

# Winter 2023

**Adult Recreation Programs**  
December 4, 2023 - February 29, 2024

Brought to you  
in partnership  
with the



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

# Winter 2023

## Adult Recreation Programs

December 4, 2023 - February 29, 2024



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

### Drop off and Pick Up:

Kindly arrive 15 minutes before the program's scheduled start time. Participants will only be permitted to enter the program area 15 minutes prior to the beginning. Please arrange transportation accordingly to ensure a smooth experience.

### G = Wil-O-Way Grant

207 S Lake Drive, South Milwaukee

### UW = Wil-O-Way Underwood

10602 Underwood Parkway, Wauwatosa

### AMF = AMF West Lanes

7505 W Oklahoma Ave, Milwaukee

**\*Saturday outing locations  
listed under descriptions.**

**PLEASE MARK THE PROGRAMS OF YOUR CHOICE - CLASSES CAN BE SELECETED INDIVIDUALLY OR BY SESSION.**

Tuesday Bowling			
Tu	12/5	Bowling @ AMF	
Tu	12/12	Bowling @ AMF	
Tu	12/19	Bowling @ AMF	
Tu	1/9	Bowling @ AMF	
Tu	1/16	Bowling @ AMF	
Tu	1/23	Bowling @ AMF	
Tu	1/30	Bowling @ AMF	
Tu	2/6	Bowling @ AMF	
Tu	2/13	Bowling @ AMF	
Tu	2/20	Bowling @ AMF	
Tu	2/27	Bowling @ AMF	
Entire Bowling Session \$44			

Together Thursdays				
Th	12/7	Together Thurs @ UW	\$10	
Th	12/14	Together Thurs @ UW	\$10	
Th	12/21	Together Thurs @ UW	\$10	
Th	12/28	Together Thurs @ UW	\$10	
Th	1/4	Together Thurs @ UW	\$10	
Th	1/11	Together Thurs @ UW	\$10	
Th	1/18	Together Thurs @ UW	\$10	
Th	1/25	Together Thurs @ UW	\$10	
Th	2/1	Together Thurs @ UW	\$10	
Th	2/8	Together Thurs @ UW	\$10	
Th	2/15	Together Thurs @ UW	\$10	
Th	2/22	Together Thurs @ UW	\$10	
Th	2/29	Together Thurs @ UW	\$10	
Entire Bingo Session				\$130

Friday Dances				
F	12/15	Dance @ UW	\$7*/\$8	
F	1/12	Dance @ G	\$7*/\$8	
F	2/9	Dance @ UW	\$7*/\$8	
Entire Session Dances *Discounted rate for Key Card Members.				\$21*/\$24
Saturday Outings				
Sat	12/16	El Baso	\$30	
Sat	1/13	China Chef	\$30	
Sat	2/10	Carrabbas	\$30	
Entire Session Outings				\$120

**Total Payment Due \$** \_\_\_\_\_

### 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 414-449-4444

Authorizations for any other form of payment must be received prior to start of programming.

### Payment Contact Information:

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

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

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

### Make checks for registration only payable to:

Easterseals Southeast Wisconsin

6767 W Washington Street, Suite 4205

West Allis, WI 53214

Given the pre-purchase of tickets or supplies for our programs and outings, we regret to inform you that we are unable to provide refunds for non-attendance. However, in the event of program cancellation by Easterseals or if your chosen program is at capacity, you will either receive credit for another program or a refund.

## ONGOING ACTIVITIES

### Bowling

Unleash your bowling skills at AMF's popular bowling nights! Bring your gear or rent shoes and balls, compete solo or with friends for top scores, and enjoy delicious snacks for purchase. Join us for strikes, spares, and endless fun!

- Location: AMF West Lanes
  - 7505 W Oklahoma Ave, Milwaukee WI 53219
- Date: Tuesdays- closed 12/26 and 1/2
- Time: 6:00 pm - 8:00 pm
- Price: \$44 session fee upfront - participants need to bring the \$7 lane fee with them each week.

### Together Thursdays

Get together with your peers every Thursday for a different activity weekly! We'll start with the first few weeks of present making and starting in January we will have movie nights, paint and sip (juice), BINGO, and so much more!

- Location: Wil-O-Way Underwood
  - 10602 Underwood Pkway, Wauwatosa
- Date: Thursdays
- Time: 6:00 pm - 8:00 pm
- Price: \$10/night

### Friday Night Dances

Gather your friends and groove to the rhythm at our Friday Night Dance Party! Let loose on the dance floor as we spin a mix of the greatest hits from the 80s, 90s, and today. Indulge in tasty concessions and pizza available for purchase. We can't wait to see you on the dance floor!

- Location: Wil-O-Way Grant
  - 207 S. Lake Drive, South Milwaukee
- OR Wil-O-Way Underwood
  - 10602 Underwood Pkway, Wauwatosa
- Dates: Fridays-12/15 UW, 1/12 G, 2/9 UW
- Time: 6:00 pm - 8:00 pm
- Price: \$8/dance or \$7/dance if key card member\*

**\*Send Key Card registration and payment to Milwaukee County OPD. Membership is good for one calendar year. All new and past members must fill out a 2023 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

### Lunch around the world

#### El Baso

There is nothing like sharing some delicious and authentic Mexican food with good friends! Join us at El Baso!

- Location: El Baso
  - 909 W Layton Ave Mil. WI 53221
- Date: Saturday December 16, 2023
- Time: 11:00 am- 1:00 pm
- Price: \$30. This includes a meal, drink, tip, and staff supervision.

#### China Chef

Enjoy authentic Chinese favorites served buffet style. Eat, laugh, and be merry with the REC family at China Chef!

