



## ACCOMMODATION / INCLUSION PROGRAM INFORMATION

Thank you for interest in the City of Irvine's Disability Services Programs. For those who qualify, we offer a variety of support and accommodation services to assist persons with disabilities in participating in Community Services classes, activities, and programs. In compliance with the Americans with Disabilities Act (ADA) and the City of Irvine, Disability Services provides reasonable temporary accommodations.

Please review the Program Information Packet, including program information and facility matrix to ensure your request is complete prior to submission. As a reminder, accommodation services are temporary, and based on staff availability and participant eligibility.

Completed applications can be submitted via mail, walk-in, or email. For questions regarding intake, services, and eligibility, please call Disability Services at 949-724-6637.

MAIL: Disability Services  
15 Sweet Shade  
Irvine, CA 92606

WALK-IN: Disability Services  
15 Sweet Shade  
Irvine, CA 92606  
Monday through Friday 10 a.m.-6 p.m.

EMAIL: [disabilityservices@cityofirvine.org](mailto:disabilityservices@cityofirvine.org)

### GETTING STARTED

Prior to an accommodation approval and intake meeting a complete Accommodation/Inclusion Request Application is required. For your convenience, please check the boxes below as you complete each step of the process:

- Accommodation/Inclusion Request Application (Signature required in all sections)
  - Cancellation and Responsibility Policies
  - Participant Permission Authorization
  - Release of Information and Consent for Services
- Office Visit (1-1½ Hours)
  - Intake Interview (Review of application, accommodation request, and selection of program/facility)
  - Participant Observation/Assessment (Interaction with program staff)
- Eligibility Determination (3-5 Business days)
- Accommodation Services Scheduling; Based on the following:
  - Eligibility
  - Program Compatibility
  - Staff Availability
  - Waitlist Position (If applicable)

# ACCOMMODATION / INCLUSION PROGRAM INFORMATION

## ELIGIBILITY REQUIREMENTS

In order to receive Disability Services support, residents must meet the following eligibility requirements:

1. Residents must complete and submit an Accommodation/Inclusion Request Application. This includes the application, Cancellation Policy, Responsibility Policy, Participant Permission Authorization, Release of Information, and Consent for Services.
2. Additional documentation may be requested to establish the participant's eligibility.
3. All requests must be considered reasonable, including but not limited to:
  - Temporary assignment of a 1:1 accommodation;
  - Modification of equipment; or
  - Modification of other method resulting in making the City's services readily accessible to and usable.

Residents may be eligible to receive accommodation support during the evaluation request period. In the event a resident does not meet eligibility requirements, and an accommodation is not provided, families will be notified and advised of alternative resources.

## PARTICIPANTS AND FAMILIES RESPONSIBILITY

1. Meet qualifications and maintain essential class, activity, or program standards, including but not limited to:
  - Independent use of restroom facilities
  - Enroll in age appropriate programs
  - Participate safely with 1:1 accommodation support
2. Follow City of Irvine, Disability Services procedures for obtaining reasonable accommodations, adjustments, aid, and services.

## DISABILITY SERVICES

Disability Services provides:

- Evaluation of participants abilities;
- Reasonable 1:1 accommodations, adjustments; and
- Ensure program and activities is an appropriate fit.

Disability Services has the right to:

- Identify and establish essential functions, abilities, skills, knowledge, requirements, standards of programs and activities, and evaluate participants on this basis;
- Request and receive current documentation that supports requests for 1:1 accommodations, adjustments, and services;
- Modify a request for 1:1 accommodations, adjustments, and/or services if the documentation demonstrates that the request is not warranted, or if the individual fails to provide appropriate documentation;
- Select among equally effective accommodations, adjustments, and/or services; or
- Withdraw an unreasonable accommodation, adjustment, and/or service that impose fundamental alteration of a class, activity, or program of the City of Irvine.

# ACCOMMODATION / INCLUSION PROGRAM INFORMATION

The City of Irvine Facility Matrix is a tool designed by Disability Services staff to assist you in identifying an ideal match when selecting Community Service classes, activities, and programs for your child to enroll.

