



lumenus
Community Services



RESPIRE

2025 SUMMER PROGRAM PACKAGE

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Program Description

Lumenus' Respite program is geared towards dually diagnosed and mild intellectual disorder adolescents who require the development of social, leisure, and life skills. Youth in this group should possess basic group skills and some knowledge of social, life and leisure skills. We do not provide 1-1 support for youth in the program. The groups are divided as follows, 8 -10 participants supported by 2-3 staff per group. Level 1-2 Autism staffing support is 1:2, Mild Intellectual Disability staffing support is 1:4.



The following are focused on throughout the period of participation:

- **Sports and Leisure Skills:** To develop an understanding of sportsmanship, teamwork, co-ordination (both physical and structuring activities), playing by rules, sharing, appropriate physical activity, building confidence and self-esteem, extending their social network.
- **Outings:** Should focus on accessing community-based activities, developing appropriate community social skills and behaviors, community safety training (accessing emergency services, danger areas, etc.), TTC training.
- **Mindfulness:** To develop a sense of self care and to increase their self-regulation through meditation, yoga, deep breathing and sensory activities.
- **Life Skills Training:** Develop cooking skills, shopping skills, menu creation, budgeting, bank training, hygiene, sexuality and safe practices, relationship building and role definition (boyfriend, girlfriend, family, friend (differences), developing coping strategies to contain anxiety, anger and being able to regulate their emotions.

Program Referral & Consent

This form is to be filled out by Psychotherapist/Service Coordinator and given to the parent, guardian or a client, 16 years of age or over, to sign and add any additional information. The information provided is strictly confidential and will be used for our information only.

Client Name: Age: D.O.B:

Gender Identity: ☐ M ☐ F ☐ X Email Address:

Address:

Major Intersection:

Ontario Health Card #: Name on Card:

Living Situation: ☐ Parents ☐ Other Relatives ☐ Group Home ☐ Shelter ☐ Other

Parent/Guardian:

Address: Same as Above: ☐

Phone Number 1: Phone Number 2:

Family Doctor Name: Number:

Person to contact in case of emergency and alternate person to contact in case of emergency:

Emergency Contact 1

Name:

Relationship to Client:

Home Phone:

Cell Phone:

Emergency Contact 2

Name:

Relationship to Client:

Home Phone:

Cell Phone:

Consent Form - Acknowledgement of Information

To Be Completed by the Parent/Caregiver/Client:

Please check ☒ the box that applies, fill in the requested information and ensure that the signed consent gets back to Lumenus.

☐ I give permission for (client's name) , address and phone number to participate in a summer respite survey.

☐ My address is:

☐ My telephone number(s) are: 1) 2)

☐ My child participated in (please check the circle that applies):

☐ The Summer Respite Program.

☐ I do not give permission for Lumenus to release my name, address and phone number to respiteservices.com to participate in the survey.

Parent/Guardian Signature: _____

Date: _____

Consent Form - Release of Information

Dear Parent/Guardian:

RE: CONSENT TO THE RELEASE OF INFORMATION TO LUMENUS COMMUNITY SERVICES

_____ has been participating in Lumenus Summer Respite Program.
(Name of Client)

Lumenus provides this service because it is very difficult for families to find community-based agencies or existing recreational programs (i.e. Parks and Recreation), which can cope with the needs and sometimes, the behaviour of youth with developmental disabilities. As a result, these youth have few options for involvement in the community.

Lumenus would like to give all respite seekers the same opportunity to access support from the receipt of such breaks as there are so many families who need planned breaks and not enough funding to meet all of the needs.

The survey will likely be conducted over the telephone and will ask for your feedback re: specific questions (i.e., age of your child, functioning level, days attended the program, level of communication with staff, fees paid, benefits of the program to your child, etc.)

We urge you to participate in the survey as the feedback will allow us to see areas of need and be able to improve on our summer respite program.

Thank you for your consideration of this request and your willingness, in advance, to participate in the survey.

Program Dates & Transportation

Program Dates: Wednesday, July 2 – Friday, August 8, 2025

☐ BLOCK 1:

WEEK	DATES	COSTS*	LOCATIONS
Week 1	July 2 - July 11, 2025	\$35	East location and a Central / West location
Week 2		\$35	

☐ BLOCK 2:

WEEK	DATES	COSTS*	LOCATIONS
Week 1	July 14 - July 25, 2025	\$35	East location and a Central / West location
Week 2		\$35	

☐ BLOCK 3:

WEEK	DATES	COSTS*	LOCATIONS
Week 1	July 28 - August 8, 2025	\$35	East location and a Central / West location
Week 2		\$35	

** For more information on program costs and/or contribution options visit page 13*

Community and Site Based - TTC Training, Community Awareness, Excursions, Cooking

Transportation:

- ☐ TTC/ Wheel Trans
- ☐ Family
- ☐ Taxi (provided by Lumenus on a case-by-case basis)

General Information Collection

Does the client have any medical needs or physical challenges (i.e. asthma or epilepsy), which may affect his/her/ their participation in activities such as sports, crafts, swimming and/or games?

