

# Summer 2022

**Adult Recreation Programs**  
June 1, 2022 - August 31, 2022

**Brought to you in  
partnership with the**



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 our recreation programs?**

- Milwaukee County Department of Family Care
- IRIS (Authorization by session.)
- Case Manager
- Private Pay
- Rep Payee

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE MARK THE PROGRAMS OF YOUR CHOICE:**

JUNE 2022			
Wed	6/1	Wellness Wednesdays @ G 6-8pm	\$10
Tues	6/7	Bowling @ AMF 6-8pm	\$36
Wed	6/8	Wellness Wednesdays @ G 6-8pm	\$10
Fri	6/10	Dance @ G 6-8pm	\$7/\$8
Sat	6/11	Saturday Outing @Botanical Gardens	\$15
Tues	6/14	Bowling @ AMF 6-8pm	\$36
Wed	6/15	Wellness Wednesdays @ G 6-8pm	\$10
Tue	6/21	Bowling @ AMF 6-8pm	\$36
Wed	6/22	Wellness Wednesdays @ G 6-8pm	\$10
Fri	6/24	Dance @ UW 6-8pm	\$7/\$8
Sat	6/25	Saturday Outing @Oak Creek Farmers Market	\$20
Tues	6/14	Bowling @ AMF 6-8pm	\$36
Wed	6/29	Wellness Wednesdays @ G 6-8pm	\$10

JULY 2022			
Tue	7/5	Bowling @ AMF 6-8pm	\$36
Wed	7/6	Wellness Wednesdays @ G 6-8pm	\$10
Fri	7/8	Dance @ UW 6-8pm	\$7/\$8
Sat	7/9	Saturday Outing @Summer Cook-Out	\$15
Tue	7/12	Bowling @ AMF 6-8pm	\$36
Wed	7/13	Wellness Wednesdays @ G 6-8pm	\$10
Tue	7/19	Bowling @ AMF 6-8pm	\$36
Wed	7/20	Wellness Wednesdays @ G 6-8pm	\$10
Fri	7/22	Dance @ G 6-8pm	\$7/\$8
Sat	7/23	Saturday Outing @Mitchell Park Domes	\$15
Tue	7/26	Bowling @ AMF 6-8pm	\$36
Wed	7/27	Wellness Wednesdays @ G 6-8pm	\$10

AUGUST 2022			
Tues	8/2	Bowling @ AMF 6-8pm	\$36
Wed	8/3	Wellness Wednesdays @ G 6-8pm	\$10
Fri	8/5	Dance @ G 6-8pm	\$7/\$8
Sat	8/6	Saturday Outing @Wisconsin State Fair	\$12+
Tues	8/9	Bowling @ AMF 6-8pm	\$36
Wed	8/10	Wellness Wednesdays @ G 6-8pm	\$10
Fri	8/12	Dance @ UW 6-8pm	\$7/\$8
Tue	8/16	Bowling @ AMF 6-8pm	\$36
Wed	8/17	Wellness Wednesdays @ G 6-8pm	\$10
Sat	8/20	Saturday Outing @Lannon Sunflower Farm	\$20
Tue	8/23	Bowling @ AMF 6-8pm	\$36
Wed	8/24	Wellness Wednesdays @ G 6-8pm	\$10
Tue	8/30	Bowling @ AMF 6-8pm	\$36

**Registration/Fees:**

Classes can be selected individually or

- Bowling:** Entire session for \$36
- Wellness Wed:** Entire session for \$130
- Dances:** Entire session for \$42\*/48

**Total Payment Due**

\$ \_\_\_\_\_

**Make checks for registration only payable to:**  
Easterseals Southeast Wisconsin  
6737 W Washington St, Suite 4205  
West Allis, WI 53214

**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.

**Dances are held at both the Grant and Underwood facilities.**

\*G = Grant  
\*UW = Underwood

## ONGOING ACTIVITIES

### Bowling

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

**Location:** AMF West Lanes  
7505 W Oklahoma Ave, Milwaukee

**Date:** Tuesday 6/7 - 8/30

**Time:** 6:00 p.m. - 8:00 p.m.

**Price:** \$36/session

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

### Wellness Wednesdays

Come join us as we learn the power of yoga and relaxation along with on other areas of wellness. We will start a kindness rock project, self-reflection and self portraits, power of positivity and affirmations, self-love, paying it forward, creative art/journaling, nature's beauty and dream boards.

