



# Enrollment Package

Thank you for selecting Unicorn Centers for your needed services. Our goal is to be the provider of choice in the San Antonio community. Our mission is:

*Unicorn Center is a  
community-based, church sponsored agency with a Call from God to minister to  
persons with intellectual developmental disabilities through the facilitation of job  
and life skills and integrating individuals into  
supported employment by creating natural community supports.*

If I, or any of the Unicorn staff, can be of further assistance in your decision process please feel free to call us anytime.

*John Schwab*  
Executive Director

*A United Way Agency*

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*A day vocational & job placement center for people with intellectual developmental disabilities.*

*4630 Hamilton Wolfe • San Antonio, Texas 78229-3331 • (210) 737-3355 • (210) 615-3989 (fax)*

## Customer Enrollment Information

### Purpose

The purpose of Unicorn Centers, Inc. is to provide appropriate day services for adults with intellectual developmental disabilities. Services will include vocational and educational training, as well as, enrichment activities. Our emphasis is to serve persons currently not progressing in any other area vocational programs.

Unicorn Centers, Inc. offers a vocational/educational program that enables the individual with intellectual developmental disabilities to gradually progress into an environment that is not stressful and allows the individual to reach their maximum potential at their own pace. In addition to our vocational program, Unicorn Centers offers educational classes that include functional living skills, social, educational, and leisure skills training that will enrich the lives of those that we serve.

### Program Options

#### Extended Employment (Workshop)

The Extended Employment Program of Unicorn Centers provides the support that each individual needs in order to experience success in the world of work in preparation for community employment. Traditionally called *sheltered employment*, the Extended Employment Program of Unicorn Centers provides the opportunity for participants to work on subcontracted jobs provided through arrangements made with area businesses.

For many, the Unicorn Centers Extended Employment Program offers the first experience of employment. Participants are treated in a manner consistent with a “real job.” They are assigned a supervisor, given break periods, and paid for their work. Advanced placement for enclave or supported employment is available, which is contingent on the motivation and ability of the participant to demonstrate the skills and maturity level needed for success.

#### Enclave Employment

The Enclave Employment Program of Unicorn Centers provides meaningful employment opportunities for adults with intellectual developmental disabilities who have the motivation and abilities to work in an environment that is more challenging than the Extended Employment Program, but is less demanding than the community-based Supported Employment Program.

In the Enclave Employment Program, Unicorn Centers brings together several participants to work together at a job site in the community. Job sites are developed through contractual arrangements with community employers. The participants receive training in completing an assigned task, and are assigned a supervisor. The supervisor accompanies the enclave to the job site, provides additional resources as needed, and ensures that the job is successfully completed. Each participant is paid for the work that they complete.

### Supported Employment

The Supported Employment Program of Unicorn Centers provides an excellent opportunity for adults with intellectual developmental disabilities who have the desire and motivation to be gainfully employed in the community, but may lack that skills needed to acquire and maintain a job.

Unicorn Centers carefully matches the skills and abilities of its participants with the needs of prospective employers. An individual job coach works one-on-one with each participant to determine interests and the most suitable type of work. Once a job is found, the job coach develops a support structure based on the needs of the 'new employee' and employer to ensure a successful job placement. This support generally includes training specific to the duties of the job, arranging transportation to and from the job site, ongoing communication with the employer, and participation in the Employment Skills Class, which is designed to provide the opportunity for continued learning and help in navigating the world of work.

### Community Support Services

Since 1984, Unicorn Centers has focused on helping their clients find and keep "real work for real pay." Although many find success in the world of work, they may lack key skills needed to navigate their community outside of their jobs. Unicorn Centers offers Community Support Services to qualifying participants in order to provide assistance and to help improve their functional skills and other activities of daily living outside of their place of work.

The scope of Community Support Services provided by Unicorn Centers is prescribed by the plan of care of the client that is developed by the client, their service coordinator, and other individuals important to the client. Community Support Services, along with vocational training, lays a strong foundation for helping adults with intellectual developmental disabilities become contributing and productive members of their community.

