Does your child/ youth have any fears?**

Animals: \_\_\_\_\_ ☐ Yes ☐ No  
 People \_\_\_\_\_ ☐ Yes ☐ No  
 Insects \_\_\_\_\_ ☐ Yes ☐ No  
 Vehicles \_\_\_\_\_ ☐ Yes ☐ No  
 Other: \_\_\_\_\_ ☐ Yes ☐ No

Loud Noises ☐ Yes ☐ No  
 Water (Swimming/ splashing) ☐ Yes ☐ No  
 Weather ☐ Yes ☐ No  
 Other: \_\_\_\_\_ ☐ Yes ☐ No

## SPECIALIZED EQUIPMENT

**1. Does your child/youth use and/or require any additional specialized equipment?**

☐ Wheelchair      ☐ Standing frame      ☐ Walker  
☐ Leg Splints      ☐ Toilet Frame/ Seat      ☐ Accessible table  
☐ Ceiling Lift (accessible on site at Leisure Centre Only)  
☐ Other (please explain): \_\_\_\_\_

**2. Will staff be required to attend specialized training to ensure proper and safe use of the specialized equipment when supporting the individual: ☐ Yes ☐ No**

If yes, please list all required specialized training and contact information of trainers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Will any of the specialized equipment be stored on site for the duration of the program/camp:**

☐ Yes ☐ No If yes, please list which items will need to be stored: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Note: Parents/ Guardians are required to provide any additional equipment and/or training their child/ youth may need to ensure their successful participation within PRC programming/ services. Additionally, PRC is not responsible for any lost, stolen or damaged equipment.

## LEARNING ENVIRONMENT

**1. How does your child/youth learn best?**

☐ Demonstrations      ☐ Written/Drawn instructions  
☐ Verbal cues      ☐ Physical Assistance (hand over hand)  
☐ Equipment/ Adaptations (please explain): \_\_\_\_\_  
☐ Other (please explain): \_\_\_\_\_

**2. Please outline additional ways to support your child's/youth learning?**

## COMMUNICATION AND SOCIAL INTERACTION

1. How does your child/ youth communicate?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Verbal (speech) | <input type="checkbox"/> Point/ gestures    | <input type="checkbox"/> Pictures             |
| <input type="checkbox"/> Sign language   | <input type="checkbox"/> Facial expressions | <input type="checkbox"/> Communication Device |

\*If you child/youth communicates using a communication device (AAV/Ipad), will they be bringing it to the program?    ☐ Yes    ☐ No

2. What is your child's/ youth understanding of the English spoken language?

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Full Sentences | <input type="checkbox"/> 1-2 word, simple instructions | <input type="checkbox"/> 2-3 words |
| <input type="checkbox"/> Uses pictures  | <input type="checkbox"/> Other: _____                  |                                    |

3. What are some additional ways we can use to support your child/youth in their communication?

4. How can we best support your child/youth in their social interactions: *(one on one, in small or large groups, entering into activities, with peer conflict etc.)*

5. How best can we support your child in making decisions? *(choice boards, verbal/physical prompts etc.)*

## MEDICAL AND HEALTH INFORMAITON

1. Is your child independently able to look after all matters of their personal care? *(toileting, feeding, medication, etc.)* \*If no, please explain how to best support their needs?

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2. Is your child/ youth required to take any medication? ☐ Yes ☐ No ***\*If yes, please complete information below.***

Drug Name	Dosage	Time to be taken	Special Instructions (with or with out food etc.)

***\*If yes, please bring the medication to camp in the medication original packaging in a ziplock baggy with your child's/ youth name clearly marked on the baggy.***

3. Does your child/ youth have a history of seizures? ☐ Yes ☐ No  
***\*If yes, please attach your child's/ youth personal seizure protocol and complete the information below.***

Type of seizure(s):	
Are there any warning signs we need to look for that might indicate a seizure will occur?	
What does a seizure look like for your child/ youth?	
How long does a typical seizure(s) last?	
How do we best support your child/ youth when a seizure occurs?	
When should 9-1-1 be called?	
When was the last time your child/ youth had a seizure?	

4. Is there any additional information we need to know about your child's/youth health or medical needs? ☐ Yes ☐ No ***\*If yes, please explain.***



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## PARENT/ GUARDIAN SIGNATURE

By signing my name below, I confirm that all of the information included in this package is current and accurate, and understand that the information provided will be utilized to best support my child/youth in the City of Maple Ridge Parks, Recreation and Culture programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

***\*Please return your completed Participant profile to Petra Frederick, Recreation Access Coordinator either by email ([pfrederick@mapleridge.ca](mailto:pfrederick@mapleridge.ca)) or mail/drop off attention Petra Frederick, 11925 Haney Place, Maple Ridge, V2X 6A9.***

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or [foi@mapleridge.ca](mailto:foi@mapleridge.ca).