

Life Skills Development Program

6920 Concession 1 RR2, Puslinch, Ontario, NOB 2J0 (519) 763-5517 • katie@sunrise-therapeutic.ca

Working together to unleash potential.

Information Package and Application Form

General Information

The Life Skills Development Program is an innovative farm-based day program for adults with developmental and cognitive disabilities. The program currently runs weekly on Tuesday, Wednesday, Thursday and Fridays year round. Sunrise provides the opportunity for participants to practice and learn new skills in a supportive, safe and structured environment. Activities are designed to match participants' capabilities, with the goal of having each participant reach and work at their fullest potential. Activities include, but are not limited to:

- · Horse care & handling
- · Farm chores
- · Horse knowledge & stable management
- · Gardening & maintaining the flower and vegetable beds
- Cooking & baking
- · Life skills building
- · Painting & crafts
- · Seasonal activities

Through skill building and collaborative learning, participants directly benefit in many ways. The observed benefits are:

- **COGNITIVE**: Exposure to a unique farm-based environment, promoting the acquisition of knowledge and learning through repetition, step-by-step sequencing and individualized instruction.
- **EMOTIONAL:** Through equine related activities, team building exercises as well completing daily farm tasks, participants will gain confidence, independence and a sense of accomplishment.
- **PHYSICAL:** Participation in a variety of physical tasks promoting the development and improvement of fine and gross motor skills, strength coordination and endurance.
- **SOCIAL:** Participants will communicate and socialize with staff and volunteers. They will also be encouraged to work collaboratively and cooperatively with their peers as a team to accomplish and improve on daily tasks.

Accessibility

Sunrise has many features to make its property accessible to many clients. Sunrise programs are run on a 102 acre farm so uneven terrain, inclement weather conditions and exposure to different allergens are unavoidable.

Eligibility

The Life Skills Program and supportive services are offered to adults 19 years and older in the local communities of Guelph, Cambridge, Kitchener/Waterloo and Wellington County.

This program is not suitable for those:

- May become aggressive, either physical or verbally
- Have NOT been seizure free for 6 months with medication or 1 year without medication

A personal support worker or caregiver, provided and paid for by the individual, family, or organization, must accompany any participant requiring support for feeding, communication, personal hygiene or behavioural reasons. Personal support workers will be permitted to accompany clients in the program only after consultation with the Coordinator prior to admission.

Wherever possible, Sunrise makes every effort to ensure its property is accessible. As we are located on a farm, uneven terrain, inclement weather conditions and exposure to different allergens are unavoidable. To ensure success for the participant, adults should be able to:

- Negotiate uneven surfaces,
- Tolerate varying weather conditions and
- Follow directions and safety rules.

To ensure the safety of all individuals, Sunrise reserves the right to remove any individual enrolled in the Life Skills Program who is an imminent risk to themselves or others.

Program Hours

The Life Skills Program currently operates on Tuesdays, Wednesdays, Thursdays and Fridays from 9 am to 3 pm.

Registration Process

Please contact Sunrise to receive an application package, which can be filled out and returned to the office. Potential clients will then be contacted to set up an assessment where they can come for a scheduled amount of time to observe and participate in various activities so all parties can make an informed decision if the Life Skills Program is the best suited program for the client's needs and interests.

Wait List

Eligible applicants may be placed on a waiting list depending on the availability of a space. Waitlisted individuals are contacted chronologically according to the referral date by the Life Skills Coordinator.

Please note: Waitlisted clients who are not ready to start the program within 6-8 weeks will be removed from the list.

Person-Centered Program Plans

Client-centered goals and plans are developed in consultation with clients/caregivers and program leaders in line with farm based activities. These goals will be reviewed on a regular basis.

Meals

Meals and snacks are to be provided by the client.

Medication

Sunrise Life Skills program staff do not administer medications to any attending program participants. Staff only assist, supervise and remind clients to take their medications. All participants must provide a list of medication to be taken at the centre with details regarding timings or specific requests.

Please note: Participants are required to bring their daily dosage only in a properly labelled container. Please notify staff of any medication changes immediately.

Safety Management

Sunrise program staff are trained in First Aid and CPR facility safety inspections are done on a monthly basis. Fire drills and emergency evacuation are practiced regularly. Emergency information is located by all the telephones on the Sunrise property.

Emergency Treatments

Sunrise's Life Skills Program seeks medical care/help in an emergency. In a life-threatening emergency, the staff will ensure client safety and take appropriate actions by calling 911. Following the 911 call, staff will notify the emergency contact person, next of kin and/or the caregiver. Sunrise has documented plans and procedures to deal with all accidents and emergencies (including fire, natural disasters, etc.)

Clothing and Proper Attire

All participants must follow Sunrise's Dress Code. Long pants, work boots or closed toed shoes and gloves should be worn while working the in the barn. All participants must wear ASTM/SEI approved riding helmets (will be provided) when working with or handling any horses. Shorts are permissible in the summer months.

Smoking

Sunrise Therapeutic Riding and Learning Centre is a smoke, alcohol and drug free environment. **Smoking is prohibited** at all times anywhere on the property.

Transportation

Transportation is the sole responsibility of the client.

Please note: Sunrise is not accessible by public transit.

