



Program Eligibility & Assessment Questionnaire

If the form was previously submitted, reviewed and approved by NISRA Staff, it is on file at the office. You do not need to complete and submit it again.

To help protect against the spread of COVID-19 and for the safety of our participants and staff, NISRA has developed requirements that need to be followed during all in-person programming.

These procedures include:

- 1) Assessment of the participant's ability to meet eligibility requirements
- 2) Confirmation of the participant's ability to meet the eligibility requirements
- 3) Agreement to abide by the health monitoring requirements listed at the end of this document
- 4) Agreement that if the requirements are not met, then the participant will be deemed ineligible

This form, which includes the participant assessment and sign off of eligibility requirements and health monitoring, needs to be completed and submitted to the NISRA office.

Forms can be:

- Dropped off at the NISRA office. Drop box available on the front of the building
- Emailed to: kdavid@nisra.org
- Faxed to 815-459-0388

Once forms are received, they will be reviewed by NISRA's eligibility team. Assessment information, as well as knowledge of past participation and any additional information or documentation that is relevant, will be used to determine if a participant is eligible to participate in in-person programming under the new COVID-19 guidelines. New participants to NISRA will need to participate in an intake. Once reviewed, staff will contact families to gather any additional information/documentation needed, and ultimately to let them know about the results and potentially proceed with registering the participant for programs. Participants who do not meet eligibility guidelines will be based on behaviors that are a safety issue according to the current Phase of Restore Illinois. If and when the next Phase is entered, the behavior can be reassessed to determine if the participant meets safety requirements of that phase.

In accordance with guidelines from the Centers for Disease Control (CDC) and Illinois Department of Public Health (IDPH) NISRA is doing the following to protect the safety and health of our participants and staff:

- All program spaces will be routinely cleaned and disinfected in between program usage.
- Participants will have separate supplies during the program which will be cleaned and disinfected between programs.
- NISRA will provide staff with cloth face coverings, gloves, safety glasses. Gloves and safety glasses will only be used if disinfecting. If a specific job task requires the use of the additional PPE, NISRA will provide the PPE to staff. Staff will be required to wear a cloth face covering throughout the duration of programs that are indoors.
- NISRA staff and patrons will complete health self-monitoring form prior to each day. If individuals exhibit any symptoms on the form or have been in close contact with someone who has COVID-19, they will not be permitted to work on-site or participate in a program. If an individual answers "yes" to any question on the health monitoring screening, he/she will not be permitted on-site.
- If NISRA is made aware that someone has been exposed to COVID-19, NISRA will take all appropriate steps as directed by the local health department.

Assessment Questionnaire for Participation in In-Person Programs:

Participant's Name: _____

Person Completing Assessment: _____

Eligibility Requirements

All potential participants desiring to join NISRA in-person programs will need to meet the following eligibility requirements until further notice to ensure NISRA adheres to CDC and Illinois social distancing guidelines. Participants will need to be able to meet these requirements in a 1:4, staff to participant ratio.

- Participants will need to be able do self-care while at NISRA programs. This includes being able to complete the following with minimal verbal cues or prompts
 - Put on and take off cloth face covering
 - Use the bathroom
 - Wash hands
- Participants must **refrain** from the following habits that could result in the spread of illness:
 - Touching their face
 - Taking off cloth face covering unless directed by a NISRA staff
 - Spitting
 - Putting objects in their mouth
 - Biting
 - Eloping (running away)
 - Touching staff, participants or others' belongings
 - Being non-compliant with staff instruction
 - Leaving assigned seating area
- Participants need to be able to participate in the activity with minimal verbal cues or prompts
- Participants need to be able to wear a cloth face covering for the duration of the program
- Participants will need to be able to stay with the group and transition from one activity to another with minimal verbal cues or prompts
- Participants will need to be able to maintain a physical distance of six feet or more from others with minimal verbal cues or prompts
- Participants must demonstrate safe behaviors towards self and others throughout the duration of the program

What level of support does the participant need to do the following?

| | None | Minimal Verbal Prompts | Physical Assistance |
|--------------------------|------|------------------------|---------------------|
| Walking or standing | | | |
| Toileting | | | |
| Engaging in activities | | | |
| Responding to directions | | | |
| Transitioning | | | |
| Staying with the group | | | |

With limited verbal prompts, can the participant do the following?

| | Yes | No |
|--|-----|----|
| Wear a cloth face covering that fits over the nose, mouth, and under the chin. Participant must be able to put on and take off the cloth face covering independently | | |
| Keep a cloth face covering on for the full duration of program | | |
| Maintain physical distance of six feet or more | | |
| Independently wash hands | | |
| Cover a sneeze or cough | | |

Health Monitoring Requirements

As part of the registration process, participants and/or guardians are required to attest to the following guidelines set forth by the CDC and IDPH. Families must confirm that participants have not exhibited any of the following symptoms prior to arriving to the program every day:

- Temperature that does not exceed 100.40F
- Shortness of breath
- Cough
- Sore Throat
- Nausea or vomiting
- Diarrhea
- Runny Nose
- Chills
- Unexplained muscle aches
- Headache
- Unexplained fatigue
- Abdominal pain
- New loss of smell or taste

In addition, if a participant has been in close contact with an individual who has COVID-19, per CDC guidelines, they should self – quarantine for 14 days, but have an option if they have no symptoms. The quarantine could be 10 days with no COVID test, and 7 days with a negative test. The individual will not be permitted to attend programs during this time. If a participant tests positive for COVID-19, such as an asymptomatic positive test, the participant must remain asymptomatic for a 10-day period following the test in order to attend NISRA programs. Additionally, for participants with symptoms or who test positive, a doctor’s note will be required prior to being able to participate in programs.

Agreement

By signing below, participant and/or guardians agree that they have monitored the participant and will not send the participant to program(s) if any of the above symptoms are present. I understand that if the participant exhibits any of the above symptoms, or is unable to follow the eligibility requirements, the guardian will be called and will be expected to pick up the participant from the program immediately. The participant may become ineligible to participate.

Participant Name: _____
(please print)

I, _____ as the guardian or self, understand the above statements and guidelines and agree to abide by them.

Guardian Name: _____
(please print)

Guardian Signature: _____ Date: _____

Office use only:

Date received: _____

Reviewed by: _____

Family contact date: _____

Approved for registration: Yes No Staff Initial: _____