### Site-Based Day Habilitation

The Site-Based Day Habilitation Program of Unicorn Centers, which is open Monday through Friday, offers structured social, leisure, and educational activities for adults with intellectual developmental disabilities who may not be ready for the rigors of a more traditional vocational program. Individuals enrolled in the program work toward acquiring and improving the self-help, socialization, and adaptive skills needed in order to live and participate successfully in home and community life.

Provided in a community-based environment, the Site-Based Day Habilitation Program exposes its participants to some of the same options, choices, and experiences that non-disabled adults have, which offers a foundation for positive growth and development.

## **Admission/Discharge**

All decisions regarding the admission/discharge of individuals will be made jointly by the staff of Unicorn Centers and the Executive Director. Decisions will be based on the ability of the facility to meet the needs and the ability of the individual to benefit from the program.

### Admission Criteria

To be eligible for admission, one must be:

1. An individual with a primary diagnosis of intellectual developmental disabilities.

2. An individual with intellectual developmental disabilities who is independent in self-help skills (i.e. toileting, feeding, etc.).
3. An individual with intellectual developmental disabilities who is capable of taking medication with supervision.
4. An individual with intellectual developmental disabilities who has a need for a variety of opportunities to increase social interaction and to develop social skills.
5. An individual with intellectual developmental disabilities who is capable of communicating his/her needs.
6. An individual with intellectual developmental disabilities who does not exhibit a pattern of aggressive behavior that presents a danger to self or others. An individual who exhibits self-abusive behavior, elopes, or has physically aggressive behavior towards others is not eligible for the program.
7. An individual with intellectual developmental disabilities who does not exhibit destructive behavior. An individual who destroys property (i.e., breaking windows, setting fires, smashing furniture, etc.) is not eligible for the program.
8. An individual with intellectual developmental disabilities who respects the property/rights of others by not taking/destroying the personal belongings of other individuals.
9. An individual with intellectual developmental disabilities who is at least 22 years of age for the full-time program and at least 18 years of age for the school holiday/summer program.

#### Initial Trial Period

Each individual will begin with a three-day trial period. During that time, the individual will have an opportunity to participate in the programs of Unicorn Centers, meet the staff, and make a decision about whether or not to proceed on a more long-term basis. At the end of the trial period, the individual will decide if this is the program in which he/she chooses to participate. If he/she chooses not to participate in the program of Unicorn Centers, there will not be any billing for the trial period.

The staff will have an opportunity to voice concerns and/or comments regarding the potential admission of a client. A final decision regarding admission will be made jointly by all relevant parties, including, but not limited to, the individual, his/her parent or guardian, QMRP, Case Manager, or the staff of Unicorn Centers.

#### Discharge Criteria

Listed below are examples of some of the situations that could result in discharge from the program:

1. Repetitive acts of violence toward self and/or others which result in significant physical injury.
2. Repetitive acts of aggression those results in significant property damage.
3. Repeatedly abandoning his/her workstation.
4. Inability to adapt to or function within the framework of the program.
5. Repeatedly taking possessions that belong to others without their expressed permission.
6. Repetitive disruptive behaviors that prevent the individual from having a successful placement.
7. Psychiatric behavior or severe emotional disturbances that are not controlled with medication or behavior therapy program.

### Right to Appeal

The parent/guardian or relevant party (QMRP/Case Manager) of the person denied admission or discharged from the program, has the right to appeal the decision. The appeal should be made to the Advisory Board of the Unicorn Centers, Inc.

### **Holiday Schedule**

Unicorn Centers will observe nine holidays throughout the year, in which the Center will be closed. The following holidays will be honored:

New Year's Day	Thanksgiving Day
Memorial Day	Friday after Thanksgiving
Independence Day	Christmas Eve Day
Labor Day	Christmas Day
Good Friday	

When a scheduled holiday falls on a Saturday, it will be observed on the preceding Friday. When a scheduled holiday falls on a Sunday, it will be observed on the following Monday.

### **Expected Conduct**

1. Clients must conduct themselves in an appropriate manner for a large group setting.
2. No abusive language.
3. No aggressive behavior.
4. All personal belongings are to be placed in the closet during program hours.
5. No gum chewing is allowed unless medically indicated with a note from the doctor.
6. Physical contact between the clients (i.e., boyfriends, girlfriends, etc.) will not be allowed. Although clients are free to maintain personal relationships, however, excessive physical contact (i.e., kissing, hugging, fondling, etc.) is prohibited while attending Unicorn Centers.
7. Seat belts will be worn while in a company or staff vehicle.

### **Discipline Policy**

If a person begins to demonstrate behavior that is not conducive to a productive work environment or does not conduct him or herself in a manner appropriate to the expected conduct policy, they will be encouraged to remove themselves from the area and go to a more quiet area where they can calm themselves.

If an individual demonstrates aggressive or violent behavior toward other individuals or staff, a responsible party (i.e. case manager, QMRP, etc.) will be contacted, and asked to pick up the individual immediately. The individual will then be suspended from the program for a minimum of

one (1) day or up to two (2) weeks, depending on the severity of the act. Suspension time can increase with repeated acts of violence or aggression or inappropriate conduct as noted above. After three (3) suspensions within a one- (1) year period, a meeting will be held with the individual, their responsible staff, and the staff of Unicorn Centers to determine if Unicorn Centers continues to meet the needs of the individual.

### **General Information**

1. Please clearly mark all clothing worn by individuals. This is especially necessary in the winter when jackets are worn. Please make sure that lunch boxes are also clearly marked. Our biggest management problem at the Center is trying to locate unmarked clothing.
2. All medications must be in a blister pack or original container. Along with the medication, we must have a copy of doctor's orders. Medications will be supervised only at 10:30 a.m., 12:30 p.m., and 2:00 p.m. for Unicorn Centers' customers.
3. Check with customers daily to see if there are any notes regarding schedule changes or special information.
4. Sack lunches must be brought daily with a straw (if needed), a napkin, and/or plastic utensil. Please ensure that names are clearly marked. Drinks may be sent with lunch, or may be purchased for 50 cents (12 oz. can) or \$1. (. We encourage clients to limit their soda intake to only one (1) at lunch only. Clients may be bring or purchase for consumption after the program day.
5. A monthly calendar is sent home at the beginning of each month. All program expenses will be covered by your tuition except field trips and/or special events. The cost of these events will be listed on the calendar. Please read the calendar and keep it handy so you will know what is scheduled and what fees need to be sent. If you should choose not to have your individual participate in these extra activities, please notify the Center with your decision. If you are having trouble with the fee for this event, please let us know. If you forget to send money for the event, contact us as soon as possible so arrangements can be made for the Center to pay. These fees must be reimbursed to the Center as soon as possible. Activity money may be included in the tuition payment or may be paid separately, as needed.
6. If an absence is anticipated, please phone and let us know. Attendance is taken daily. The program day begins at 8:30 a.m. and ends at 3:00 p.m. Please arrange transportation around these times.
7. Tuition payments are due by the 10<sup>th</sup> of each month. Checks may be sent with the customers. Please be sure the envelope is sealed and clearly marked. All checks are to be made payable to Unicorn Centers, Inc. Tuition fees are set by Board policy. If there are any problems or questions about your fee, or if you need to make special arrangements, please contact Lawrence Davis, Director of Operations or Alvin Taylor, Service Coordinator, (210) 692-0342, 8:00 a.m. to 5:00 p.m.
8. All individuals should be dressed neatly and cleanly at all times. During the summer months, shorts are permissible only if they are knee-length, and shoes should not reveal the toes for safety reasons. Excessively tight or revealing clothing are not allowed. Tank tops or any shirt revealing the shoulders are also not allowed. All males should be clean-shaven. Responsible parties will be contacted if clients do not comply with these rules.

## Fee Schedule

1. Regular fee for monthly service: \$385.00 payable in full before the 10<sup>th</sup> of each month. In addition, in order to provide our clients not only the best opportunities, but assure 'a-chair-at-Unicorn' there is a minimum billing period of 10 days for tuition-based, and 15 days for level-of-need based clients.
2. Unicorn Centers is open from 7:00 a.m. to 5:30 p.m., Monday—Friday, except for holidays. The hours of operation for the workshop are 8:00 a.m.—3:00 p.m., and for the Site-Based Day Habilitation, 9:00 a.m.—3:00 p.m. It is the parents, guardians, or company's responsibility to ensure that your client is picked up by 4:00 p.m. each work day. Daily fee for drop-in service (special circumstances only): \$30.00 payable by the day.
3. **A two-week vacation can be calculated and deducted from the tuition each year.** Please inform the Center so that this can be planned.
4. The fee for summer school students (individuals ages 18-21): \$385.00 per month, payable before the 10<sup>th</sup> of the month.
5. Fee for school vacation days (individuals ages 18-21): \$30.00 per day, payable at the beginning of each week.

