



Fall 2022

Adult Recreation Programs

September 1, 2022 - November 30, 2022

Brought to you in partnership with the



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**AGING & DISABILITIES
SERVICES**

Name: _____
 Agency/Group Home: _____
 Agency Phone Number: _____
 Email: _____
 Address: _____
 City: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Transportation: Cab Car City Bus
 First Transit Transit Express Other:

How will you be paying for your recreation programs?

Payment can be made via cash, check, or credit card.
 For credit card payment please call 414-963-5910
 Authorizations for any other form of payment must be received prior to start of programming.

Payment Contact Information:

Name: _____
 Phone: _____
 Email: _____

PLEASE MARK THE PROGRAMS OF YOUR CHOICE:

September 2022				
Thurs	9/1	BINGO @ UW	6-8pm	\$5
Tues	9/6	Bowling @ AMF	6-8pm	\$7
Wed	9/7	Woven Wednesdays @ G	6-8pm	\$10
Thurs	9/8	BINGO @ UW	6-8pm	\$5
Fri	9/9	Dance @ G	6-8pm	\$7/\$8
Sat	9/10	St. Gregory's Festival	3-5pm	\$25
Tues	9/13	Bowling @ AMF	6-8pm	\$7
Wed	9/14	Woven Wednesdays @ G	6-8pm	\$10
Thurs	9/15	BINGO @ UW	6-8pm	\$5
Tue	9/20	Bowling @ AMF	6-8pm	\$7
Wed	9/21	Woven Wednesdays @ G	6-8pm	\$10
Fri	9/23	Dance @ UW	6-8pm	\$7/\$8
Sat	9/24	Cudahy Lion's Oktoberfest	10am-1pm	\$25
Tues	9/27	Bowling @ AMF	6-8pm	\$7
Thurs	9/29	BINGO @ UW	6-8pm	\$5

October 2022				
Tue	10/4	Bowling @ AMF	6-8pm	\$7
Wed	10/5	Woven Wednesdays @ G	6-8pm	\$10
Thurs	10/6	BINGO @ UW	6-8pm	\$5
Fri	10/7	Dance @ UW	6-8pm	\$7/\$8
Sat	10/8	Fall Fest @ UW	11am-2pm	\$20
Tue	10/11	Bowling @ AMF	6-8pm	\$7
Wed	10/12	Woven Wednesdays @ G	6-8pm	\$10
Thurs	10/13	BINGO @ UW	6-8pm	\$5
Tue	10/18	Bowling @ AMF	6-8pm	\$7
Wed	10/19	Woven Wednesdays @ G	6-8pm	\$10
Thurs	10/20	BINGO @ UW	6-8pm	\$5
Fri	10/21	Dance @ G 6-8pm	*COSTUME PARTY*	\$7/\$8
Sat	10/22	Safe House	11am-1pm	\$25
Tue	10/25	Bowling @ AMF	6-8pm	\$7
Wed	10/26	Woven Wednesdays @ G	6-8pm	\$10

November 2022				
Tues	11/1	Bowling @ AMF	6-8pm	\$7
Wed	11/2	Woven Wednesdays @ G	6-8pm	\$10
Thurs	11/3	BINGO @ UW	6-8pm	\$5
Fri	11/4	Dance @ G	6-8pm	\$7/\$8
Sat	11/5	Red Robin	11:30am-1pm	\$25
Tues	11/8	Bowling @ AMF	6-8pm	\$7
Wed	11/9	Woven Wednesdays @ G	6-8pm	\$10
Thurs	11/10	BINGO @ UW	6-8pm	\$5
Tue	11/15	Bowling @ AMF	6-8pm	\$7
Wed	11/16	Woven Wednesdays @ G	6-8pm	\$10
Thurs	11/17	BINGO @ UW	6-8pm	\$5
Fri	11/18	Dance @ UW	6-8pm	\$7/\$8
Sat	11/19	Denny's	8:30-10am	\$25
Tue	11/29	Bowling @ AMF	6-8pm	\$7
Wed	11/30	Woven Wednesdays @ G	6-8pm	\$10

Registration/Fees:

Classes can be selected individually or:

- Bowling: \$36 session fee +\$7 per game
- Wellness Wed: entire session for \$110
- Bingo: entire session for \$50
- Dances: entire session for \$42*/48

Total Payment Due \$ _____

Make checks for registration

only payable to:
 Easterseals Southeast Wisconsin
 6767 W Washington St
 Suite 4205
 West Allis, WI 53214

*Send Key Card
 registration and payment
 to Milwaukee County OPD.