Yes ☐ No ☐ If yes, please explain:

Does the client have any allergies (food, medications or environment)? Yes ☐ No ☐

If so, describe reaction and usual treatment including who you would want to be administering the treatment (youth, group leader, doctor, etc.):

Does the client take any medication? Yes ☐ No ☐ If yes, please provide of list names and dosage in case of an emergency.

Is there anything we should know about the youth that might be an issue if she/he were to be involved in the activities of our summer program? Yes ☐ No ☐ High Risk ☐

If yes, please describe:

Reason for Referral:

Previous Group Involvement/Relevant experience:

Strengths/Level of Functioning (diagnosis, etc.):

High Risk Issues/Concerns 1 (e.g. aggression, offending behaviour, self-harm, victim, use single bathroom):

What is the safety plan to address high risk (please ensure client is aware):

High Risk Issues/Concerns 2 (Are there any other clients in the program that this client should not be with, i.e. victim/offender? Would this client be more successful in a group with staff that he/she/they know and/or would they be more successful in another group?):

What is the safety plan to address the issue (please ensure client is aware):

Special Needs (medication, allergies, medical conditions):

Goals (Please fill out. Use back of sheet if necessary - Assists staff in planning and feedback at end of the summer):

Date of Referral: _____ **Psychotherapist:** _____

General Information Collection (con't)

1. I agree to _____ (*Name of Client*) participating in Lumenus summer program.
I agree that, while my youth is actively involved in the group program, Lumenus will be responsible for supervising and caring for him/her.
2. In case of a medical emergency, I understand that Lumenus will first try to contact me. If this is not possible, I give permission to Lumenus to obtain appropriate medical care for my youth. I further agree to allow any medical intervention that is necessary for my youth, as decided by a qualified medical professional. These services will be obtained for him/her and charged to the parent/guardian or to the family's Ontario Hospital Insurance Plan.
3. I agree that _____ (*Name of Client*) take full part in Lumenus group program including:
 - indoor and outdoor activities (including baseball, soccer, basketball, arts and crafts, cooking, watching movies, and playing board games)
 - swimming in a supervised pool
 - transportation via Lumenus, or rented, vehicles (driven by Lumenus employees)
 - outings in the community
 - mindfulness/yoga
4. I agree that transportation to and from the program location is the responsibility of the client and/or family.
5. I understand that this form does not override any other forms that I have signed at Lumenus.

Parent/Guardian Signature: _____

Client's Signature: _____

Extension Request Process

Lumenus receives funding for the Summer Respite Service from the Respite Network but must report all clients needing/receiving more than 2 weeks blocks of respite service in the summer to the Network and the Ministry. Under the Respite Network's rules of operation, as there are so many children/youths needing respite services and not enough funding to go around, Lumenus can only offer a 2-week block of respite service in the summer program to a family unless there are exceptional circumstances. While a client can receive an additional two-week block of service, we are being challenged to think about whether all our clients really need 6 weeks of service in the summer given all the children and youth who are waiting for respite. This information will be used to support arguments we have made, over time, about the lack of availability of other resources to meet the needs of our dually diagnosed clients.

We have developed the attached form which needs to be filled out by the worker in each situation in which a worker is requesting more than a two-week block of summer respite service. If you know, when making the referral that your client is in crisis or needs more respite than a two-week block for a specific reason, please fill out the form at the time of making the request. It is not sufficient just to say that the family needs 2 more weeks of respite because the parents are both working and have no one to supervise the youth. These issues are viewed by the Respite Network as part of every parents' responsibility to plan for their child when school is not operating.

Accurate completion of the form is critical in helping us to report back and advocate for the needs of our clients. Please submit the completed forms to respite@lumenus.ca so that we can get an accurate record of those youth requiring extensions.

In discussing summer respite options with families, please recall that we apply a very small fee to this service as per the requirements of the Respite Network. No family will be refused service because of their ability to pay but the funding helps us to pay for the service. Families using respite services should pay for the service before their child starts the program.

For this reason, the form also tracks our efforts to secure payment.

Extension Request Form

The Service Extension Request Form must be fully completed and approved by the Respite Supervisor before a client can be admitted to a second, two-week block of Summer Respite Service to facilitate reporting to the Respite Network about client needs. A client in crisis can be admitted to a second, two-week block of Summer Respite Services. All other clients cannot be admitted until any clients waiting for service have had an opportunity to participate in Summer Respite Services and there are compelling reasons to extend service provision.

