



West Central Community Center

Supportive Services

1603 N Belt Street
 Spokane, WA 99205
 509-323-7517



THE LEARNING SKILLS CENTER
AT WEST CENTRAL COMMUNITY CENTER

INFORMATION SHEET

| | | | | | | |
|---|--|-------------|------|--|--------|--------|
| Department: LSC [X] Date Updated: | | | | | | |
| Name: | | Start Date: | DOB: | | STA #: | ADSA#: |
| Physical Address: | | | | | | |
| Medical: | | | | | | |
| Diagnosis: | | | | | | |
| Meds: | | | | | | |
| Allergies: | | | | | | |

| | | | |
|------------------------------|--|--------|--|
| Emergency Information | | | |
| Homesite contact: | | Phone: | |
| | | Email: | |
| Doctor: | | Phone: | |
| Hospital: | | | |
| Case Manager: | | Phone: | |
| Legal Guardian: | | Phone: | |
| Address: | | | |

| |
|---|
| Background Information |
| History of Violence? Yes [] No [] |
| Explain: |
| History of crimes against property or persons? Yes [] No [] |
| Explain: |
| Additional Comments: |
| |

Place picture here



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Client Rights

All clients have the following Rights as outlined by DDD Policy 5.06:

A. Freedom from abuse

1. The right to be free from any kind of abuse or punishment (verbal, mental, physical, and/or sexual); or being sent to a place by yourself, if you don't choose to be alone.
2. The right to complain and not have someone "get even" with you.
3. The right to be free from unnecessary medication, restraints and restrictions.
4. The right to decide whether or not to participate in research after the research has been explained to you, and not unless you or your legal representative give written consent for you to participate.

B. Privacy in personal life

1. The right to meet with and talk privately with your friends and family members.
2. The right to personal privacy and confidentiality of your personal and other records.
3. The right to set your own rules in your own home and to know what rules your providers have when you are living in another person's house or working in someone else's business.

C. Options to choose

1. The right to choose activities, schedules, and health care that meet your needs.
2. The right to make choices about your life.
3. The right to wear your clothes and hair the way you want.
4. The right to vote and help people get elected to office.

D. Lack of Discrimination

1. The right to be free from discrimination because of your race, creed, color, national origin, religion, age, disability, marital status or sexual orientation.

E. Information

1. The right to request information regarding services that may be available from DDD.
2. The right to know what your doctor wants you to do or take and to help plan how that will happen.

F. Respect from Others

1. The right to have your provider listen to your concerns, including those about the behavior of others.
2. The right to help from an advocate.
3. The right to be part of the community.
4. The right to be treated respectfully and with dignity at all times.

G. The Opportunity to Benefit from Working

1. The right to be paid to work, just as everyone else is.
2. The right to manage your money or choose other persons to assist you.

Print Client Name

Client Signature

Date

Print Legal Guardian Name

Legal Guardian Signature (if not client) Date



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GRIEVANCE POLICY & PROCEDURES

Any person, including a person’s legal or designated representative, may file a written grievance to contest a decision or action of West Central Community Center. For example, an individual or her representative may file a grievance if she believes that we:

1. Did not provide her with respectful, fair or effective services;
2. Wrongly denied her help; or
3. Violated our legal obligations.

Our legal obligations include that we:

1. Have the capacity to protect and advocate for the rights of persons with disabilities, in keeping with our current goals and priorities;
2. Maintain confidentiality of client records;
3. Do not discriminate against a person on the basis of any protected characteristic including race, color, national origin, religion, sex, disability, sexual identity and age;
4. Utilize the lowest administrative level during the grievance process;
5. Will provide a unbiased mediator, (i.e. DDD-CRM) during the mediation process when there is an unresolved issue/conflict;
6. Ensure that negotiations will be documented and recorded;
7. Do not retaliate against the client or client’s representative initiating the grievance process.

Anyone who is dissatisfied with an agency decision or action is encouraged (but not required) to discuss the matter first with the employee directly responsible for the decision and/or with his or her supervisor. A listing of our employees is available upon request.

If desired, clients are encouraged to bring advocates to help negotiate.

Print Client Name

Print Legal Guardian Name

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Release of Information

I authorize the representatives of the West Central Community Center to review and obtain copies of all medical, psychological, vocational, or any other information related to the care of the client.

I authorize the representative of the West Central Community Center to discuss this information with the other professionals involved in my participation at West Central Community Center.

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Consent to Medical Care and Treatment

I give permission for _____ to be given emergency treatment to include first aid and CPR by a qualified staff member at West Central Community Center. I further authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed by the regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary.