## FACILITY MATRIX

	BCCP	CBBCP	CCP	DCP	HACP	HPCC	IFAC	LLCP	NWCP	QHCP	SSNP	TRCP	TRNC	UCP	WBCP	WWJAC	
Accessibility	.	.	.	.	.		.	.	.	.	.	.	.	.	.	.	
After School Program						.		.	.			.		.	.		
Ample Parking		.			.		.			.	.	.	.				
Basketball Courts						.		.		.	.			.			
Camps (Recess Periods)						.						.		.	.	.	
Early Childhood (Pre-K)		.		.		.		.			.	.	.	.	.		
Elopement Safety		.						.						.		.	
Hands 'free' Environment							.						.				
Gated Area							.									.	
Indoor Building			.	.	.	.	.	.	.		.	.	.	.	.	.	
Loud Acoustics				.		.	.					.					
Multi-level (floors)						.										.	
Open Field	.	.	.	.	.	.		.	.	.	.	.	.	.	.		
Park/Playground		.	.	.		.		.	.		.	.	.	.	.		
School Transportation						.		.	.			.		.	.		
School-aged Programs	.	.	.		.	.	.	.	.	.	.	.	.	.	.	.	
Skate Park/Other Feature	.	.		.	.				.				.	.			
Street Access		.	.	.	.		.		.	.	.	.	.	.	.		
Teen Programs	.	.			.	.	.									.	
Tennis Courts		.		.		.		.						.	.		
Water Feature						.	.					.	.			.	
	<b>BCCP</b>	Bommer Canyon Community Park							<b>NWCP</b>	Northwood Community Park							
	<b>CBBCP</b>	Col. Bill Barber Community Park							<b>QHCP</b>	Quail Hill Community Park							
	<b>CCP</b>	Cypress Community Park							<b>SSNP</b>	Sweet Shade Neighborhood Park							
	<b>DCP</b>	Deerfield Community Park							<b>TRCP</b>	Turtle Rock Community Park							
	<b>HACP</b>	Harvard Athletic Community Park							<b>TRNC</b>	Turtle Rock Nature Center							
	<b>HPCC</b>	Heritage Park Community Center							<b>UCP</b>	University Community Park							
	<b>IFAC</b>	Irvine Fine Arts Center							<b>WBCP</b>	Woodbury Community Park							
	<b>LLCP</b>	Las Lomas Community Park							<b>WWJAC</b>	William Woollett Jr. Aquatics Center							



# ACCOMMODATION / INCLUSION REQUEST APPLICATION

NEW APPLICANT       UPDATED APPLICATION

## SECTION A: PARTICIPANT INFORMATION

NAME		DATE OF BIRTH	GENDER
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS		PHONE	
CITY	ZIP	ALTERNATE PHONE	
EMAIL			
SCHOOL ATTENDING		SCHOOL PHONE	
SPECIAL EDUCATION?	IF YES, PROVIDE TEACHER'S NAME:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
TRANSPORTATION SERVICES?	IF YES, HOW?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BY PARENT <input type="checkbox"/> BY SCHOOL <input type="checkbox"/> OTHER:		
REGIONAL CENTER CLIENT?	IF YES, PROVIDE SERVICE COORDINATOR NAME AND PHONE:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			

## SECTION B: PARENT/GUARDIAN INFORMATION

NAME		RELATIONSHIP TO PARTICIPANT	
1.			
HOME ADDRESS		PHONE	
CITY	STATE	ZIP	ALTERNATE PHONE

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# ACCOMMODATION / INCLUSION REQUEST APPLICATION

NAME			RELATIONSHIP TO PARTICIPANT
2.			
HOME ADDRESS			PHONE
CITY	STATE	ZIP	ALTERNATE PHONE

**PLEASE LIST ANYONE WHO CAN SIGN PARTICIPANT IN/OUT OF PROGRAMS OTHER THAN PARENT/GUARDIAN:**

NAME	PHONE
1.	
NAME	PHONE
2.	

**PLEASE LIST EMERGENCY CONTACTS FOR THE PARTICIPANT:**

EMERGENCY CONTACT	HOME PHONE
1.	
RELATIONSHIP TO PARTICIPANT	MOBILE PHONE
EMERGENCY CONTACT	HOME PHONE
2.	
RELATIONSHIP TO PARTICIPANT	MOBILE PHONE

## SECTION C: SPECIAL NEEDS/BEHAVIORS

PLEASE CHECK ANY SPECIAL NEEDS THAT APPLY

**ADD/ADHD**

- INATTENTIVE ADHD
- HYPERACTIVE-IMPULSIVE ADHD
- COMBINED TYPE ADHD

**MOOD/ANXIETY DISORDER**

- ANXIETY
- DEPRESSION
- OBSESSIVE COMPULSIVE DISORDER
- OPPOSITIONAL DEFIANT DISORDER

# ACCOMMODATION / INCLUSION REQUEST APPLICATION

## **LANGUAGE DISORDER**

- RECEPTIVE (e.g. difficulty with comprehension/processing, etc.)
- EXPRESSIVE (e.g. non-verbal, difficulty with speaking/articulation, etc.)
- MIXED

## **OTHER**

- |   |   |
|---|---|
| <input type="checkbox"/> AUTISM/ASPERGER'S            | <input type="checkbox"/> HEARING IMPAIRMENT       |
| <input type="checkbox"/> CEREBRAL PALSY               | <input type="checkbox"/> MOTOR/MOBILITY           |
| <input type="checkbox"/> DIABETES/THYROID DYSFUNCTION | <input type="checkbox"/> READING/WRITING DISORDER |
| <input type="checkbox"/> DOWN SYNDROME                | <input type="checkbox"/> VISUAL IMPAIRMENT        |
| <input type="checkbox"/> EPILEPSY/NEUROLOGICAL        | <input type="checkbox"/> OTHER (Explain): _____   |

## PLEASE CHECK ANY BEHAVIORS THAT APPLY

- |  |  |
|--|--|
| <input type="checkbox"/> AGGRESSIVE BEHAVIORS                          | <input type="checkbox"/> PERSONAL SPACE/BOUNDARY ISSUES                  |
| <input type="checkbox"/> ANXIETY/ANXIOUS BEHAVIORS                     | <input type="checkbox"/> PICA (Eating non-edible objects)                |
| <input type="checkbox"/> ATTENTION SEEKING BEHAVIORS                   | <input type="checkbox"/> PREOCCUPATION WITH CERTAIN ITEMS OR SUBJECTS    |
| <input type="checkbox"/> BITING OR MOUTHING (Putting objects in mouth) | <input type="checkbox"/> REPETITIVE/RITUALISTIC BEHAVIORS                |
| <input type="checkbox"/> CRYING/WHINING                                | <input type="checkbox"/> RIGIDITY/DIFFICULTY WITH CHANGES OR TRANSITIONS |
| <input type="checkbox"/> DIFFICULTY UNDERSTANDING SOCIAL CUES          | <input type="checkbox"/> SCHEDULE RELIANT                                |
| <input type="checkbox"/> DIFFICULTY WITH SOCIAL INTERACTION            | <input type="checkbox"/> SELF-INJURIOUS BEHAVIOR                         |
| <input type="checkbox"/> DISLIKE OF CERTAIN SOUNDS/SIGHTS/TEXTURES     | <input type="checkbox"/> SELF-STIMULATORY BEHAVIOR (e.g. Hand flapping)  |
| <input type="checkbox"/> DISROBING (Removing clothes/shoes, etc.)      | <input type="checkbox"/> SEXUAL INAPPROPRIATE BEHAVIOR                   |
| <input type="checkbox"/> EATING DIFFICULTIES                           | <input type="checkbox"/> SLEEP DIFFICULTIES                              |
| <input type="checkbox"/> ELOPEMENT (Running away or escaping)          | <input type="checkbox"/> SUDDEN MOOD CHANGES                             |
| <input type="checkbox"/> IMPULSIVITY/DIFFICULTY WITH WAITING           | <input type="checkbox"/> TANTRUMS  |
| <input type="checkbox"/> LACK OF DANGER/AWARENESS/FEAR                 | <input type="checkbox"/> TOILETING DIFFICULTIES                          |
| <input type="checkbox"/> LACK OF EYE CONTACT                           | <input type="checkbox"/> VERBALIZATION (Repeating words/phrases, etc.)   |
| <input type="checkbox"/> NON-COMPLIANCE                                | <input type="checkbox"/> OTHER BEHAVIORS (Describe): _____               |
| <input type="checkbox"/> NON-VERBAL COMMUNICATOR                       | _____  |

# ACCOMMODATION / INCLUSION REQUEST APPLICATION

## SECTION D: THERAPEUTIC/MEDICAL HISTORY

MENTAL HEALTH HISTORY

COUNSELING

MEDICATIONS?

IF YES, LIST MEDICATION(S):

YES  NO

DOSAGE

DAYS/TIMES GIVEN

THERAPIES?

IF YES, SELECT TYPE:

YES  NO

OT  PT  OTHER:

ALLERGIES

## SECTION E: ACCOMMODATION(S) REQUESTED

1:1 AIDE/SHADOW (Describe required duties of aide/shadow)

ASSISTIVE EQUIPMENT (If known, describe equipment needed)

FACILITY MODIFICATION (Describe type of modification, e.g. doors widened, ramps installed)

# ACCOMMODATION / INCLUSION REQUEST APPLICATION

<input type="checkbox"/> INTERPRETER (SIGN LANGUAGE) OR READER (Please describe)

<input type="checkbox"/> OTHER (Please explain)

1. PROGRAM REQUESTING	CLASS NUMBER	LOCATION
<input type="checkbox"/> ANIMAL CARE <input type="checkbox"/> FINE ARTS CENTER <input type="checkbox"/> PARKS <input type="checkbox"/> SWIMMING <input type="checkbox"/> OTHER:		
DAYS/TIMES REQUESTING		

2. PROGRAM REQUESTING	CLASS NUMBER	LOCATION
<input type="checkbox"/> ANIMAL CARE <input type="checkbox"/> FINE ARTS CENTER <input type="checkbox"/> PARKS <input type="checkbox"/> SWIMMING <input type="checkbox"/> OTHER:		
DAYS/TIMES REQUESTING		

## SECTION F: CITY OF IRVINE PROGRAM HISTORY

**PLEASE LIST ANY PROGRAMS THE PARTICIPANT HAS PARTICIPATED IN:**

1. PROGRAM	LOCATION	
COMPLETED?	IF NO, PROVIDE REASON:	MONTH/YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOMMODATIONS RECEIVED?	IF YES, PROVIDE TYPE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

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# ACCOMMODATION / INCLUSION REQUEST APPLICATION

2. PROGRAM		LOCATION
COMPLETED?	IF NO, PROVIDE REASON:	MONTH/YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOMMODATIONS RECEIVED?	IF YES, PROVIDE TYPE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. PROGRAM		LOCATION
COMPLETED?	IF NO, PROVIDE REASON:	MONTH/YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCOMMODATIONS RECEIVED?	IF YES, PROVIDE TYPE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

## CANCELLATION POLICY

There is a mandatory 24 hour cancellation policy for all Accommodations. In the instance a participant will not be present for the intended program or event, Disability Services and the program or event site must be notified 24 hours before of the scheduled program or event. If the participant falls ill the day of the scheduled program or event, please contact Disability Services and the program or event site immediately to inform them of the participant's absence. If the accommodation is ongoing, please note once there are three late notifications or no-call cancellations, the accommodation may be suspended or withdrawn.

## RESPONSIBILITY POLICY

The purpose of the Inclusion Program is to mainstream persons with disabilities in a City of Irvine program. The participant or parent/guardian has the responsibility to notify Disability Services in advance when planning to enroll in a City program so reasonable accommodations can be arranged. Accommodations are temporary and based on staff availability. The participant or parent/guardian is accountable for City of Irvine Community Services' policies and procedures, as well as specific program or site regulations.

**I HAVE READ AND UNDERSTAND THE RESPONSIBILITY AND CANCELLATION POLICY OF THE CITY OF IRVINE DISABILITY SERVICES ACCOMMODATION / INCLUSION PROGRAM.**

PRINT NAME	RELATIONSHIP TO PARTICIPANT
SIGNATURE	DATE

# ACCOMMODATION / INCLUSION REQUEST APPLICATION

## PARTICIPANT PERMISSION AUTHORIZATION

I give permission to the City of Irvine to take photographs of me, my children or my dependent(s) while participating in any City activity for use in future City publicity and understand that I will not receive compensation for such use.

I do hereby grant my child permission to travel on off-site excursions under the supervision of the City of Irvine. Modes of transportation may include City vehicles, vehicles under contract with the City or walking to local sites.

I do hereby consent to the treatment of my minor child to any and all medical care deemed necessary by a qualified physician or other license medical personnel and to pay any and all medical costs incurred as a result of said treatment.

I hereby release the City of Irvine and its officers, clients, agents or employees from any and all manner of action or actions, cause or causes of action, in law or equity, suits liabilities, claims, losses, costs or expenses (including attorney's fees), or any kind of nature whatsoever, known or unknown, fixed or contingent, whether related to negligent or intentional acts or omissions or any other act or omission and whether related to bodily injury, property damage, or any other form of injury or loss to myself (and to any minor participants for whom I have the capacity to contract). On behalf of myself and any minor child(ren), I agree to indemnify and hold harmless the City of Irvine and its officers, clients, agents or employees for any and all claims, liabilities, demands, judgments, and penalties to me (and said minors) for any loss or damage on account of property damages or physical, mental and emotional injury to me (or said minors) caused by the negligence of the City of Irvine and its officers, clients, agents or employees arising out of participation in this program or other classes sponsored by the city. I recognize for myself and any minors that the events and occurrences to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and any minor participants for who I can contract.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING. APPLICATION IS SUBJECT TO CHANGE.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP TO PARTICIPANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# ACCOMMODATION / INCLUSION REQUEST APPLICATION

## RELEASE OF INFORMATION AND CONSENT FOR SERVICES

PARTICIPANT FULL NAME

ADDRESS

DATE OF BIRTH

CITY

STATE

ZIP

PHONE

### PERMISSION TO RELEASE INFORMATION

I hereby instruct and give my permission to the City of Irvine Disability Services staff to exchange and release educational, behavioral, and/or medical information to:

City of Irvine Program Staff, School District, Regional Center of Orange County, UCP of OC, Dayle McIntosh, Braille Institute and Goodwill Industries

Specific Doctors, Therapists or Agencies:

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For the sole purpose of coordinating special accommodation covered under the Americans with Disabilities Act. The City of Irvine maintains strict confidentiality and no further information will be given to anyone without your written consent.

PRINT NAME

RELATIONSHIP TO PARTICIPANT

SIGNATURE

DATE (Expires 1 year from date of signature)