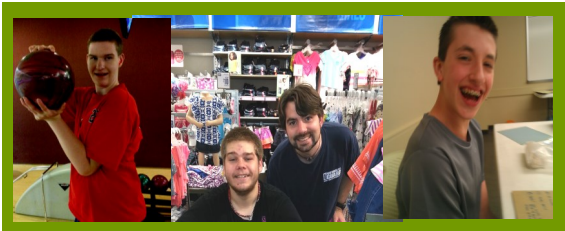


## A BRIEF OVERVIEW OF TEENS IN MOTION & NEIGHBORHOOD EXPERIENCES

The St. Louis Arc's Teens in Motion and Neighborhood Experiences projects are summer programs that serve St. Louis County Residents who have intellectual/developmental disabilities. Both are eight week programs that support young people as they gain pre-employment skills, form new friendships, and explore opportunities in the community.

**Teens In Motion** is designed for younger teens ages 13 to 15. Participants will acquire skills such as job responsibility, positive communication, and formation of relationships. Teens In Motion will assist individuals in developing meaningful lifetime interests.

**Neighborhood Experiences** is for individuals ages 16 to 20 that will be returning to school in the fall. This project is an opportunity for participants to become valuable working members in society and gain independent living skills.



“There is nothing like a *dream* to create the *future.*”  
-Victor Hugo



### OUR MISSION

To help people with intellectual and developmental disabilities, and their families, by providing a lifetime of high-quality services, family support, and advocacy.

### OUR CORE VALUES

The St. Louis Arc is guided by the following beliefs:

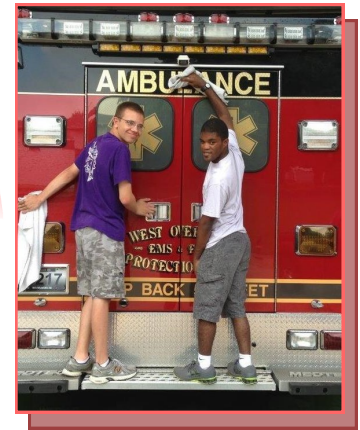
QUALITY CHOICE RESPECT  
INCLUSION CREATIVITY  
EFFICIENCY PARTNERSHIP  
LEADERSHIP  
COMMUNICATION  
EDUCATION  
CONTINUITY GROWTH

### GET INVOLVED

To enroll in our programs – or to donate, volunteer or work for us – visit [www.slarc.org](http://www.slarc.org).



The St. Louis Arc's Leisure Services Projects are funded in part by the Productive Living Board of St. Louis County, United Way of Greater St. Louis, Variety the Children's Charity, foundations, private donations and project fees.



## Teens In Motion & Neighborhood Experiences



### SUMMER OPPORTUNITIES FOR TEENS AND YOUNG ADULTS





## Teens In Motion

- ◆ Explore interests in future employment
- ◆ Multiple volunteer opportunities
- ◆ Participate in meaningful leisure activities
- ◆ Attend on-site educational presentations
- ◆ Meet new friends while **having fun**

**When:** June 9 to August 1, 2014  
9 a.m. to 4 p.m.; Monday-Friday

**Where:** 2 sites (max. 12 participants per site )

- \*St. Louis Arc Centene Family Center  
1177 N Warson Rd, 63132
- \*Arden Mead Youth Center  
17 Selma Ave. 63119

**Age Eligibility:** 13 to 15 years\*

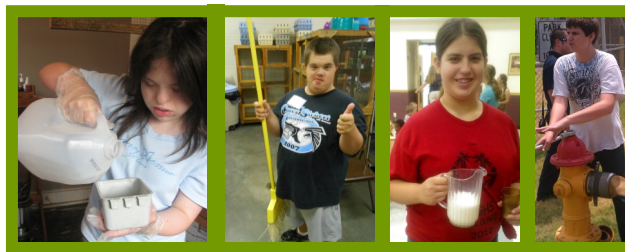
- \* Will accept up to age 20 based on needs of participant
- \* Must be returning to school in the fall

**Staff Ratios:** 1: 1, 1: 2 and 1: 3

**Application Fee:** \$100 deposit

**Project Fee:** \$900

For more information:  
Brienne Henrichs  
Coordinator of Leisure Services  
314-817-2249 or  
bhenrichs@slarc.org



## Neighborhood Experiences

- ◆ Explore opportunities in your community
- ◆ Engage in volunteer and work experiences
- ◆ Achieve personal and career goals
- ◆ Create a professional portfolio and resume
- ◆ Meet new friends while **having fun**

**When:** June 9 to August 1, 2014  
9 a.m. to 4 p.m.; Monday-Friday

**Where:** Determined by individual's volunteer and work interests

**Age Eligibility:** 16 to 20 years\*

\* Must be returning to school in the fall

**Staff Ratios:** 1:1 and 1:2

**Application Fee:** \$100 deposit

**Project Fee:** \$900

*Space is limited and these projects fill quickly!*

For more information:  
Bre Ward  
Coordinator of Leisure Services  
314-817-2226 or  
bward@slarc.org

## Registration Process

★ **Registrations will be accepted on or after: February 21, 2014** ★

**To Register Online:**

Visit [www.slarc.org](http://www.slarc.org) and click "Register for Arc Programs" on the home page.

**To Register by Mail:**

- 1) Complete and return registration form with a \$100 application fee.
- 2) Payment can be paid by credit card or check made out to: St. Louis Arc.
- 3) Registration can be mailed or delivered to:  
**St. Louis Arc**  
1177 N. Warson Road  
St. Louis, MO 63132

Only completed registrations and *paid* applications will be processed.

Once your application is processed, St. Louis Arc will contact you to discuss the project and set up an intake meeting.