- Location: China Chef
  - 1224 Milwaukee Ave South Milwaukee WI 53172
- Date: Saturday January 13, 2024
- Time: 11:30 am- 1:30 pm
- Price: \$30. This includes a meal, drink, tip, and staff supervision.

#### Carrabbas Italian Grill

Meet us at Carrabbas where we will not only enjoy great italian food, but we will also be surrounded by friends around the table, doesn't get any better than this!

- Location: Carrabbas Italian Grill
  - 4765 S 76th St. Greenfield WI 53220
- Date: Saturday February 10, 2024
- Time: 11:00 am- 1:00 pm
- Price: \$30. This includes a meal, drink, tip, and staff supervision.



**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **or Medicaid #:** \_\_\_\_\_

## Medical Information

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Insurance Number:** \_\_\_\_\_

**Please provide a list of all medications including dosage and frequency.**

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

## 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 maybe released to the general public. ☐ Yes ☐ No

**Self/Parent/Guardian Signature:** \_\_\_\_\_

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

### **Degree of disability:**

☐ Mild ☐ Moderate ☐ Severe

### **Behavior:**

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

### **Please check all that apply to 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: \_\_\_\_\_

### **Does the participant need 1:1 instruction?**

☐ Yes ☐ No

### **Independence doing Activities:**

☐ None ☐ Partial ☐ Total

### **Assistance needed with eating:**

☐ None ☐ Partial ☐ Total

### **Assistance needed with handling money:**

☐ None ☐ Partial ☐ Total

### **Communication:**

- ☐ Verbal  
☐ Non-Verbal  
☐ Communication Board  
☐ Sign Language  
☐ Gestures  
☐ Other: \_\_\_\_\_

### **Hearing:**

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

### **Vision:**

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

### **Mobility:**

- ☐ Ambulatory  
☐ Braces  
☐ Cane  
☐ Wheelchair  
☐ Scooter  
☐ Walker  
☐ Motorized Wheelchair

### **Assistance needed with mobility:**

☐ None ☐ Partial ☐ Total

### **Allergies: Explain Allergy if Applicable**

- ☐ None  
☐ Animals Environment  
☐ Food Medicine  
☐ Other: \_\_\_\_\_

### **Diabetic:**

- ☐ No  
☐ Yes (provide further detail of limitations)

### **Diet:**

- ☐ Standard  
☐ Low Salt  
☐ Chopped Food  
☐ Low Calorie  
☐ Blended/pureed  
☐ No Sugar  
☐ Other: \_\_\_\_\_

### **Seizures:**

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

**Frequency:** \_\_\_\_\_

### **Assistance needed with toileting:**

☐ None ☐ Partial ☐ Total

**\*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.**



# 2023 Annual Information Form(continued)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Caregiver Information:** Does the participant have a caregiver? ☐ Yes ☐ No

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Group Home Agency Contact Information:**

Group Home Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Vital Information (This information is required to help secure funding for our programs.):**

**I live:**

- ☐ Alone ☐ With my family ☐ In a group home  
☐ With an attendant ☐ In a health care center

**Family Status:**

- ☐ Single ☐ Single parent ☐ Married Couple/children  
☐ Married Couple/no children

**Household Type (check all that apply):**

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

**During the day, I:**

- ☐ Attend school ☐ Work ☐ Attend day program ☐ Stay home

**Household Annual Income:**

- ☐ \$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: \_\_\_\_\_

**Employment Status:**

- ☐ Works full-time ☐ Works part-time ☐ Does not work ☐ Retired

**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  
☐ Post-Graduate or Above

**First Language:**

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French  
☐ German ☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese  
☐ Cambodian ☐ Urdu ☐ Other: \_\_\_\_\_  
☐ Does not speak

**Second Language:**

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French ☐ German  
☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese ☐ Cambodian ☐ Urdu  
☐ Other: \_\_\_\_\_

**Armed Services:**

- Active Duty? ☐ Yes ☐ No  
National Guard/Reserve? ☐ Yes ☐ No  
Veteran? ☐ Yes ☐ No  
Member of a Military/Veteran Family? ☐ Yes ☐ No

**Race/Ethnicity:**

- ☐ African American/Black ☐ Caucasian/White ☐ Native  
Hawaiian/Pacific Islander ☐ Asian ☐ Hispanic/Latino  
☐ Middle Eastern ☐ Native American

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the 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 414-840-9740 or email shellyr@eastersealswise.com if you have questions or concerns.

Self/Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# 2023 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, 2023 \*\*\*

\_\_\_ (\$12)

## NON-MILWAUKEE COUNTY RESIDENTS

\_\_\_ KEY CARD MEMBERSHIP (\$35)

\*\*\* AFTER August 1, 2023 \*\*\*

\_\_\_ (\$17)

## BENEFITS INCLUDED

- Discounted / free ticket offers to Admirals, Bucks, Brewers games
- Wil-O-Way Recreation Program Discounts
- Discounted ticket offers to Marcus Center of Performing Arts, Fiserv Forum, and other local / special events
- Monthly emails regarding additional recreational opportunities

Please Type or Print

EMAIL ADDRESS NEEDED!!!

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

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, 1220 W. Vliet Street, Room 302L, Milwaukee, WI 53205

Fax 414-278-3939 Email: [jacqueline.formanek@milwaukeecountywi.gov](mailto:jacqueline.formanek@milwaukeecountywi.gov) or [michael.bonk@milwaukeecountywi.gov](mailto:michael.bonk@milwaukeecountywi.gov)

Questions: Call 414-278-3930

