



# 2025 Discover Summer Application

Discover Summer offers weeklong sessions of daytime programming throughout the summer for youth ages 8-17 with a diagnosed disability. At Discover Summer, youth will experience structured activities that are designed to develop, maintain, and increase their skills through social engagement, are adapted to meet the needs and abilities of each individual, and provide skill building opportunities to increase independence with self-care, communication skills, and interpersonal skills.

The Discover Summer experience includes participation in nature, access to MORA’s waterfront property and pontoon, the recreational gym that includes multi-sensory and gross motor equipment, and community engagement with day trips to various places and with volunteers who are invited to join our groups. Individuals will be invited to increase their confidence with fishing, paddle boating, swimming, computer use, playing various games, and creative arts. The property also has an in-ground trampoline and accessible swings for use.

Staff are specially trained to assist with and adapt programming to meet the needs of each individual through person-centered implementation while providing support, supervision, and monitoring at a 1:2 ratio (1 staff to 2 youth). This allows for more individualized planning to ensure adaptations are made for further skill building, an increase in confidence while participating in activities, building coping and problem-solving skills during moments of challenging behavior, and support while completing activities of interest and trying new things. Staff are also trained to meet each person’s needs in regard to safety, health, and well-being. MORA nursing staff are available to support each person’s health care needs while at Discover Summer in addition to the trained staff who provide the daily programming.

**Application Requirements-** applications will not be confirmed or processed until the following have been received:

- All questions in the application must be answered before the application is submitted.
- A deposit is required in the amount of \$50 to hold a spot for each individual and will be applied toward the total program cost. Deposits can be sent to MORA’s Finance Department: ATTN: Finance 7200 Rolling Acres Road, Victoria, Mn 55386. Please distinguish the payment as a deposit for Discover Summer and include the participant’s first and last name.
- The individual’s IEP and Support Plan must be sent with your application. Please call your Case Manager to obtain a copy or for additional questions.
- A completed plan approval signed by the case manager to confirm payment for Discover Summer services. If the total cost of the session is not covered, the guardian(s) will be billed accordingly. Financial assistance may be available.

### 2025 Specifics

Discover Summer will take place between the hours of 9:00am and 3:00pm, Monday through Friday of the following weeks:

June 16- June 20	June 23-June 27	July 21-July 25
July 28- August 1	August 4- August 8	

The cost for each session is \$1440 to cover activities, staffing, daytime transportation, and community experience costs.

\*\*Applications must be submitted by April 30, 2025, to allow time for a team meeting to be scheduled. This will permit Discover Summer Staff to meet the participant and engage in planning conversations before their session begins.

### Contact Us

Completed applications can be sent to [recreation@mtolivet-mora.org](mailto:recreation@mtolivet-mora.org). Questions, please call the Recreation Supervisor at 612-859-7186.

**General Information:**

Person filling out this application: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**Personal Demographics:**

Participant's full legal name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (include apt #)                      City                      State                      Zip                      Residential county

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Primary language: \_\_\_\_\_ Current school: \_\_\_\_\_

Funding source: \_\_\_ Private pay \_\_\_ DD/CADI/BI waiver \_\_\_ CDCS \_\_\_ County funded \_\_\_ Other: \_\_\_\_\_

County of financial responsibility: \_\_\_\_\_

**Contact Information:**

Legal Representative 1 full name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street (include apt #)                      City                      State                      Zip                      Residential County

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Legal Representative 2 full name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street (include apt #)                      City                      State                      Zip                      Residential County

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Case manager full name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street (include apt #)                      City                      State                      Zip                      Residential County

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (include apt #)                      City                      State                      Zip                      Residential County

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Information:**

Diagnosis: \_\_\_\_\_

Pertinent medical history: \_\_\_\_\_

List of current medications: \_\_\_\_\_

List any medication and/or treatment orders to be administered my MORA: \_\_\_\_\_

If MORA administers any medications, do they need:

med assistance (reminders to take their meds) **OR**

med administration (staff administer the meds)