G = Wil-O-Way Grant

UW = Wil-O-Way Underwood

Drop off and Pick Up:
 Please arrive 15 minutes prior to programs start time. Employees will not allow participants to enter program until 15 minutes before starting time. Please plan transportation accordingly.

ONGOING ACTIVITIES

Bowling

Come join us for bowling every Tuesday, unless otherwise announced. Each participant bowls 2 games with peers on a lane by themselves.

Location: AMF West Lanes

7505 W Oklahoma Ave, Milwaukee

Date: Tuesdays, 9/6 - 11/29

Time: 6:00 pm - 8:00 pm

Price: \$36/session

Individual entry pay \$7 to AMF each night you bowl

Woven Wednesdays

Come join us as we explore the world of woven art. We will be used mixed media and fiber, to create unique art pieces through crochet, latch-hook, woven textiles and fiber art.

Location: Will-O-Way Grant

207 S. Lake Drive, South Milwaukee

Date: Wednesdays, 9/7 - 11/30

Time: 6:00 pm - 8:00 pm

Price: \$10/class or \$110 entire session

Bingo

Come join us as we play group Bingo. We put a new twist on your favorite old-school game. We use Bingo Bucks for wins, which can then either be saved for later purchases, or spent right away in our "Bingo Store."

Location: Will-O-Way Underwood

1602 Underwood Pkway, Wauwatosa

Date: Thursdays, 9/1 - 11/17 *No Bingo on 9/22, 10/27, 11/24

Time: 6:00 pm - 8:00 pm

Price: \$5/night or \$50 entire session

Friday Night Dances

Show us your best dance moves with your friends from Easterseals! Pizza and snacks are available for purchase!

Location: Will-O-Way Grant

207 S. Lake Drive, South Milwaukee

& Will-O-Way Underwood

1602 Underwood Pkway, Wauwatosa

Dates: 9/9@G, 9/23@UW, 10/7@UW, 10/21@G,

11/4@G, 11/18@UW

Price: \$8/dance or \$7/dance if key card member*

***Key Card membership is good for one calendar year. All new and past members must fill out a 2022 key card application. Sign up today so you can take advantage of the reduced dance prices and access to the Milwaukee County OPD Ticket Distribution Program.**

SATURDAY OUTINGS

St. Gregory's Festival

Location: 3160 S 63rd St, Milwaukee, WI

Date: 9/10

Time: 3:00 pm - 5:00 pm

Price: \$25 per person + Plus any extra spending money.

Cudahy Lion's Oktoberfest

Location: 4849 S Packard Ave, Cudahy, WI 53110

Date: 9/24

Time: 10:00 am - 1:00 pm

Price: \$25 per person + Plus any extra spending money.

Fall Fest

Location: Will-O-Way Underwood

1602 Underwood Pkway, Wauwatosa

Date: 10/8

Time: 11:00 am - 2:00pm

Price: \$20 per person

Safe House

Location: 779 N Front St, Milwaukee, WI 53202

Date: 10/22

Time: 11:00 am - 1:00pm

Price: \$25 per person

Red Robin

Location: 7575 W Edgerton Ave, Greenfield, WI 53220

Date: 11/5

Time: 11:30 am - 1:00 pm

Price: \$25 per person

Denny's

Location: 4695 S 108th St, Greenfield, WI 53228

Date: 11/19

Time: 8:30 am-10:00 am

Price: \$25 per person

2022 Wil-O-Way Key Card

The Wil-O-Way Key Card is a product of the Milwaukee County Office for Persons with Disabilities and the Wil-O-Way Recreation Program. Membership in the Wil-O-Way Key Card program expands recreational opportunities for persons with disabilities at a reduced or no cost.

Yearly Membership runs from January 1st – December 31st

ALL communication by EMAIL ONLY!!!

MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$25)

*** AFTER August 1, 2022 *** ___(\$12)

NON-MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$35)

*** AFTER August 1, 2022 *** ___(\$17)

BENEFITS INCLUDED

- Discounted / free ticket offers to Admirals, Bucks, Brewers, Milkmen, & Wave games
- Wil-O-Way Recreation Program Discounts
- Discounted ticket offers to other local / special events
- Monthly emails regarding additional recreational opportunities

Please Type or Print

EMAIL ADDRESS NEEDED!!!

NAME: _____ **E-MAIL:** _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

DISABILITY: _____

FUNCTIONAL LIMITATIONS (i.e., limited walking, scared of heights, etc.): _____

MOBILITY DEVICES USED: _____ Wheelchair _____ Scooter _____ Walker _____ Cane

_____ Crutches _____ Long Leg Braces _____ Other _____

DOCTOR'S NAME: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Payment

Checks: Should be made payable to: **Milwaukee County Treasurer**

Credit Cards: (Please circle appropriate card)

MasterCard

VISA

Name on Card: _____

Acct. #: _____

Charge Authorized: \$ _____

Exp. Date: _____

Signature: _____

Sec. Code (3 digits): _____

Mail: Office for Persons with Disabilities, Wil-O-Way Key Card, 901 N. 9th Street, Room 307-B, Milwaukee, WI 53233

Fax: 414-278-3939

Email: michael.bonk@milwaukeecountywi.gov

Questions: Call 414-278-3930



COVID POLICIES

The health and safety of our staff and participants remains our top priority. Easterseals Southeast Wisconsin wants you to know our staff has continued to monitor the Center for Disease Control and Prevention (CDC) guidelines and recommendations, as well as Milwaukee County guidelines, to continue to prevent the spread of COVID-19 and other illnesses. If at any time you have questions regarding Covid, please reach out to an Easterseals Staff.

All recreation programming staff are required to be vaccinated.

Staff will continue to disinfect frequently touched surfaces throughout programming. Appropriate social distancing will be followed at all programming whenever possible.

Masks are currently optional. This may change based on CDC community risk levels, or exposure. Changes will be communicated if they occur.

Our staff will be strictly enforcing the below guidelines in our Recreation programming regardless of vaccination status:

- If a participant presents a 100.4-degree fever or higher or other symptoms unusual to the person, the participant will be sent home. We will require the participant to be picked up immediately. Failure to do so may result in suspension or discharge from programming.
- If you are experiencing any Covid symptoms. Do NOT come to programming. Do not return to programming for 5 days (from symptom onset) and you have been fever free (without the use of fever reducing medications) for 24 hours (or more) and have an improvement in your symptoms for a minimum of 24 hours.
- If you have been in close contact with a person known to have COVID-19, you will be required to wear a mask at all times while at programming for 10 days from last exposure. If you cannot mask, you will not be able to return to programming for 5 days from last exposure and must have been symptom free for those 5 days.
- We encourage vaccination and booster shots for those eligible.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with any of these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seems to be at higher risk for developing more serious complications from COVID-19 illness.

2022 Annual Information Form

EACH PARTICIPANT MUST COMPLETE THIS FORM

Last Name: _____ First: _____ Email: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

PHOTO RELEASE: I grant permission to Easterseals Southeast Wisconsin to photograph and videotape me/my ward engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials may be released to the general public. No Yes
Self/Parent/Guardian Signature: _____

Please check all that are appropriate (to better serve the participant):

Behavior:

- Generally Easy-Going / Happy
- Shy / Withdrawn
- Unsure of New Situations
- Helpful
- Verbally Aggressive / Demanding
- Physically Aggressive
- Wanders / Needs Continuous Direction
- Other: _____

Degree of disability:

- Mild Moderate Severe

Does the participant need 1:1 instruction?

- Yes No

Please check all that apply to the participant:

- Attention Deficit Disorder
- Autism
- Cerebral Palsy
- Cognitive Disability
- Down Syndrome
- Emotional Disability
- Hearing Impairment
- Learning Disability
- Physical Disability
- Speech/Language Disability
- Visual Impairment
- Other: _____

Allergies: Explain Allergy if Applicable

- Animals Environment
- Food Medicine
- Other: _____

Communication:

- Verbal
- Non-Verbal
- Communication Board
- Sign Language
- Gestures
- Other: _____

Diet:

- Standard Low Salt
- Chopped Food Low Calorie
- Blended/pureed No Sugar
- Other: _____

Eating:

- No Assist Partial Assist Total Assist

Handling Money:

- No Assist Partial Assist Total Assist

Hearing:

- Normal Normal with Aid
- Partial Loss Partial with Aid
- Legally Deaf

Independence doing Activities:

- No Assist Partial Assist Total Assist

Diabetic:

- No Yes, list limitations

Medications Taken. Please list:

- None Yes

**Easterseals Staff will not administer medications. This information will be shared with EMS in a medical emergency.*

Mobility:

- Ambulatory Braces
- Cane Wheelchair
- Scooter Walker
- Motorized Wheelchair Assistance needed with mobility:
- None Partial Total

Seizures:

- None
- Petit Mal Grand Mal
- Tonic Clonic Non-Convulsive
- Nocturnal Psychomotor
- Mixed Drop Seizures

Frequency: _____

Toileting:

- No Assist Partial Assist Total Assist

**We will provide personal care assistance in emergency situations only. If personal care or transfers are needed please have a PCA come with the participant.*

Vision:

- Unimpaired Partial Sight
- Night Blindness Legally Blind
- Color Blind

Caregiver Information

Does participant have a caregiver? Yes No

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Group Home Agency Contact Information:

Group Home Name: _____ Contact Name: _____

E-mail address: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Work: _____

Emergency Contact Information

Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

**Parent/guardian will be contacted first. If parent/guardian cannot be reached, we will call the emergency contact.*

Please Complete Next Page 

2022 Annual Information Form (continued)

Complete both sides of the form. This information is required to secure funding for our

Personal Information

Birth Date: _____ - _____ - _____ Age: _____
Gender: Male Female
Social Security Number: _____ - _____ - _____ or
Medicaid #: _____

Vital Information

I live:

- alone with my family
 with an attendant in a group home
 in a health care center

During the day, I:

- attend school work
 attend day program stay home

Household Annual Income (for funding purposes):

- \$0-\$9,999 \$37,000-\$49,999
 \$10,000-\$14,999 \$50,000-\$74,999
 \$15,000-\$24,999 \$75,000 or more

Type of assistance household receives:

- SSDI SSI AFDC
 Autism Waiver Funding Food Stamps
 Family Support Funding Family Care

Participant has health insurance:

- Yes No Unknown

If yes, type of insurance:

- Medicaid Medicare Private HMO Title 19 HMO Other: _____

Family Status:

- Single Unmarried Couple-Partnership/children
 Single parent Unmarried Couple-Partnership/no children
 Married Couple/children Other: _____
 Married Couple/no children

Employment Status: Works full-time Works part-time Does not work Retired

Place of employment (if applicable): _____

Second Language: English Spanish Chinese Hmong French German Hindi
 Bantu Laotian Vietnamese Cambodian Urdu Other: _____

Household Type (please check all that apply):

- Owns home Lives with partner Lives in a nursing home Homeless
 Rents Lives with family Multiple family residence Foster Home
 Lives alone Lives with parent or relative Lives in a group home

If participant lives in a group home, what type: AFH Community Based Residential Facility (CBRF)
 Assisted Living Other (please explain): _____

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the 2021 Easterseals Recreation Guidebook. I also hereby absolve and hold harmless Milwaukee County Office for Persons with Disabilities, Easterseals Southeast Wisconsin and their employees and volunteers from any liability for injuries or damages as a result of participation in programs and community activities. I further provide that this consent and waiver applies to my heirs, executors and assignees. Please call 414-449-4444 or email laurend@eastersealswise.com if you have questions or concerns.

Self/Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Physician's Information

Physician's Name: _____
Phone Number: _____
Insurance Provider: _____
Insurance Number: _____

Education, last grade completed:

- Never attended
 Preschool Grade School 7th Grade
 8th Grade 9th Grade 10th Grade
 11th Grade High School Some College
 2-year College Graduate 4-year College Graduate
 Post-Graduate or Above

Race/Ethnicity:

- African American/Black Caucasian/White Native Hawaiian/
Pacific Islander
 Asian Hispanic/Latino Multi-Racial
 Middle Eastern Native American No response

Other: _____

First Language:

If other than English: _____ Does not speak

Armed Services:

- Active Duty? Yes No
National Guard/Reserve: Yes No
Veteran: Yes No

Member of a Military/Veteran Family:

- Yes (Participant is child, spouse, or parent) No