



# **AUTISM SOCIETY**

OF THE REGIONAL MUNICIPALITY OF WOOD BUFFALO

**Social-Respite**

**Program**

**Handbook for Parents**

# Autism Society of the Regional Municipality of Wood Buffalo

Established 2017

## **Mission Statement:**

We strive to accommodate a support network that fosters an inclusive community by providing information, supports, awareness and programs to all those in our community affected by ASD and other barriers.

## **Vision:**

We envision a centre in RMWB that will be recognized as the primary provider of support and services in our community and surrounding areas. Every person will have access to a center that provides the ability to bridge the gap between families, professionals, education support, and assessments. Our goal is to guide families and individuals to the supports needed at each stage of their life.

## **Values:**

- Support an inclusive community by respecting people, valuing diversity and a commitment to equality
  - Raising awareness and understanding to create acceptance in the community
    - Empowering individuals to achieve their goals
    - Inspiring optimism in the community
  - Provide emotionally safe and supportive setting.

Program funded in part by:



**United Way**  
Fort McMurray  
and Wood Buffalo

# About the Program

Our Social-Respite program was created for kids and youth on the autism spectrum to take part in fun activities and experiences with peers while providing parents with much-needed respite. Youth attending the program practice social skills while interacting with their peers and learning life skills such as independence, responsibility, and accountability. Youth learn practical skills such as managing money, using public transport and self-advocacy. Activities will include, but are not limited to games nights, swimming, eating out, skating, golf, attending concerts or sporting events, craft evenings and volunteering in the community at local events such as Canada Day, Festival of Trees and with local agencies such as Food Bank and SPCA.

## Who can join the Social-Respite Program?

The program is designed for children and youth ages 5-17-years-old, who have ASD and/or other exceptionalities and social communication challenges.

## How do we access the program?

We will use general intake process, so that we can get to know your child/youth and help you find the most appropriate activities for them to enjoy with us. The process involves completing an online application form, signing declarations and a brief interview with the Program Director. Once your application has been approved, the Program Director will let you know that you can now start signing up for activities.

## How do I sign up for activities?

Activities can be registered through our website [www.autismrmwb.org](http://www.autismrmwb.org) under 'What's Going On?' or using the Wild Apricot for Members App. Activities will be on a 'first-come, first-served' basis and there is a 48hr cancellation policy to allow for spaces to be filled in the event of cancellations.

## What kinds of activities do participants do?

Program activities will include board games nights, swimming, rock-climbing, video games nights, art & craft nights, cooking classes, attending local festivals, sporting events or concerts... and everything in between!

*\*Please note: This is an independence-building program. Therefore, some 'conveniences' will be purposely missing from the activities, in order to provide specific opportunities for participants to experience and practice real world situations.*

## What fees are associated with the program?

We charge an hourly respite rate which varies depending on your child/youth's needs and level of support required. Because the needs of each participant will vary greatly, the rates for the program will also vary to a certain extent. Individual rates will be confirmed upon registration approval. FSCD direct-billing rates are dependent on the individual contract and the types of services covered by the contract.

If paying 'fee-for-service' fees must be paid either at time of booking with credit card or by EMT within 48hrs of registering.

*\*Please note that these rates are for Respite Support Staffing only, and activities themselves will have an added cost (admission, tickets, etc.) which will be payable by the participant (i.e. not billed to FSCD). You will be informed of these costs when registering activities.*

### **How can I find out if I have FSCD funding?**

If you do not know whether you have access to funding for respite support please call your FSCD caseworker, if you already have one. If not, please contact the local FSCD department for more information: 780-743-7113.

If you are already aware that you do not qualify for funding, but are still interested in this program, please get in touch with us. We may be able to help with some subsidy support or see if one of our other programs might be a better fit for you at this time.

### **What if I have funding, but I cannot afford the cost of activities (admission, lunch, transit passes)?**

We encourage you to contact the Program Director to discuss your individual situation, there may be ways we can help you mitigate some of those costs.

### **What happens on the day of the activity?**

On the day of the activity, parents are responsible for dropping off & picking up their child/youth at the designated meeting spot. Activity details, including time & location, can be found on the event registration page for each activity.

