



Thank you for your interest in the South East Consortium's Teen Life Program. The following information will provide you with insight into this unique and fun life skills program offered by SEC. If you decide your individual meets the eligibility requirements and you wish to pursue registration, please contact the SEC office to register. Individuals may not register for the program until all forms are completed on RecDesk prior to finalizing registration. If you are new to South East, your individual will have to be OPWDD eligible, have units allocated for Respite services to SEC, and complete a brief in-take interview to assess your individual's readiness for the Life Experience Program and to finalize registration.

The Teen Life Program provides opportunities for individuals to build their confidence, independence, and social skills in a safe and fun environment, both within our local community and beyond. Participants will focus on enhancing their social, executive functioning, and daily living skills. Additionally, the program aims to increase understanding of financial literacy, teach self-regulation techniques (social and emotional), and promote well-being and fitness. Our group will visit a variety of social, educational, and recreational events in order to work on developing in these areas. The goal for group members is to leave with some of the tools they need to transition confidently from adolescence to young adulthood.

Throughout the summer, we have a range of exciting activities and special events planned, including various trips, in-house crafts and activities, Fitness Fridays with Breakthrough Fit Co., and so much more! There will also be at least one weekly trip to local points of interest (examples would be the Bronx Zoo, nature centers in the area, movie theater, bowling, pottery painting, etc.), or a point of interest farther away ( Splashdown, NYSCI, etc.). Individuals need to demonstrate behaviors conducive to community involvement and the ability to function well within larger groups.

**The Teen Life Program Season:** The Teen Life Program will begin on Monday, July 7th will run through Friday, August 8th (25 Days). If you have questions regarding program dates for your individual, please reach out to the SEC Office immediately.

**Days and Times:** The Teen Life Program will take place Monday-Friday from 9:00am - 3:30pm, unless otherwise noted. There may be extended days for special trips and outings. These will be outlined in your individual's summer schedule, which will be distributed prior to the start of the program.

**Program Location(s):** Pick-up and drop-off will be at different locations depending on the day. Locations will be reviewed at our Family Orientation on a date that is to be determined. Please be sure to review your weekly program calendar carefully, and be sure to reach out to Program Supervisors Eric Acevedo or Marcus Jones with any questions.

**Eligibility:** Individuals between the ages of 14 and 25, who are diagnosed with a Developmental Disability who reside in one of the component municipalities and is eligible for reimbursement under New York State/Medicaid Wavier guidelines, will be given priority. Individuals must demonstrate behaviors that are appropriate for functioning within the community and follow group instructions. Due to staffing limitations, South East Consortium cannot accept any individual requiring specialized health care or supervision.

**Transportation:** Transportation is available to and from program for those who reside in the Consortium area for an additional fee of \$450.00. To keep this option available, there must be a minimum of 6 campers that will require transportation everyday.

**Program Cost:** The cost per individual for the program will be \$1,500.00 for the summer (5 weeks, 25 days of camp).The payment plan for The Teen Life Program is as follows:

- Non-refundable deposit due at the time of registration: \$100.00
- First Payment due April 16th: \$400.00
- Second Payment due May 16th:\$500.00
- Third and Final Payment due June 16th: \$500.00

Additional money for desired concessions and/or special purchases is not included in the cost of the program, and will need to be sent in with the individual. This will also be outlined in your individual's program schedule. The total expense incurred by SEC for your individual to attend camp is \$6,767.00. Interpretation of Medicaid Wavier regulations permit SEC to assess families a cost of \$1,500.00 based on expenses related to internal transportation, consumable supplies, food, special entertainment and admission costs which are not covered by Medicaid. Please note, if your individual has been approved for the Medicaid Waiver, but does not have Respite units allocated in their Life Plan for Camp, the payor will be responsible for the aforementioned Medicaid rate, at \$32.41 per billable hour. Please call the SEC Office with any questions or concerns at 914-698-5232.

Each group will have a maximum of 10 individuals enrolled. Factors taken into consideration for program groupings include age, level of need, and previous relationships. The SEC Administrative Staff team reserve the right to select the group that will best serve the needs and interests of your individual.

If you are taking a vacation during the camp season, please inform us. We have an abundance of people who we may be able to allow to join for those periods that other campers may not be there. **PRORATES ARE NOT GUARANTEED!**

If you have any questions regarding program groups, or any additional questions about the program, please feel free to contact Program Supervisors Marcus Jones or Eric Acevedo at 914-698-5232 or by email, [mjones@secrec.org](mailto:mjones@secrec.org) or [eacevedo@secrec.org](mailto:eacevedo@secrec.org). We look forward to seeing you this Summer!





# South East Consortium Teen Life Program Medication Authorization Form

In accordance with the Nurse Practice Act and the State Education Law, staff personnel may not dispense medication -whether prescribed or over-the-counter to an individual unless it is authorized by the individual's parents and their physician.

This form allows the administrative staff to store your individual's medication and to supervise your individual in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with the medication in its original container to the SEC Administrative Staff.

Please Note: Emergency medication ( e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by an individual instead of being stored at the program site.

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

I hereby grant permission to the SEC Administrative staff to store and to supervise the self-administration of my individual's medication as detailed below by our physician.

Individual's Name: \_\_\_\_\_ Grade in September ( if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian(s)' names: \_\_\_\_\_

Parent/Guardian #1 Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Check all that apply:

- I would like my individual to carry their EpiPen/ Benadryl/ inhaler (circle one) at all times.
- I would like my individual's EpiPen/ Benadryl/ inhaler ( circle one) to be carried by program staff.
- I am providing a second EpiPen / Benadryl / inhaler (circle one) to be carried by program staff.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This portion must be completed by your individual's physician. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ is to receive \_\_\_\_\_

individual's name \_\_\_\_\_ medication  
for \_\_\_\_\_ . indication ( what medication is utilized for)

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ PRN or Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_



# South East Consortium Teen Life Program Sunscreen Authorization Form

Chapter 242 amended NYS Public Health Law · permitting a individual to possess and use sunscreen at program when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use.
- (3) The parent or guardian provides written permission for the individual to carry sunscreen.  
\*\*\*Staff cannot apply lotion to any individual. Any individual bringing lotion to camp MUST be able to apply it themselves. Otherwise, spray-on sunscreen is preferred, and able to be applied by staff.\*\*\*

Please complete and sign this form if you would like your individual to use, carry and/or would like assistance applying sunscreen during program hours.

Individual's name: \_\_\_\_\_

Sunscreen Permission:

- ◇ I consent to have my individual carry and use sunscreen that they have brought to program, which is FDA approved for over-the-counter use to avoid overexposure to the sun.

Guardian(s)' names: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ◇ I consent to have an SEC staff member assist with the application of sunscreen when my individual is unable to do so, or if my individual requests the assistance.

Guardian(s)' names: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# South East Consortium Teen Life Program Off-Site Permission Form

The New York State Department of Health requires all camp programs to have written permission for individuals to participate in any off site program activities such as swimming at the Hommocks Pool Complex, and any other community trips.

Please complete the form below and return it to the South East Consortium Office prior to registering your individual for program. Only individuals with signed permission slips will only be allowed register for the summer. If you have more than one individual participating in the Teen Life Program, please fill out one form per individual.

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## South East Consortium Teen Life Program Off-Site Activity Permission Slip

I give my individual \_\_\_\_\_ permission to participate in the Teen Life (off-site) Program conducted at Hommocks Pool Complex, and other various locations throughout the community and beyond, throughout the Summer of 2025. I understand the following:

- Individuals will be supervised by program staff as well as qualified lifeguards at the swim facility.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian(s)' names: \_\_\_\_\_