Name of Client:

Client DOB:

Name of Worker:

Please indicate whether the family has paid the required weekly fees to participate in the first, two-week block of the Summer Respite Service. Yes ☐ No ☐

If no, please indicate if the respite fee was waived and the reason why:

If the family contributed towards the first block of respite, please advise the family of the need to contribute towards the second, two-week block of the Summer Respite Service and indicate that the payment must be received before the youth participates in the second block of the Summer Respite Service.

Payment for Block 1 Received: Yes ☐ No ☐

Payment for Block 2 Received: Yes ☐ No ☐

Payment for Block 3 Received: Yes ☐ No ☐

Please indicate the reasons why the family is requesting an extension of the youth's participation in the Summer Respite Service beyond an initial 2-week block of service. Check all that apply:

- ☐ Safety Issues - Describe:
- ☐ Complex Behaviours - Describe:
- ☐ Inability of Family to Cope - Describe:
- ☐ Lack of Available Resources for this Population - Describe:
- ☐ Services Declined Elsewhere - Describe:
- ☐ Other - Describe:

Approval of Respite Supervisor: Yes ☐ No ☐ Supervisory Signature:

Please indicate the reason for accepting or rejecting the request:

Consent Form - Medication

We encourage families to speak with their doctor and ask that any prescribe medication be given outside of the program hours. If this is not possible, please connect with me for further discussion.

The following medication(s) listed below have been prescribed and recommended by the physician(s) indicated below:

I, _____ Parent /Legal Guardian of _____
(Name of Parent or Legal Guardian) (Name of Client)

Understand, Agree and voluntarily give Lumenus Permission to administer the physician(s) prescribed medication(s) listed below. I have also been informed and made aware of what these medication(s) are supposed to do, how they work, how much is required, what the side effects are, what risks are involved and how often and for how long the medication is needed.

I, _____ (Name of Client) have also read the agreement indicated above and agree to take the physician(s) prescribed medication(s) listed below with the same understanding as my parent/legal guardian.

Medication List

DATE	PRESCRIBED MEDICATION(S)	PRESCRIBING PHYSICIAN'S NAME	PARENT/GUARDIAN CONSENT SIGNATURE	CLIENT'S CONSENT SIGNATURE

Program Funding

Dear Parents/Guardian:

RE: Lumenus Summer Program 2025

We are pleased to have your child participate in Lumenus Summer Program.

To ensure that as many youths as possible have a chance to participate in summer activities which are well-planned and supervised, we are asking that parents, who are able, only contribute \$35.00 a week for their child to participate in the program. For a 2-week block of respite services, the cost is \$70.00. The money will assist Lumenus in providing supplies and materials for the summer program. It will also assist in ensuring that more youth have opportunities to participate.

Your ability to contribute financially will not be a factor in whether your child will be accepted or not. Acceptance is primarily based on numbers, meeting criteria and support required. The funds that are collected go back into the program to support activities, supplies, food and community outings.

We ask that you complete the attached form and send it in along with a cheque to Lumenus to the attention of the Accounting Department by June 6th, 2025 (all applications received after this date are subject to availability), to enable your child to participate in the summer program.

TWO WEEK BLOCKS OF SERVICE: Due to a high demand for summer respite services, there is a need to ensure that as many youths and their families can benefit from a “break in caring”. In order to accommodate as many youths as possible in the summer respite program, clients may only use one 2-week Block of Service. Extensions of service are by exception only. The Service Extension Request Form within the Referral Package may be filled out to request an extension of the Summer Respite Services offered by Lumenus. If your Request has been approved, the Psychotherapist’s and families will be informed.

Please Note: All Psychotherapist’s must review the www.respiteservices.com website prior to recommending their client for any additional blocks of summer program in the event that there is a respite service offered closer to home which might be acceptable for the youth and family.

Thank you for your support. We look forward to an exciting summer.

Yours truly,
Tony Stewart, CYW, BSW
Director, Intensive Services

Contribution Form by Parent/Guardian

Depending on your ability to pay, you are asked to contribute up to \$35.00 for each week that your child attends the Summer Program.

Parents/Guardians who feel a lesser amount is more appropriate, due to their personal financial situation, may contribute any denomination of their choice per week.

Parents/Guardians who have no ability to contribute to their child's attendance, will be exempt from doing so.

Financial Contribution by Parent/Guardian:

My child, _____ will be attending Lumenus Summer Program for a period of _____ weeks. I understand that the respite service is offered in 2-week blocks of service. I can contribute the following, to assist cover costs for my child's attendance:

- ☐ I can contribute \$35.00 per week, for weeks, equal to \$
- ☐ I can provide a contribution (other) in the amount of \$
- ☐ I am unable to provide any financial contribution currently.

I will provide the amount indicated above (payable to Lumenus) no later than June 6th, 2025, in order for my child to attend the Summer Program.

Parent/Guardian Signature: _____

Date: _____

SUBMIT 