### Scholarship Information

Tuition assistance is available in limited amounts. Scholarship applications must be completed and approved by the Unicorn Centers, Inc. Scholarship Committee. Tax returns for two years prior to admission and SSI or retirement information must be submitted with application.



## Customer Enrollment Information

### General Information

Name:		DOB:	Sex:	Via Trans #
Address:		City, State, Zip Code:		
Phone:	SSN:	Medicaid #	CHCS Case #	
Where does the client reside?		Group Home/Family: GH F		Level of Need:
Responsible Organization:				Apartment:
Program/School District last attended:				
Caseworker/Teacher:				
Guardianship:				
Name of Father/Guardian:				
Business Name/Address:				
Business Phone Number:				
Name of Mother/Guardian:				
Business Name Address:				
Business Phone Number:				
Single or Dual Family Household:		Primary Language:		
Client's Source of Income:			Amount: \$	
SSI: \$		SSDI: \$		
Companion Money: \$			Child Support: \$	
Billing Source:		Contact Person:		
Billing Source Address:				
Billing Source Telephone:			Fax:	

### Emergency Information

Name of Family Doctor:	Phone Number:
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### Person Authorized to Act for the Parent in Case of Emergency:

Name:	Relationship:
Home Phone Number:	Business Phone Number:
Address:	

## Medical Information

Diagnosis and Explanation:		
Medication(s):		
Time medication is to be given:		
Reason for medication:		
Allergies (food, medicine, etc.):		
Seizures:	Diabetes:	Adaptive Equipment:
Sun Sensitivity:	Hearing Aid:	
Hearing Problems:	Corrective Lenses:	
Visual Problems:	Walker:	
Speech Problems:	Wheelchair:	
Other:		

## Psychiatric Information

Psychiatrist:	Phone number:
Has the client ever been hospitalized for a psychiatric condition?	
When?	How long?
Provide details:	
What follow-up care has been given?	
Does the client have a psychiatric diagnosis?	
Specific psychiatric medication:	
Side effects:	
Behavior to be aware of or observe:	
How does this diagnosis manifest itself in the client or involve those around?	

**Please Read and Initial Each Statement**

**Release of Information**

I, \_\_\_\_\_, give permission for Unicorn Centers, Inc. to provide and exchange necessary information for the provision of continuity of care. Unicorn staff is authorized to discuss my information with businesses and other agencies as needed.

**Participation**

I hereby give my permission for \_\_\_\_\_ to participate in activities, events, and field trips.

**Medical**

I do not know of any physical or emotional reason why I (my son, daughter, or ward) should not participate in activities, events, and field trips.

**Consent to Emergency Medical Treatment**

In the event that I (my son, daughter, or ward) should require any minor medical treatment, or need(s) to be given emergency care, I authorize the hospital and its medical staff to provide such treatment deemed necessary by them for my well being (the well being of my son, daughter, or ward). It is understood that the parent/guardian will be contacted for permission, if possible. The parent/guardian also understands that they will be held responsible for any fees generated by this care.

**Media**

I hereby grant Unicorn Centers, Inc. permission to take pictures, video film, or to participate in television coverage of myself (son/daughter/ward), to be used with discretion for “community awareness” of the program.

**Human Rights/Behavior Policy**

I have received a copy of the Human Rights Policy and the Behavior Policy of Unicorn Centers, Inc., and have read them and will refer to them as needed.

**Fee Schedule**

I have received a copy of the Fee Schedule and understand the charges for this program.

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Signature of Parent/Guardian

Date

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Signature of Customer of Unicorn Centers, Inc.

Date

# SUPERVISION CHECKLIST

**Customer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Meals—Level of Supervision:

Independent in all areas  (if checked, skip to **level of supervision in toileting**)

	Yes	No	Sometimes	Monitor
Eats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing reflects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks using a straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires thicken/special diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Toileting—Level of Supervision:

Independent in all areas  (if checked, skip to **level of supervision in ambulating**)

	Yes	No	Sometimes	Monitor
Pull-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diapered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accesses restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sits on toilet independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pica/Prader-Willi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Ambulating—Level of Supervision:

Independent in all areas

	Yes	No	with Assistance
Mobilize wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates motorize chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks up/down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires escorting on/off Via	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

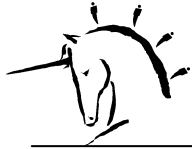
### Customer Behaviors:

	Yes	No	Mild Problem	Serious Problem
Customer bites others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hits others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grabs others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulls hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is run away risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Community Safety:

Independent in the community

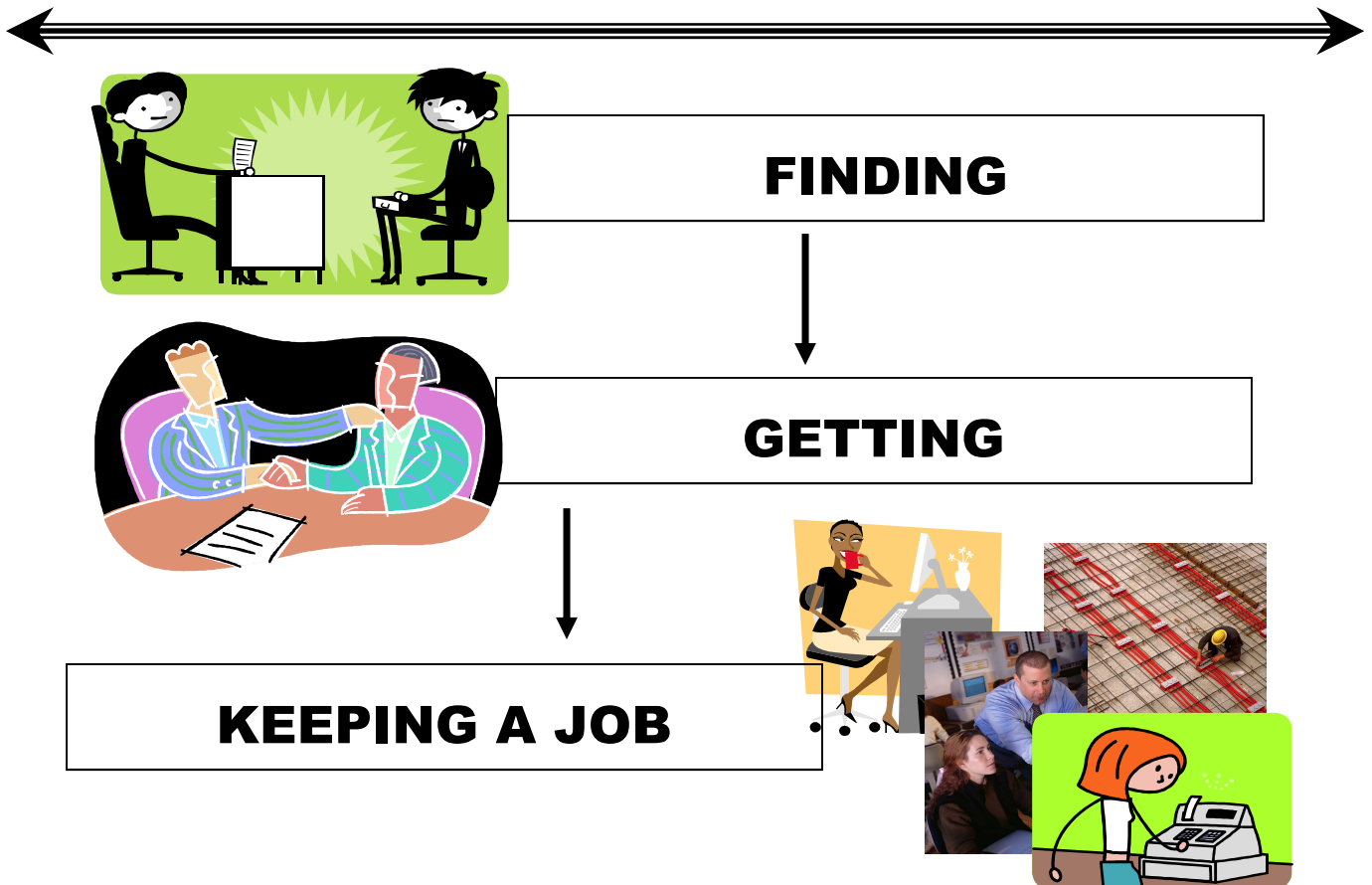
	Hold Hand	Arms Length	Eyesight	Independent
Crosses streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks around block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walks to local store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accesses local mall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accesses local park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Would you like supported employment services?  Yes  No