Describe any medical protocols to be followed by MORA (including seizures): \_\_\_\_\_

DNR/DNI/POLST in place:  Yes- MORA will need a copy  No

Allergies (food, med, environment, etc.): \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

**Services and Supports:**

Mobility needs (walker, wheelchair, ambulatory): \_\_\_\_\_

Assistance with transferring? If yes, explain: \_\_\_\_\_

Assistive devices used: \_\_\_\_\_

Restroom/toileting needs: \_\_\_\_\_

Dressing needs: \_\_\_\_\_

Eating needs: \_\_\_\_\_

Financial support needs (if money is brought with for community activities):

Staff needs to carry all money and complete all transaction

Participant is able to carry all money and complete all transactions

Needs while in the community: \_\_\_\_\_

Water safety and preferences: \_\_\_\_\_

Need to wear a person flotation device when in the water?  Yes  No

Adaptation needs for support: \_\_\_\_\_

Verbal conduct/aggression? If yes, explain: \_\_\_\_\_

Physical conduct/aggression? If yes, explain: \_\_\_\_\_

Property destruction? If yes, explain: \_\_\_\_\_

Self-injurious behaviors? If yes, explain: \_\_\_\_\_

Emergency requiring 911? If yes, explain: \_\_\_\_\_

Elopement risk? If yes, explain: \_\_\_\_\_

Rights restriction in place? If yes, explain: \_\_\_\_\_

Can safely and adequately be supported at a 1:2 ratio?  Yes  No

Other important safety or support needs: \_\_\_\_\_

**Person Centered Planning and Service Delivery:**

Preferred activities and interest: \_\_\_\_\_

Activities and things they don't like: \_\_\_\_\_

Preferred communication method: \_\_\_\_\_

Preferred learning style: \_\_\_\_\_

Preferred routines: \_\_\_\_\_

Preferred physical and social environment: \_\_\_\_\_

Transition considerations: \_\_\_\_\_

What does not work for the participant: \_\_\_\_\_

Explain what tools staff can use to assist with de-escalation: \_\_\_\_\_

**Program Interest:**

Please identify the sessions the participant is interested in attending:

June 16-June 20     June 23- June 27     July 21-July 25

July 28-August 1     August 4-August 8

**Release and Authorization Information:**

I have read and understand all the information in this application and acknowledge that all information is truthful to the best of my knowledge. I understand there are a variety of activities conducted at MORA Discover Summer program and give permission for this applicant to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. I understand and agree to the participant being transported and to, from, and during community activities.

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Date

**Release of Information and Publicity Release**

I authorize MORA to obtain or release the following information about this participant in writing, by telephone, and electronically: records and information about services, financial information, data and logging summaries, planning and care information, and information needed for service delivery. By participating in Discover Summer, your relationship with MORA may be known. MORA will not provide private health information to anyone not named in this release.

This information can be released all information will be shared to guardians, funding agencies pertinent to client's program and Federal/State organizations, upon request as required by law. Also, in the event of an emergency, medical information will be shared with emergency and hospital personnel, as needed or requested. Demographic and personal interest information will be shared with volunteers as needed for the Discover Summer program.

Additional parties in which I authorize information to be released to and information I authorize release of: \_\_\_\_\_

I give MORA permission to use this participant's photograph, story, video recordings, name, and likeness in all printed and electronic media for purposes related to MORA and/or Discover Summer. I realize this release is in effect for one year and I may revoke this authorization in writing at any time. I understand that if I revoke consent, all materials published prior to the date that consent is revoked may continue to remain in existence.

- I agree in full with the statement above and there are no limits on my consent **OR**  
 I do not want my photograph, story, video recordings, name or likeness used in any form by MORA

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Date

Medical Release

I authorize MORA staff to administer medication and treatments as prescribed physicians order. I give permission for MORA staff to act on this participant's behalf in a medical emergency. If I choose to remove authorization of a medication or treatment, I will contact, in writing, MORA staff with my decision.

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Date