*\*Please note: If you are unable to pick up your child/youth at the end of the event, respite support staff will only be allowed to release your child/youth to someone who has been authorized by you.*

### **Program Accessibility:**

The Autism Society of the Regional Municipality of Wood Buffalo's Community Sensory Room is located on the lower level of the Unifor 707a building, 10019 Macdonald Avenue, Fort McMurray, Suite 21B. The building is accessible by both public and private transport. The municipal bus terminal is a short walk (400m) from the building. There is free parking available at Unifor 707a, with two designated spaces for Blue Badge users. The building has an accessible path to travel to the entrance of the building and an elevator to access the lower level. Access throughout the building, including washrooms is suitable for people with disabilities.

### **Who are the staff?**

Our Respite Support staff are experienced in supporting youth to learn and practice social skills such as; building friendships, maintaining friendships, initiating and exiting conversations and other social interactions. All our staff have First Aid Training (Level C) + CPR, current criminal record and child service intervention checks, valid driving licences and adequate auto insurance for transporting your child/youth. Support staff are supervised by the Program Director and relevant training is provided, as necessary. Our Program Leader is responsible for planning activities and the day-to-day running of the program.

### **What is the ratio of staff to participants?**

The program runs with a maximum staff ratio of 3:1 down to 1:1 (*to maintain social interaction for those still needing one-to-one assistance*). The ratio of staff is never above 3:1 and is always based on the needs of each member and the activity.

### **My child needs 1:1 care - are you able to provide that?**

We can provide 1:1 care if it is established it is required following the intake process. We assess the needs of each child individually. If you have any questions or concerns about this, please don't hesitate to contact the Program Director with any questions.

### **Can I, or siblings come with my child?**

Our funding model relies on the understanding that we are providing respite for families, and as such, we are not able to invite family members to stay at activities.

If you are concerned about your child adjusting or feeling comfortable with the group, you are welcome to stay for an agreed upon period to help with that adjustment.

### **How are "peer groups" selected?**

We recognize that individuals on the autism spectrum and with other social difficulties may not developmentally match their chronological age. For this reason, our activities are open to encourage the opportunity to meet like-minded peers who may not otherwise be grouped together. Peer groups will largely be defined by common interests, which is a key reason that we encourage registration for activities of interest.

### **My child has difficult behaviours. Is he/she still welcome in this program?**

The staff are familiar with a wide range of behaviours and confident in supporting children/youth through strong emotions. We feel that with the right information, support from program staff and the family we can ensure success in the program. For any specific questions or concerns please contact the Program Director. All program staff are trained in Nonviolent Crisis Intervention which focuses on verbal de-escalation techniques and prevention of challenging behaviours by supporting individuals social and emotional needs in a positive manner.

### **Will I need to bring, or send with my child, any specific items or supplies?**

Any additional supplies or items (*such as bathing suits, indoor shoes, etc.*) will be described in the activity details at registration.

If your child requires specific items for sensory or self-care needs (*i.e. headphones, sunglasses, chew tubes, personal care items*) it will be parent's responsibility to send these items.

### **How does transportation work?**

Parents are required to drop off and pick up from activities. Transportation within the activity will be walking distance, public transit or in Respite Support Worker vehicles and will always be specified within the events details if it applies to that activity.

### **What if my child cannot stay for the entire duration of the activity?**

Please let the staff know at drop-off and note if you need to pick-up at an earlier time. A change in attendance time may affect payment, please try to give at least 48hrs notice of any changes in attendance time.

# Policies & Procedures

## **Accidents and Injuries:**

- If an accident occurs during the program, which results in an injury, the program staff will take appropriate steps to treat the injury, inform parents/legal guardian, and document the incident using the Incident Report Form.

## **Medication Administration:**

- Medication may only be administered by program staff on completion of a Medication Consent Form which must clearly state the dosage and time to be administered.

## **Transportation:**

- The Autism Society of the RMWB will ensure the safety of participants being transported to all program activities.
- When youth are transported using personal vehicles of staff or volunteers, proper safety devices including seatbelts and when necessary, booster seats as prescribed by law are always to be used.

## **Respectful, Inclusive & Engaging Environments:**

- The Autism Society of the RMWB will create a positive program environment that enriches the Society experience for children, youth, and families.
- The social environment of the program will be safe, positive, inclusive, and welcoming for children, youth, and families. The program environment nurtures a sense of belonging and club 'ownership' among children, youth, and families.

## **Program Safety:**

- Appropriate measures will be taken to ensure the health and safety of all participants in Autism Society of the RMWB's programs, including during field trips.
- To ensure proper care and contact in the event of an emergency, the parent or legal guardian will provide relevant health information on the information form completed upon registering their child for Society activities. The Program Leader will have access to each participant's health information during program activities.

## **Illness:**

- To ensure the health and well-being of the youth in the program, no child/youth, staff or volunteer will be permitted to attend an activity if they have the following symptoms: fever, vomiting, diarrhea, pink eye or any other contagious illness.
- If youth's symptoms appear during a Society program, the Program Leader will call parent/guardian to pick the child/youth up. If the parent/guardian cannot be reached, their emergency contact will be called.
- In the case of highly contagious illnesses, inform other parents of possible infection, but withhold the child/youth's name.

## **Cancellation:**

- If cancellation is made by parents giving a minimum of 48hrs notice a full refund or credit will be offered. No refunds if less than 48hrs notice is given,
- If session is cancelled by ASRMWB a refund or credit will be offered.

## **Waiver and Release of Liability**

1. In consideration for receiving permission to enter Autism Society of the Regional Municipality of Wood Buffalo at 10019 MacDonald Avenue, Fort McMurray, AB, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Autism Society of the Regional Municipality of Wood Buffalo, their officers, agents, contractors, volunteers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.
2. I am fully aware of the risks and hazards connected with the activities which may take place in this building and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHEATHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.
4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Province of Alberta and the federal or provincial courts of Alberta. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read Terms and Conditions and the foregoing Wavier of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily and I am at least eighteen (18) years of age.

### **ALL FIELDS ARE MANDATORY**

Please fill in YOUR First and Last name:

Please fill in your Child's First and Last name:

\_\_\_\_\_

\_\_\_\_\_

Please fill in your address:

City:

Province:

Postal Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address so we can send you a copy of this signed waiver:

Date waiver signed:

\_\_\_\_\_

\_\_\_\_\_

Contract for respite services between \_\_\_\_\_ Parent/Guardian  
 (Parent Name)

**Autism Society of the Regional Municipality of Wood Buffalo.**

The Autism Society of the Regional Municipality of Wood Buffalo agrees to provide respite services to \_\_\_\_\_ up to a maximum of \_\_\_\_\_ hours per calendar month.

Autism Society to direct-bill FSCD for supported respite hours monthly (copy of FSCD contract must be provided).

Parent/Guardian agrees to pay the Autism Society of the RMWB agreed hourly rate for supported respite hours that are not covered by FSCD (payable when registering for sessions)

Parent/Guardian is responsible for any costs occurred from attending activities/events (i.e. movie tickets, swimming, food purchased, etc.

I have been informed of and understand the program activities and I am aware that there are certain risks inherent in my child/youth's participation in the program.	
I understand that every care and attention will be given to the health and wellbeing of my child/youth and that Autism Society of the RMWB cannot be held responsible for any injuries sustained while participating in the program activities.	
I give Autism Society of the RMWB permission to take photographs of my child/youth while participating in program activities that may be used in printed or online media publications.	
I give permission for my child/youth to be transported in staff of the Autism Society of the RMWB's personal vehicles.	
I give permission for my child/youth to receive emergency first aid treatment if necessary, during program and hold no liability against the staff of the Autism Society of the RMWB.	
I give permission for program staff to authorize emergency medical treatment in the event I cannot be reached in an emergency and hold no liability against the staff of the Autism Society of the RMWB.	
I give permission for staff to administer medication to my child/youth during program activities (following completion of Medication Administration form).	
I give permission for Autism Society of the RMWB to communicate with FSCD regarding my child's contracted respite hours for invoicing purposes.	

The undersigned parent or guardian understands and agrees that the participant does so at his/her own risk and that Autism Society of the Regional Municipality of Wood Buffalo, its employees, officers, directors, agents, volunteers, and other participants will not be liable to anyone for any losses, damage or injury to person or property resulting from, or occurring in connection with Social-Respite Program activities.

We have read the above information and agree on the Autism Society's policies and procedures.

To the best of my knowledge, the above information is accurate and complete. Should anything change, I understand that the Program Director will be notified in a timely manner.

\_\_\_\_\_  
 Parent(s) Signature:

\_\_\_\_\_  
 Program Director Signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