Upon acceptance, you will receive a confirmation letter with an invoice for the remaining balance of the project. Project fees are broken down into three payments.

*Due to the popularity of these projects, the participants who are not accepted will be refunded their \$100 deposit.*

Cancellations before April 21 will receive a refund.

**Registration Deadline: April 21, 2014**

For financial assistance:  
Rhonda Hembree  
Assistant Director of Leisure Services  
314-817-2245 or  
rhembree@slarc.org

# St. Louis Arc Participant Profile

Please complete both sides of this registration form.

Participant Name _____		Social Security Number _____	
Home Phone _____	Cell Phone _____	Street Address _____	
City _____	State _____	Zip (We must have last 4 digits) _____	
Date of Birth _____		E-mail Address _____	

<b>1</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you a St. Louis County Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you an active St. Louis Regional Center client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Do you receive Medicaid Waiver funds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When did this disability manifest itself?</b> <input type="checkbox"/> Prior to age 19 <input type="checkbox"/> Prior to age 22

<b>2</b>	<b>Participant Lives:</b>		
	<input type="checkbox"/> w/Family	<input type="checkbox"/> Specialized Facility	<input type="checkbox"/> Foster Home
	<input type="checkbox"/> Independently	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Group Home
	<input type="checkbox"/> Individual Supported Living	<input type="checkbox"/> Habilitation Center	<input type="checkbox"/> Other _____

<b>3</b>	<b>Participant's Diagnosis:</b>		<b>4</b>	<b>Participant's Race:</b>	
	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
	<input type="checkbox"/> Autism	<input type="checkbox"/> Head Injury		<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other _____		<input type="checkbox"/> Bi-Racial	<input type="checkbox"/> Asian
	<input type="checkbox"/> Cerebral Palsy			<input type="checkbox"/> Other _____	
	If "Other" diagnosis is checked, select the substantial functional limitations in two or more of the following areas of major life activities:		<b>5</b>	<b>Regional Center Service Coordinator Name:</b>	
	<input type="checkbox"/> Receptive-Expressive Language	<input type="checkbox"/> Learning		_____	
	<input type="checkbox"/> Capacity for Independent Living	<input type="checkbox"/> Self Care	<b>Service Coordinator Phone:</b>		
	<input type="checkbox"/> Self Direction or Economic Self Sufficiency	<input type="checkbox"/> Mobility	_____		

<b>6</b>	<b>Medical/Dietary Concerns/Accommodations Needed:</b>
	_____

<b>7</b>	<b>1st Contact Information:</b> <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3
	Name _____ Relationship _____ (Area Code) Home Phone Number _____
	Address _____ Work Phone Number _____ Cell Phone Number _____
	City _____ State _____ ZIP _____ E-mail _____

<b>7</b>	<b>2nd Contact Information:</b> <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3
	Name _____ Relationship _____ (Area Code) Home Phone Number _____
	(Area Code) Cell Phone Number _____ (Area Code) Work Phone Number _____ E-mail _____

<b>7</b>	<b>Guardian</b> (If registrant is own guardian, check here <input type="checkbox"/> ) <b>Emergency Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please circle priority:</b> 1    2    3
	Name _____ Relationship _____ (Area Code) Home Phone Number _____
	Address _____ (Area Code) Work Phone Number _____
	City _____ State _____ ZIP _____ (Area Code) Cell Phone Number _____
	E-mail _____

NE/TIM • Summer 2014

# Registration Form - Neighborhood Experiences/Teens In Motion

Participant Name \_\_\_\_\_

**Please choose only one activity from Box 1.**

<b>1</b>	<b>Neighborhood Experiences (ages 16 – 20)</b>	<b>Teens In Motion (ages 13 – 15)</b> Will accept up to age 20 based on needs of participant		
	Pick-up/Drop-off Locations: (select one) <input type="checkbox"/> Arden Mead Youth Center (17 Selma Ave.) <input type="checkbox"/> St. Louis Arc Office (1177 N Warson Rd.)	Pick-up/Drop-off Locations: (select one) <input type="checkbox"/> Arden Mead Youth Center(17 Selma Ave.) <input type="checkbox"/> St. Louis Arc Office (1177 N Warson Rd.)		
<b>2</b>	<b>Release and Agreement Statement</b>			
	I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant as named on this form at my expense. By signing, I give permission to the St. Louis Arc to release my personal information to the program leader. I do hereby indemnify said Association, its agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, illness, or accident that might happen to the participant and from any damage the participant might cause to any person(s) or property while in the care of the Association or its agents of employees.  I have read the above, which I understand and agree to abide by.			
	Signature of Participant	Date	Signature of Parent/Guardian	Date
<b>3</b>	<b>Photo Release Statement</b>			
	I hereby authorize the use of my name, photographs, and/or videotape for newspaper, radio, advertisement, promotional materials or publication/website of the St Louis Arc.  I have read the above, which I understand and agree to abide by.			
	Signature of Participant	Date	Signature of Parent/Guardian	Date
<b>4</b>	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
	Card Number	Expiration Date	CVV #	
	Cardholder Name	Signature		

**Please return application and \$100.00 application fee, on/or after February 21, payable to:**

**St. Louis Arc, Leisure Services  
1177 N Warson Road  
St. Louis, MO 63132**

**No registrations will be accepted before February 21, 2014**  
 Cancellations made before April 21, 2014 will receive a full refund

For Office Use Only			
Payment Amount	Account Rep	Date Received	Copies Sent to Coordinator
Payment Method	Amt Coded To: 10-43600-4510 - _____ 10-43600-4515 - _____	Entered into DB	Copies Sent to Assistant Director