



E-mail: nextstepfarms19@gmail.com

Web site: <https://nextstepfarm.org>

Mission ~ Our mission is to provide a safe and nurturing day program for individuals with intellectual and developmental disabilities who seek to participate in a homestead type environment.

Vision~ The Vision of Next Step Farms is to provide a hands on program for special needs adults through the production of farm fresh protein, produce, and products generated through the homestead environment.

Culture Statement~

At Next Step Farms, our goal is to create a day care program with a homestead feel for individuals ages 18 and up who have special needs. Areas of daily routine involvement and opportunity at Next Step Farms include but are not limited to:

- | | |
|----------------------------|--------------------------------------|
| o Animal Husbandry | o Data Entry |
| o Horticulture/Landscaping | o Basic Finance |
| o Mechanical Maintenance | o Daily Living Skills/Healthy Living |
| o Culinary Techniques | o Crafts |

Requirements

Candidates will complete an application that will be reviewed by designated personnel. To qualify for consideration, applicants must meet the following criteria:

- Display a cognitive or developmental IQ below 70
- Age 18 or older
- Independently mobile ...use of assistive devices is considered mobile
- Able to convey personal and/or medicinal needs independently
- Able to complete tasks in a supervised environment
- Able to accept each other understanding that we have our own abilities and limitations.
- Able to encourage one another in positive ways.
- Able to fully participate in teaching, learning, work and social activities.
- Aim to work as a team until the task at hand has been completed.
- Create a culture free of abuse, harassment and unfair criticism.

Applicants and their support networks would meet with personnel to ease the transition and determine a start date. Once accepted, attendees can choose the program that best suits their personal goals and abilities. These fees will help meet the obligations of day to day operations.

Daily Program	Select Day Program
<ul style="list-style-type: none"> ● Attends 5 days a week ● Fee \$85 a day 	<ul style="list-style-type: none"> ● Attends 2 to 4 scheduled days per week ● Fee \$100 per day

Transportation~ Families must arrange for all participants' transportation.

Location of Services~ Services are provided only at 465 Smith Vassar

Hours of Services~8:00- 4:00 Monday through Friday. If extended hours become available (extra fees of \$10 per half hour will apply). Participants may choose to attend five days a week or for a minimum of two prearranged days.

Holiday closings will be denoted on the yearly calendar

Inclement weather policy: **Next Step Farms will be closed when Madison County schools are closed due to weather conditions.**

Health-related Medical Support Services~ This facility does not provide any type of medical treatment. We are happy to provide personal medication reminders as needed. Participants should be able to operate, maintain and administer life saving devices /medications. Caregivers may schedule any specialist onsite visit to benefit the good health of the participant. A first aid/sick room is available to isolate a participant who becomes ill during their scheduled time at the Farm until a responsible guardian arrives. EMS will be called if necessary.

Criteria and Agreement Contract for participants of Next Step Farms

- Participants must display a cognitive or developmental IQ below 70
- Participants must be age 18 or older
- Participants must be independently mobile ...use of assistive devices is considered mobile
- Participants must be able to understand and follow simple directions and remain with a group without the use of additional staff members.
- Participants must not present a significant threat to themselves or others.
- Participants should be able to communicate needs and thoughts for sufficient benefit.
- Participants must be either on the conscious of bowel and bladder or be able to attend to bathroom needs independently of staff supervision. Reminders will be given if needed..
- Participants who require medication during the day must bring medication in a duplicate prescription bottle with dosages and schedule indicated. Staff does not administer medication but will provide reminders and supervision
- Participants must not require nursing care or attend with a fever or serious illness.
- Family members /responsible guardians must provide or arrange all transportation for participants.
- Participants may be suspended or terminated from the program for: behavior which is severe, cannot be managed at the center; communicable diseases; when participant no longer meets criteria; failure of responsible party or caregiver to adhere to center policies; and failure to pay fees prior to service.
- Participants and Staff with infectious disease or illness such as vomiting, or diarrhea are not allowed to attend the center. This is a non-medical facility therefore any participant who becomes ill or injured at the center must be picked up by a caregiver or designated driver, within one hour of notification by staff.
- Center closing dates will be published in the newsletter. Center may close for inclement weather conditions. If Madison Schools are closed for inclement weather this adult day center will be closed.
- A late fee will be charged for any fees, which are not paid in 30 days.
- If a participant becomes anxious and asks to leave before the scheduled pickup caregiver will be called.

Signature _____ Date _____

Witness _____ Date _____

A copy of this form will be made for your records

Next Step Farms Participant Information

Client Information

Name _____ D O B ___ / ___ / ___

Address _____

How long have you lived at this address? _____

Age _____ Sex _____ Race _____ Ethnicity _____

Primary Caregiver _____ Phone _____ Email _____

Power of Attorney y or n Name _____ Ph # _____ (provide copy)

Emergency Contact #1 _____

Phones: Home _____ Work _____ Cell _____

Emergency Contact #2 _____

Phones: Home _____ Work _____ Cell _____

Disability areas _____

Who is authorized to transport the participant? If needed use the back of this page to list all who may transport participant.