Pet Policy

Sunrise has a "No Pet" policy. However, personal, certified service dogs are welcome.

Privacy and Confidentiality

To ensure privacy of our clients and caregivers, Sunrise ensures that all personal information collected for the purpose of providing services to its clients/caregivers will remain protected. Policy available upon request.

Billing Procedure

All Life Skills Program participants are required to pay \$65.00 per day. All Life Skills Program participants are billed prior to the start of a term and are required to pay in advance per term (Spring, Summer, Fall, Winter). Cheques are made payable to Sunrise. A \$35.00 fee will be charged for any NSF cheques. The Life Skill Program fee is subject to change with notice.



Sunrise Therapeutic Riding & Learning Centre

Life Skills Development Program Application

Participant Information

Name:	Gender/Pronouns:
Date of Birth:	Health Card Number:
Day Preference (waitlist may apply): Tu	uesday Thursday Friday
Primary Contact: Name	Relationship
<u>Prima</u>	nary Contact Information
Address:	City: Province:
Postal Code: E-mail Address:	
Home Phone: Work Pho	one: Cell Phone:
Emerge	gency Contact Information
Name of Emergency Contact #1:	Relationship:
Home Phone: Wo	Vork: Cell:
Name of Emergency Contact #2:	Relationship:
Home Phone: Wo	Vork: Cell:
<u>!</u>	Health Information
Diagnosis/Special Need:	
Secondary Diagnosis (if applicable):	
Mobility Needs: Independent Ass	ssisted Wheelchair
Does the applicant have any health-related conce	erns that may impact the type of support required (ie. seizures,
hearing impairments, vision impairment etc.)?	Yes No
If yes, please specify:	
Does the applicant have any allergies or sensitiviti	
If yes, please specify:	
Does medication need to be administered during	g program hours or in emergency situations? Yes No

(If yes, a medical dispensing form will be sent to you.)



CLIENT NAME:	
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Sunrise Therapeutic Riding & Learning Centre • 6920 Conc. 1, Puslinch, ON NOB 2J0 • Ph. 519-837-0558

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to **Sunrise Therapeutic Riding & Learning Centre** permission to take, or have taken, still and moving photographs and films, including television pictures of our son/daughter/ward. Furthermore, the undersigned consents and authorizes **Sunrise Therapeutic Riding & Learning Centre**, and its advertising agencies, news media and any other persons interested in **Sunrise Therapeutic Riding & Learning Centre** and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means, including and without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

release other than the	intention of Sunrise Therapeut	ts or promises have been made to us/me to sec tic Riding & Learning Centre to use or be used ding the Sunrise Therapeutic Riding & Learning	such as photographs, films and
Dated this			
(Wit	ness)	(Signature of Individual)	_
(Wi	tness)	(Signature of Parent/Guardian)	
	Date	Date	



6920 Concession 1, Puslinch, Ontario NOB 2JO • 519-837-0558 • Fax 519-837-1233

www.sunrise-therapeutic.ca • info@sunrise-therapeutic.ca

WAIVER, ASSUMPTION OF RISK & RELEASE OF LIABLITY

Initial below after reading and understanding e	each item:	
equine facilitated wellness and any ot Therapeutic Riding & Learning Centre	ipation or the participation of my child in horse riding/d ther activity involving horses (hereafter called "Equine A (Sunrise) and conducted by Sunrise or their employees o so to be strictly bound by the terms of this Waiver, As	activities") organized by Sunrise or volunteers and in further
	se recognizing that "Equine Activities" is inherently a ris of horses, regardless of their continual training and past	
	rs are certified through the Canadian Therapeutic Ridings or there may be a student instructor, working under the	- , , ,
I understand that all participants mus	t wear an ASTM (American Society for Testing and Mate	erials) approved riding helmet.
injuries may result from these "Risks"	ingers, hazards and risks (collectively "Risks") associated . I am aware that the "Risks" of "Equine Activities" mea Activities", including but not limited to:	•
and to potentially collide with, bit (b) The unpredictability of an equine unfamiliar objects, persons or oth (c) The potential for other participan	behave in ways that may result in injury, harm or deather te or kick other animals, people or objects. 's reaction to such things as sounds, sudden movement, her animals and hazards such as subsurface objects. hts to behave in a negligent manner that may contribute thin their abilities to maintain control over an equine.	, tremors, vibrations,
and in all respects by the laws of the p Sunrise. I hereby irrevocably submit t agree that no other court can exercise	of Risk and Release of Liability and all terms contained horovince or territory of Canada in which the "Equine Act to the exclusive jurisdiction of the courts of that province jurisdiction over the terms and claims referred to here ovince or territory of Canada in which the "Equine Activ	civities" are provided by se or territory of Canada and I sin. Any litigation to enforce
Sunrise, its Directors, Officers, employ operates from, all claims wheresover sign this Waiver, Assumption of Risk a	ption of Risk and Release of Liability document. I undersyces, volunteers and agents and the owners of the land or howsoever arising now or in future. I have made a frond Release of Liability as a condition to allow me or my peutic Riding & Learning Centre (Sunrise).	d upon which Sunrise ree and deliberate choice to
Print first and last name of client	Signature of client or parent/guardian	 Date