If you checked 'yes,' the following paperwork will need to be submitted before the employment process can begin:

1. Texas Identification Card.
2. Social Security Card.
3. Medicaid Card.
4. All Doctor's names, addresses, and telephone numbers.
5. Date you started seeing the doctor.



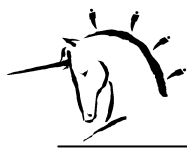


### New Customer Orientation Checklist

**Customer Name:** \_\_\_\_\_

*For Agency Use Only*

	Item	Date Complete	Initials
<b>Service Coordinators</b>			
1	Enrollment Information Package		
2	Customer Status Change Form		
3	Supervision Checklist		
4	Supported Employment Election Form		
5	IPC		
6	PDP		
7	Obtain Customer BMP		
8	Establish Objective (and corresponding paperwork given to staff)		
9	Social Security No. (or IRS Form W-4 if applicable)		
10	Mailing Address (or INS Form I-9 if applicable)		
11	Release & Permission Form		
<b>Director of Operations</b>			
12	Approved for Admission		
<b>Workshop/Day Hab Service Specialist Supervisor</b>			
13	Assign Table [Table #____ Team: _____ ]		
14	Staff (Specialist) Assignment		
15	Tour of Unicorn Centers		
16	Customer Handbook		
17	Safety Checklist		
<b>Administrative Assistant</b>			
18	Add Customer to Tracking Sheet		
19	Add Customer to MITC [# _____ ]		
20	Update Table Sheet		
21	Update Attendance/Roll Call Sheet		
22	Update Table Assignment Sheet		
23	Create Customer File (at assigned table)		
24	Photo/ID		
25	Build New Customer Folder		



Customer Status Change Form

- Assignment: Workshop (W), Employment Assistance (EA), Supported Employment (S), Site-Based Day Habilitation (DH), Community Support Svc (CSS), Work Adjustment Trng (WAT), Vocational Adjustment Trng (VAT), Head Start Course (HS), Non-Center (SE/CSS), Summer Program (SP)

- To: Workshop (W), Employment Assistance (EA), Supported Employment (S), Site-Based Day Habilitation (DH), Community Support Svc (CSS)

Check all that apply:

Archive (check one category below)

- Moved, Disciplinary, Dissatisfied, Other

- New Customer (W, EA, S, DH, CSS), Work Adjustment Trng (WAT), Vocational Adjustment Trng (VAT), Head Start Course (HS), Summer Program (SP)

Note: Please check Program and if customer is summer program.

Name:

Company:

(HCS/ICF-MR/CWP/TXHML/ALA/DARS/NETS)

Rate: Tuition or Tuition SS or (circle one) Level of Need:

[385] [\$30/day]

LON or LON SS [\$ rate]

SE/CSS Use only:

P#, BMC (1-7), Job Loc., Staff Assig.

Date of enrollment/employment:

Employment/Program termination date:

Other reason for update (please specify, [i.e.: start date; reason for discharge; etc.]):

MITC Changes completed by:

Signature of Person Submitting Change Date:

Signature of Person Completing Change Date:

**Mission Road Ministries Safety Plan**

***For Agency Use Only***

Name of Client: \_\_\_\_\_

Implementation Date: \_\_\_\_\_ Date to Review Plan: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Client/Guardian Signature: \_\_\_\_\_

**Targeted High Risk Behavior** (please be specific)

**History Pertaining to Behavior** (list previous incidents)

**How to Prevent Behavior from Occurring**

**How to React if Behavior Does Occur**