Name _____

Phone #: Home _____ Work#: _____

Any repetitive behaviors? _____

Medical Information

Personal Physician _____ Phone # _____

List of prescription and non-prescription drugs the participant currently takes: _____

Complete form titled: **Current Prescription Medication Form.**

List known allergies of the participant: _____

Is participant on a special diet? _____ If yes explain _____

Special Instructions for Emergency Care: _____

Notice: Our office must be notified in writing of any changes in the information provided concerning the care of the participant listed above to assure information and records are current and accurate in case Emergency Medical Services (EMS) is needed.

Activities of Daily Living

Please help us to know your family member better....

Communication Needs Yes or No

Explain _____

Vision/Hearing Needs Yes or No

Hearing aid Yes or No

Vision problems, glasses, or other? _____

Toileting Needs Yes or No

Explain if yes _____

Instructional Needs Yes or No

Explain if yes _____

Follows simple instruction? _____ Comments _____

Other special needs or concerns? _____

Does participant wander or try to leave primacies? _____ If yes, explain. _____

Medication Needs while at the Farm Yes or No

If yes, specify _____

Publication Release Form

Participant Name: _____

I give permission for the day center staff or designated volunteer to (check all that you agree to):

- Take a photograph or video tape of my family member
- Record my family member's voice
- Use my family member's art work or a reproduction thereof
- Arrange for publication of my family member's photo for local newspaper(s) and/ or social media (Facebook, website)

Furthermore, I authorize the use and reproduction of these for publicity or education and informational purposes without compensation to my family member or me. All copies and negatives shall constitute the property of Next Step Farms. I understand that only first names will be used for identification purposes. I understand that I will be given advance notice of any photo sessions which will be published in a newspaper. I can refuse individual photo sessions at any time. **Caregiver Initials** _____ **Date** _____

Please Note: Failure to agree to any of the items on this release form **will not** affect your family member's eligibility for the program.

Contract for Attendance

Next Step Farms has been explained to me and I have been given a copy of the policy statement.

I am enrolling: _____

For: Monday Tuesday Wednesday Thursday Friday (circle days that apply)

I agree to pay monthly for care at the rate of \$ _____ per day and I understand that this amount is due prior to the service.

Next Step Farms staff agrees to accept this participant for enrollment under the following conditions.

Full time(M-F) _____ Effective date _____ Signature _____

Part time: ___ days a week Effective date _____ Signature _____

Monday Tuesday Wednesday Thursday Friday

If emergency medical care becomes necessary, I give permission for any treatment the staff deems necessary. I understand any charges are the responsibility of the participant or caregiver.

I, _____, have read and understand the current Policies and Admissions Agreement, the rules and criteria of the adult center and agree to abide by them.

Date _____ Signature _____
(Parent/Guardian)

Date _____ Signature _____
(Client)

Date _____ Witness _____

Waiver of Liability

Participant's Name _____

I hereby give permission for my family member to participate in the adult center activities describe below. I will not hold any of the Next Step Farms staff, volunteers, or board members responsible for any injury to the above-named participant which occurs during any of the activities listed below.

- Daily activities at Next Step Farms. To include but not limited to: baking or cooking activities, gardening activities, animal care, business skills, sales, personal daily living and hygiene
- Monitor prescription medications, as prescribed by physician. Staff will give reminders when medication is to be taken.
 - Monitor nonprescription medications as requested by the caregiver. Caregiver is responsible for bringing the medication to the NSF in its original container.
- Utilize exercise equipment or daily required tasks activities that are provided
 - Without restrictions With restrictions as listed below.

If there is an item or items, you **Do Not Approve** please indicate below the activity or activities to omit.

Caregiver _____ Date _____

Witness _____ Date _____

Medication Assistance Form

I request staff of Next Step Farms assist and monitor medications for _____ as ordered by Dr. _____. I have read the policies concerning medications and will inform the staff of any changes made in the medication.

Caregiver _____ Date _____

Witness _____ Date _____

Current Prescription Medication Form

Date: _____ Review Date: _____

Participant's Name: _____

Allergies: _____

Note: Please, fill out this form or have your pharmacist fill it out. The caregiver is responsible for notifying our office in writing of any change in medication. Each medication must be brought in a prescription bottle/container. No medication will be stored overnight at the center.

Name of Responsible Party _____ Signature _____

Physician _____

Medication	Dosage	Time	Start Date	Purpose	Side Effects

Note: This form will be updated as medications are changed by the participant's physician.