



Joseph B. Jr. and Mary Anne O'Neal Stroke Center Application

Welcome to the Joseph B. Jr. and Mary Anne O'Neal Stroke Center. The Stroke Center serves the needs of people living with the effects of stroke, and provides support for their families. There is no cost to join the Stroke Center.

Eligibility to join the Stroke Center:

1. You must be at least six (6) months post-stroke.

Note: At this time we can only accommodate stroke survivors. Though the effects of conditions like traumatic brain injury and Parkinson's may be similar, our scope is limited to serving stroke survivors.

2. Dependent stroke survivors, defined as those who need assistance with daily activities such as eating, communicating, and using the restroom, **MUST** be accompanied by a caregiver at all times.

3. Complete and submit this application, **along with a letter from your primary physician** approving your participation in Stroke Center activities.

- a. **Note:** Please take this application to your primary physician for approval. This application includes a Physician Authorization Form for your physician to review and complete **in addition to** providing a Physician Authorization Letter.

- b. **Note:** The City **will not** accept letters signed by anyone other than your primary physician. The City **will not** accept signatures from a physician's assistant or nurse practitioner.

4. To the extent feasible, the City shall not deny Carson residents services in the Stroke Center if the resident meets the eligibility requirements above. A Carson resident is any person living in the City of Carson.

5. If the Human Services Manager determines that the capacity of the Stroke Center necessitates an applicant waitlist to preserve the quality of services and programs, then Carson residents will receive priority access to the Stroke Center. Non-resident applicants will be placed on a waitlist until a space is available. Existing non-resident participants will keep their place in the program. Capacity is determined not only by the physical space and facilities available, but also Stroke Center resources including staff, instructors, and therapists.

6. I am aware that the Stroke Center reserves the right to refuse services to anyone.



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RELEASE AND ASSUMPTION OF RISK FORM

Read this carefully before signing. You are accepting risks related to Stroke Center activities. If there is any part of this Form that you do not understand, please consult an attorney before signing.

I, _____, wish to participate in the Joseph B. Jr. and Mary Anne O'Neal Stroke Center sponsored by the City of Carson ("the City"). I understand that the Stroke Center program will consist of various activities including, but not limited to: **Occupational Therapy, Speech Therapy, chair exercise, chair volleyball, Zumba, yoga, excursions, and guided water exercise in a therapeutic pool.** I understand that any swimming pool and any other activities taking place in and around the pool may have inherent dangers and risks. Recognizing these risks as inherent dangers, this release acknowledges my assumption of these risks. This release acknowledges that I will not hold the City liable for injury or damages connected with those inherent dangers and my participation in Stroke Center activities.

I have discussed the program with my physician who has advised me of my medical limitations in any exercise program and has authorized my participation. I have provided the City with an authorization form signed by my physician. In the event of a medical emergency, I authorize the medical personnel attending me to make decisions regarding my immediate medical treatment as may be necessary.

Accordingly, I, for myself, my heirs, executors, administrators, and assigns, hereby release and discharge the City of Carson, and its respected elected officials, officers, attorneys, agents, employees, volunteers, successors, and assigns (collectively the "City") from and against any and all claims, demands, and/or causes of action of losses, injuries, damages, cost, and/ or liabilities, including personal injury and property damages arising out of or in any way attributable to or in connection with my participation in the program. To the extent allowable by law, I completely and expressly release the City from and against any and all claims or liability arising from their organization, planning, operation and/or implementation of this program.

I have carefully read this Release and assumption of Risk Form. I understand the risks involved in participating in the program. I am fully prepared to accept these risks.

I UNDERSTAND THAT BY SIGNING THIS RELEASE, I GIVE UP MY RIGHT TO SUE THE CITY OF CARSON (or City officials, agents, employees, or volunteers) IF I AM HURT OR INJURED.

Participant's Signature*: _____

****GUARDIANS/CAREGIVERS: If the Participant is not able to sign this Form due to physical inability to sign, or cognitive impairment preventing comprehension or communication of comprehension of this Form's provisions, then the Participant's legal representative (Guardian) can sign behalf of the Participant. By signing below, the Guardian represents that he or she is legally authorized to sign on behalf of the Participant. The Guardian agrees to be fully responsible for the Participant's compliance with these provisions if the Participant is not cognitively able to understand this Form, or is not physically able to sign this Form.*

Guardian's Signature: _____ Relationship to Participant: _____

Guardian's Name (please print): _____

Guardian's Address/City/Zip: _____

Telephone: _____

Date: _____



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EMERGENCY RESPONSE CARD

Name (Last, First, Middle Initial):			Gender: M F		Date of Birth:
Street Address		City	State	Zip	Phone:
E-mail Address:				Ethnicity:	
HEALTH INSURANCE: (for emergency purposes)		Medi-Care #	Medi-Cal #	HMO#	V.A. #
MEDICAL CONDITIONS:					

Primary Physician Name	Facility	Phone

Emergency Contact Name	Relationship	Phone

Allergies/Other information useful in an emergency:



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LIST OF MEDICATIONS

MEDICATIONS FOR MEDICAL CONDITIONS		
Name of Medication	Dose	Frequency

MEDICATIONS FOR MENTAL CONDITIONS		
Name of Medication	Dose	Frequency



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Joseph B. Jr. and Mary Anne O'Neal Stroke Center Code of Conduct

The Joseph B. Jr. & Mary Anne O'Neal Stroke Center is a public facility intended to serve the needs of people living with the effects of stroke and provide support for their families. The goal of the Stroke Center is to provide a welcoming and safe place for individuals to socialize as well as rehabilitate from their stroke by utilizing our fitness equipment, interacting in our specialized activities, and participating in group exercises. Participants of the Joseph B. Jr. & Mary Anne O'Neal Stroke Center are expected to conduct themselves in a manner that most people would find reasonable and does not infringe upon the enjoyment of other participants.