**Location:** Wil-O-Way Grant,  
207 S. Lake Drive - South Milwaukee

**Date:** Wednesday 6/1 - 8/31

**Time:** 6:00 p.m. - 8:00 p.m.

**Price:** \$10/Class or \$130 entire session

### Friday Night Dances

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

**Location:** Wil-O-Way Grant,  
207 S. Lake Drive - South Milwaukee  
& Wil-O-Way Underwood,  
10602 Underwood Pkwy - Wauwatosa

**Dates:** 6/10-G, 6/24-UW,  
7/8-UW, 7/22-G,  
8/5-G, 8/19-UW

**Time:** 6:00 p.m. - 8:00 p.m.

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

## SATURDAY OUTINGS

### Botanical Gardens - Picnic Lunch

**Location:** 9400 Boerner Dr, Hales Corners, WI 53130

**Date:** 6/11/2022

**Time:** 11:00 a.m. - 1:00 p.m.

**Price:** \$15 per person

### Oak Creek's Farmers Market

**Location:** Drexel Town Square

361 W Town Square Way, Oak Creek, WI 53154

**Date:** 6/25/2022

**Time:** 10:00 a.m. - 12:00 p.m.

**Price:** \$15 per person

### Summer Cook-Out

**Location:** Wil-O-Way Grant,  
207 S. Lake Drive - South Milwaukee

**Date:** 7/9/2022

**Time:** 11:00 a.m. - 1:00 p.m.

**Price:** \$15 per person

### Mitchell Park Domes

**Location:** 524 S. Layton Blvd. Milwaukee, 53215

*\*Meet at main entrance*

**Date:** 7/23/2022

**Time:** 11:00 a.m. - 1:00 p.m.

**Price:** \$15 per person

### Wisconsin State Fair

**Location:** 640 S 84th St, West Allis, WI 53214

*\*Meeting location to be determined.*

**Date:** 8/6/2022

**Time:** 11:00 a.m. - 3:00 p.m.

**Price:** \$12 per person for tickets \*Bring your State Fair Spending money (CASH) along for food, games, rides or souvenirs.

### Lannon Sunflower Farm

**Location:** W204 N8525, Lannon Road,  
Menomonee Falls, WI 53051

**Date:** 8/20/2022

**Time:** 11:00 a.m. - 1:00 p.m.

**Price:** \$20 per person

\* 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 reduced dance prices and access to the Milwaukee County OPD Ticket Distribution Program

# 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 1<sup>st</sup> – December 31<sup>st</sup>**

**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. 9<sup>th</sup> Street, Room 307-B, Milwaukee, WI 53233

**Fax:** 414-278-3939

**Email:** [michael.bonk@milwaukeecountywi.gov](mailto:michael.bonk@milwaukeecountywi.gov)

**Questions:** Call 414-278-3930



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## COVID POLICIES

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As we continue our recreation services, it is important to review and practice these guidelines when attending program. Our team wants to ensure that participants feel confident attending our safe and fun activities. Stated below is the mandatory protocols and guidelines that are implemented by our trained employees, and strongly encouraged for our participants.

### Staff:

- All staff are required to be vaccinated.
- All staff required to wear face masks (KN95s).
- Staff are required to complete Health Check/Exposure Assessments prior to scheduled shift.
- Temperature checks to be performed for each staff when arriving for scheduled shift.
- Staff to continue to disinfect frequently touched surfaces throughout the program.
- Staff to maintain appropriate social distancing (6 ft. from each other) – cannot social distance with participants due to nature of job however please respect boundaries if communicated.

### Participants:

- Families/caregivers to send participants with masks. Easterseals will supply one for participants who forget.
- Temperature checks for each participant are given upon arrival to program (will be sent home if temperature at or above 100.4 degrees).
- If a participant displays symptoms of illness (fever, cough, shortness of breath, headache, congestion or runny nose, nausea, fatigue, etc.) participant will be sent home and not able to return to a recreation program until cleared by Easterseals. Return date determined by 10-day quarantine or option to end quarantine early with a negative COVID test and improved symptoms. Will need to provide the documentation of negative lab test result (at home test results not accepted). Participant will also need to be fever free (without the use of fever reducing medications) for 24 hours (or more) and have an improvement in other symptoms for a minimum of 24 hours.

### Environment:

- All REC Locations: arrange furniture to ensure distance between chairs to promote social distancing between participants throughout the program; participants to be separated as much as possible in different areas within the program space.
- All activities/snack times to be closely monitored by staff to promote social distancing.
- Staff will perform proper cleaning/disinfecting procedures for facility-based programs prior to the start time, during, and after the end time.
- Cleaning includes: Disinfect with Clorox wipes, Lysol spray, etc., wearing gloves for chemicals, passing of snacks, washing hands after each interaction/before/during/after programs.
- We clean: tables, doorknobs, automatic door buttons, counter tops, handles, activity supplies, desks, phones, keyboards, toilets, faucets/sinks, touch screens, game pieces.

### Visitors:

- Caregivers are welcome to attend with an individual. Masks are required to be worn by caregivers, and temperature checks will be taken upon arrival.

# 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.*

# 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 lauren@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