West Central Community Center Liability/Release Waiver

I give permission for _____ to ride the West Central Community Center van or Staff's car for transportation to program activities. I agree to release, indemnify and hold the City of Spokane, West Central Community Center, their agents, officers, and employees harmless from any and all liability claims, actions, judgments, damages and injuries of any kind and nature to the participant and/or his/her property arising from participation in the activity for which the participant is attending.

Print Client Name

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Limited Permission for Media/Promotional Exposure

I give permission for _____ to have his/her picture to be included in:

- Personal File at WCCC
- Program Monthly Newsletter
- Program Brochure
- Pictures in the Learning Skills Center at WCCC
- Facebook, Instagram, and WCCC Website or other social media

Any other type of Media/Promotional exposure is to be separately authorized by the legal guardian.

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Policy for Supervising Program Participant’s Medication

The following procedure must be strictly followed in connection with medications the participants bring during program times.

1. All medications must be self-administered by the client. The only acceptable method of assistance in medicating clients for unlicensed staff is hand-over-hand. **STAFF ARE NEVER TO TOUCH ACTUAL MEDICATION** and there is never a need for preparation of medication by staff (including crushing pills in apple sauce). Request from home sites for program staff to crush medication is strictly against county guidelines.
2. All medications must be contained in the original medication bottle, childproof only, with the client’s name, name of the medication and exactly when it is to be taken (prescription label).
3. Information should be on file regarding any medications that need to be taken during program hours. This information should be a written statement from the home site, parent or guardian, or documented telephone call in the case of medications being taken for a short duration (such as a brief illness). Notifications of any changes in the medications taken, times for dosages, related procedures or other doctor’s orders are the sole responsibility of the residential staff.
4. Staff may open a medication container and give the container to the client along with liquid to take the medication.
5. If a client refuses their medication, staff will wait a few minutes and offer the medication again. If there is a second refusal, staff will call the home site supervisor or designated manager. If the medication is spit out on the ground or potentially contaminated, it is not to be taken and the home site is to be notified.
6. Medication brought in an unmarked plastic bag or unmarked container should not be taken by the client unless administered by the residential staff. If arrangements have not been made for this to occur the home site should be contacted.
7. Program staff should be aware of all medications being taken by clients. Any suspected adverse reactions should be reported to the home site and recorded in the client’s file. It is the responsibility of WCCC staff to report any problems with medications to their supervisor, or the next level supervisor, immediately. The home site supervisor or designated manager is also to be contacted immediately.

Print Client Name

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Learning Skills Center (LSC) ~ Financial Agreement

New Participant Existing Participant (Change of Billing Information) Effective date: _____

Participants Name: _____

Name of person responsible for bill payment: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

About us: The Learning Skills Center for people with developmental disabilities is a program of the West Central Community Center, a private non-profit 501 C(3) organization which is funded strictly through fees for services and donations. The fees paid by participants for attending cover program expenses including employee wages, rent, activity supplies and insurance.

Hours: Monday through Friday there are two daily sessions. The morning session runs from 9:00am to 12:00 noon. The afternoon session runs from 12:00 noon to 3:00pm.

Rate: The billing rate for basic attendance is **\$17.00** per session (or \$34.00 for a full day, no later than 3pm).

Late pick up fee: There will be a late pick up fee of \$10 for each half hour after session has ended. Fee will be applied if picked up after 12:30pm and 3:30pm.

Billing: Each participant will be billed the last day of the month for the sessions attended in that month (i.e. sessions attended in January will be billed on January 31st). Invoices will be sent out within 5 business days.

Payment: Payment in full is due upon receipt of the invoice. If necessary, contact with the Program Manager or the accounting department to discuss a possible payment plan. Please mail your payments or drop them off at the front reception area of West Central Community Center.

Late Fees: A late fee of 10% of the past due balance, with a minimum of **\$20.00** per month may be assessed on the next month's statement if the total balance due has not been received. If your account becomes **35 days past due** the participant's attendance privileges will be **suspended** until payment is made in full or arrangements made with Accounting Department Manager.

I understand that I am responsible for ensuring that all clients fees incurred for the WCCC Learning Skills Center are paid in full each month.

Sign _____ Date _____



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Rates for Learning Skills Center

- \$17.00 per session, no set schedule
- 10 sessions per week - \$660/Mo
- 8 Sessions per week - \$540/Mo
- 6 Sessions per week - \$410/Mo
- 4 Sessions per week - \$280/Mo
- 2 Sessions per week - \$140/Mo

Please indicate the payment plan that you are intending on using.

1. If participant/s goes over your estimated session use, charges will be at the \$17.00 per session rate for the month
2. A scheduled week(s) of leave will not be charged, please let staff know
3. One session is a three-hour block from 9AM to 12PM or 12PM to 3PM

Participant Name: _____

Date: _____

Interested Day of Attending:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Print Legal Guardian Name

Legal Guardian Signature (if not client) Date