Participants agree to observe the following when attending the Joseph B. Jr. & Mary Anne O'Neal Stroke Center:

- Alcohol is not permitted in the Stroke Center at any time.
- Smoking is not permitted in the Stroke Center at any time.
- Offensive language is not permitted in the Stroke Center at any time.
- The Stroke Center structure, equipment, furnishings and fixtures must be treated with care and respect at all times.
- State and local policies, ordinance, laws and regulations must be observed at all times.

Participants are expected to:

- Be able to function on their own or with the assistance of a caregiver, but independently from the Stroke Center Staff.
- Maintain personal hygiene that is healthy and inoffensive.
- Treat others with courtesy and consideration.
- Respect and obey instructions given by staff members.
- Use voice, language and behavior that will not offend or disturb other participants or staff. If you are advised by a staff person that your language or behavior has offended someone, please respect the direction of staff and alter your language and/or behavior.
- All computer usage must be appropriate, inoffensive, and may not interfere with the operation of the City's computer system. Participants are not to install or download any programs onto the city's computers. Participants are responsible for the security of any personal information they make available.
- Report any hospitalizations or changes in medical condition, as your health and safety are our top priority. A physician's signature and/or updated application may be required after a change in medical condition before you can resume Stroke Center activities.

Consequences of failing to observe the Code of Conduct may include:

1. Verbal warning by a staff member. The participant(s) will be asked to sign that they have read and understand the Code of Conduct. A copy of the signed Code of Conduct will be kept on file.



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2. A second violation of the Code of Conduct will be a written warning and meeting with the Human Services Manager where a discussion of the violation and possible consequences of repeated violations will take place. Consequences may include suspension from the Stroke Center, and if repeated violations take place, expulsion may occur.
3. If a third offense occurs, it will result in a meeting with the Human Services Manager who will go over the terms of suspension. Suspensions from the Stroke Center can be up to a month in length. After suspension, any further violations may result in permanent expulsion from the Center.
4. A fourth offense will result in a permanent expulsion from the Stroke Center.

PLEASE NOTE: Depending upon the severity of the offense, suspension or expulsion may be enforced after the first or second offense. Appeals to suspension or expulsion can be made to the Community Services Director.

PLEASE NOTE: If a major offense has occurred that requires law enforcement intervention, the Participant(s) may be asked to leave the Center immediately. Depending on the violation committed, the Participant(s) may be permanently expelled from the Stroke Center. Law enforcement may be contacted for any threat or incident of assault, for willful destruction of property, or for any other reason staff deems necessary for the safety of themselves and others.

I have read, I understand, and I agree to abide by the Stroke Center Code of Conduct.

Printed Name: _____

Signature: _____ Date: _____

*****GUARDIANS/CAREGIVERS:** *If the Participant is not able to sign this Code due to physical inability to sign, or cognitive impairment preventing comprehension or communication of comprehension of this Code's provisions, then the Participant's legal representative (Guardian) can sign behalf of the Participant. By signing below, the Guardian represents that he or she is legally authorized to sign on behalf of the Participant. The Guardian agrees to be fully responsible for the Participant's compliance with these provisions if the Participant is not cognitively able to understand this Code, or is not physically able to sign this Code.*

Guardian's Signature: _____ Relationship to Participant: _____

Guardian's Name (please print): _____

Guardian's Address/City/Zip: _____

Telephone: _____ Date: _____



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PHYSICIAN AUTHORIZATION FORM

To participate in Stroke Center activities, the Participant shall obtain an **Authorization Letter** from his/her physician and provide that Authorization with this Application. The Letter shall confirm:

1. The Participant’s primary medical diagnosis;
2. The Participant’s date of stroke;
3. The Participant’s secondary diagnosis or other medical conditions, if any;
4. Whether the Participant has seizures, and any descriptions of said seizures or triggers;
5. Whether the Participant has known allergies, and any descriptions of allergies; and
6. The Physician’s authorization of the Participant’s engagement in Stroke Center programs, which are supervised by full-time and part-time city employees, and include modified Zumba, yoga, chair volleyball, chair exercise, and social activities at the Stroke Center, as well as social activities offsite.

ATTENTION PHYSICIANS – In addition to providing an Authorization Letter, please initial EACH therapeutic service you authorize for the Participant.

<u>DESCRIPTION OF THERAPY/SERVICE</u>	PHYSICIAN INITIALS
<u>Occupational Therapy:</u> This is provided by a licensed Occupational Therapist who also supervises student interns. Occupational Therapy sessions consist of one-on-one treatments inside the Stroke Center using a variety of techniques aimed at improving the stroke survivor’s activities of daily living and regaining independence.	
<u>Speech Therapy:</u> This is provided by a licensed Speech Pathologist who also supervises student interns. Speech Therapy is a group class that meets several times per month, and consists of group games that encourage verbal communication.	
<u>Water Exercise:</u> This is provided offsite at Ability First in Long Beach. The water exercise class uses the natural resistance of the water to develop muscle tone, strength, flexibility and endurance while minimizing trauma to the weight bearing joints. Classes are led by the Ability First aquatics staff and are approximately 50 minutes long. The water is heated to 88 degrees. The Ability First facility, including pool, dressing rooms, and showers, are all wheelchair accessible. Two lifeguards (one on deck and one in the water) provide guided exercise in a therapeutic pool. Bus transportation is provided from the Stroke Center to Ability First.	

Physician Signature: _____ **Date:** _____

Physician’s Printed Name: _____

Physician Phone Number: _____

PHYSICIAN’S STAMP: