

Spring 2023

Adult Recreation Programs

March 1, 2023 - May 31, 2023

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:

March 2023				
W	3/1	Cooking Class @ G	\$10	
Th	3/2	Games @ UW	\$5	
Tu	3/7	Bowling @ AMF	*\$7	
W	3/8	Cooking Class @ G	\$10	
Th	3/9	Games @ UW	\$5	
F	3/10	Dance @ G	\$7/\$8	
Sa	3/11	Breakfast The Forum	\$25	
Tu	3/14	Bowling @ AMF	*\$7	
W	3/15	Cooking Class @ G	\$10	
Th	3/16	Games @ UW	\$5	
Su	3/19	Wave Game	\$30	
Tu	3/21	Bowling @ AMF	*\$7	
W	3/22	Cooking Class @ G	\$10	
Th	3/23	Games @ UW	\$5	
F	3/24	Dance @ UW	\$7/\$8	
Tu	3/28	Bowling @ AMF	*\$7	
W	3/29	Cooking Class @ G	\$10	
Th	3/30	Games @ UW	\$5	

April 2023				
Tu	4/4	Bowling @ AMF	*\$7	
W	4/5	Cooking Class @ G	\$10	
Th	4/6	Games @ UW	\$5	
F	4/7	Dance @ G	\$7/\$8	
Sa	4/8	Mallrat! Southridge	\$10	
Tu	4/11	Bowling @ AMF	*\$7	
W	4/12	Cooking Class @ G	\$10	
Th	4/13	Games @ UW	\$5	
Tu	4/18	Bowling @ AMF	*\$7	
W	4/19	Cooking Class @ G	\$10	
Th	4/20	Games @ UW	\$5	
Tu	4/25	Bowling @ AMF	*\$7	
W	4/26	Brewer Game	\$30	
Th	4/27	Games @ UW	\$5	
F	4/28	Dance @ UW	\$7/\$8	

May 2023				
Tu	5/2	Bowling @ AMF	*\$7	
W	5/3	Cooking Class @ G	\$10	
Th	5/4	Games @ UW	\$5	
Tu	5/9	Bowling @ AMF	*\$7	
W	5/10	Cooking Class @ G	\$10	
Th	5/11	Games @ UW	\$5	
Sa	5/13	Oriental Theater	\$20	
Tu	5/16	Bowling @ AMF	*\$7	
W	5/17	Cooking Class @ G	\$10	
Th	5/18	Games @ UW	\$5	
F	5/19	Dance @ UW	\$7/\$8	
Sa	5/20	Swimming St. Ann's	\$20	
Tu	5/23	Bowling @ AMF	*\$7	
W	5/24	Cooking Class @ G	\$10	
Th	5/25	Games @ UW	\$5	
F	5/26	Dance @ G	\$7/\$8	
Tu	5/30	Bowling @ AMF	*\$7	
W	5/31	Cooking Class @ G	\$10	

Registration/Fees:

Classes can be selected individually or:

- ☐ Bowling: \$36 session fee +\$7 per game
- ☐ Cooking Wed: entire session for \$130
- ☐ Games: entire session for \$65
- ☐ 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 your peers as we Rec & Roll on Tuesday evening from 6-8pm at AMF West Lanes in Milwaukee. We always have a blast. As a registered Easterseals Bowler, you can also look forward to our annual bowling banquet.

Location: AMF West Lanes

7505 W Oklahoma Ave, Milwaukee

Date: Tuesdays

Time: 6:00 pm - 8:00 pm

Price: \$36/session

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

Cooking Class

Take pride as you help prep and cook our meal and eat our meal together family style. Day one will be pre-planned for our cooking event, but we will plan for the rest of the session to determine what we want to cook weekly.

Location: Wil-O-Way Grant

207 S. Lake Drive, South Milwaukee

Date: Wednesdays

Time: 6:00 pm - 8:00 pm

Price: \$10/class or \$130 entire session

Games

We have games galore. As of late our group has been enjoying our Bingo Session and love getting their prizes from our Bingo Store. Come hang out with your peers and enjoy playing games with us as a large group.

Location: Wil-O-Way Underwood

10602 Underwood Pkwy, Wauwatosa

Date: Thursdays

Time: 6:00 pm - 8:00 pm

Price: \$5/night or \$65 entire session

Friday Night Dances

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

Location: Wil-O-Way Grant

207 S. Lake Drive, South Milwaukee

& Will-O-Way Underwood

10602 Underwood Pkwy, Wauwatosa

Dates: Fridays 3/10-G, 3/24-UW, 4/7-G, 4/28-UW,

5/19-UW, 5/26-G

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.**

OUTINGS

Breakfast at The Forum

Location: 4711 S 108th St Milwaukee, WI 53228

Date: 3/11/2023

Time: 9:00 am - 10:30 am

Price: \$25 includes a meal, drink, tip, and supervision

Wave Game

Location: 400 W Kilbourn Ave Milwaukee, WI 53203

Date: 3/19/2023

Time: 6:00 pm - 9:00 pm

Price: \$30 includes ticket and supervision

Day at the Mall

Location: 5300 S 76th Street Greendale, WI 53129

Date: 4/8/2023

Time: 10:00 am - 1:00 pm

Price: \$10 includes supervision only - bring spending money

Brewer Game

Location: 1 Brewers Way Milwaukee, WI 53214

Date: 4/26/2023

Time: 10:00 am - 1:00 pm

Price: \$30 includes a hot dog, bottle of water, and supervision

Oriental Theater

Location: 2230 North Farwell Avenue Milwaukee, WI 53202

Date: 5/13/2023

Time: TBD

Price: \$20 includes ticket and supervision

Swimming Party at St. Ann Center

Location: 2801 E Morgan Ave Milwaukee, WI 53207

Date: 05/20/2023

Time: 11:00 am - 1:00 pm

Price: \$20 includes lunch and supervision

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

Fax: 414-278-3939 **Email:** michael.bonk@milwaukeecountywi.gov

Questions: Call 414-278-3930



2023 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 

2023 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
☐ Single parent
☐ Married Couple/children
☐ Married Couple/no children
☐ Unmarried Couple-Partnership/children
☐ Unmarried Couple-Partnership/no children
☐ Other: _____

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

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.