



2024 Summer Programming- Joel Barrett Campus

6-12 year old packet

Welcome to the Stateline Boys & Girls Club where Great Futures Start! All components of this packet must be completed in order to be eligible for the program. Contact 608-365-8874 with any questions.

Summer Programming

Monday-Friday
7:00 am- 6:00 pm

All club members enrolled in our Summer Program will have the opportunity to participate in the full Boys & Girls Club experience to include:

Quality Role Models	Educational Opportunities	Health & Life Skills
Character & Leadership	Arts & Crafts	Sports, Fitness & Recreation
Structured Games	Cooking Classes	Weekly Swimming
Weekly Field Trips and MORE!		

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need. United Way scholarship funds are available, distributed fairly, and granted on a first-come, first-served basis. **Scholarships do not cover Membership Fee or fieldtrips or the Club t-shirt for field trips.**

Is your child attending Summer School with Beloit School District?

Yes _____ No _____

- Todd Elementary School
- Converse Elementary School
- Cunningham Middle School

Financial Aid Registration Paperwork Checklist

- Membership Registration Form
- Summer Registration Form
- Two most recent pay stubs
- Child Care Assistance Program Application/Denial Letter
- Emergency Medical Form
- Stateline Boys & Girls Club Financial Aid Form

Child's Name: _____

Parent Name: _____

Fee Type	Cost
Membership	\$20.00 / \$30.00 per year
Summer Program (6-12)	\$100 two week session
Summer Program Teen (13+)	\$50 two week session
Field Trip T-Shirt	\$10.00
Field Trips	Varies by trip - see monthly calendar

Total one-time fee: _____

Total weekly fee: _____



STATELINE
BOYS & GIRLS CLUBS

2024 Summer Program Registration- Joel Barrett Campus

Please fill out what is highlighted in yellow

Name: _____ Age: _____ Sex: _____ Phone () _____ - _____

Address: _____ City: _____ Zip: _____

Emergency Contact Information (Name & Phone Number): _____

My child has permission to walk home: Yes _____ No _____

Does your Child have any Allergies? _____

Is your child attending Summer School? Yes _____ No _____ Circle School: Converse Todd Cunningham

Bellow to be filled out by SBGC Staff

Session 1 : June 10th – 21st

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 2 : June 24th-July 5th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	



United Way
Blackhawk Region
Funded Partner

Session 3: July 8th-19th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 4: July 22nd-August 2nd

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	

Session 5: August 5th-16th

Membership Fee	\$20		Session Fee	
Receipt #			Financial Assistance	
Circle T-shirt Size			Deposit	
Youth size: SM M L XL			Amount Paid	
Adult Size: SM M L XL			Session Balance	
Paid for T-shirt (\$10) _____			Day Pass \$10 a day	Mon__ Tues__ Wed__ Th__ Fri__ Mon__ Tues__ Wed__ Th__ Fri__
Late Fee \$15 _____			Notes:	



STATELINE
BOYS & GIRLS CLUBS

Bruce Nichols Boys & Girls Club
1161 Dorr Rd. (815) 389-3634

2024 Field Trip Permission Slip

Dear Parent(s)/Guardian(s):

The Bruce Nichols Boys & Girls Club Summer Camp program will be taking various Field Trips throughout the summer. This permission slip is good for ALL Summer Camp Field Trips. Please be sure to read the list of Trips scheduled for our Day Campers, and pay attention to the location, dates and times.

I hereby give _____ my permission to attend
(Member's Name)

Field Trip(s) with the Bruce Nichols Boys & Girls Club's Day Camp Program. In the event of an emergency, please contact
_____ at (_____) _____.
(Contact Name) (Phone Number)

I understand field trips require a club shirt. I also will inform the member not to leave the direct supervision of the leaders.

(Parent/Guardian Signature) (Home Phone Number) Date: _____

2024 Swimming Permission Slip

Dear Parent(s)/Guardian(s):

The Bruce Nichols Boys & Girls Club Summer Camp program will be taking Swimming Field Trips throughout the summer. We will be going to the Beloit Municipal Pool. Please understand that the Club Staff is not lifeguard trained. That responsibility falls on the Pool facility. The facility and its staff are the Primary Authority while on the Swimming Pool Grounds. By signing this permission slip, you understand the lower level of authority and supervision on behalf of the Club. This permission slip is good for ALL Summer Camp Swimming Field Trips. Please be sure to read the schedule dates for Swimming. If available, members can take a swim assessment test when at the field trip location.

I hereby give _____ my permission to attend swimming Field Trip(s) with the Bruce Nichols
(Member's Name)

Boys & Girls Club's Day Camp Program.
In the event of an emergency, please contact _____ at _____
(Contact Name) (Phone Number)

I understand that the Bruce Nichols Boys & Girls Club is not in charge of supervision in the pool area. I also will inform the member not to leave the direct supervision of the leaders.

(Parent/Guardian Signature) (Home Phone Number) Date: _____



Stateline Boys & Girls Clubs Inc. - Membership Form

Do Not Fill in Shaded Areas

Unit # _____

Membership # _____

SECTION 1

Application Date: _____

Race: (Circle One)

Previous Member: Yes _____ No _____

B - African/American W - White

X - American Indian

O - Asian/Pacific H - Hispanic

X - Other or Mixed Heritage

Membership Paid: \$ _____

Fee Fully Paid: Yes _____ No _____

Receipt #: _____

SECTION 2 (Information Pertains to the Member)

Member's First Name: _____ Middle: _____ Last: _____

Member's Birth Date: ____/____/____ Age: _____ Sex: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____ Parent's E-mail: _____

Does Member Live With:

() Mother Only () Father Only () Both Parents () Grandparents () Other _____

SECTION 3 (Information Pertains to the Member)

Number of Brothers: _____ Number of Sisters: _____ People Living in House: _____

Name of School: _____ Grade: _____

Home Phone: (____) _____ Emergency Phone: (____) _____

SECTION 4

Father's Name: _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Work Phone: _____ Work Phone: _____

**To ensure that we continue receiving grants/funds, the following optional information is requested.
It will remain strictly confidential.**

Annual Family Income: (Circle One)

1. 0 - \$10,465 Per Year

4. \$17,746 - \$21,385

7. \$28,666 - \$32,305

2. \$10,466 - 14,105

5. \$21,386 - \$25,025

8. \$32,306 - \$35,945

3. \$14,106 - \$17,745

6. \$25,026 - \$28,665

9. \$35,946 and Over

SECTION 5

Does the Member Have Health Insurance? Yes _____ No _____

Does the Member Have Any Health Problems? Yes _____ No _____

If Yes, Explain: (Include if any Medications are taken): _____

SECTION 6 (Office Use Only)

Member Information: _____

SECTION 7 (Office Use Only)

Program Tracking (Circle those that apply)

1. Summer Camp

5. Community Service

9. T-Ball

2. Basketball League

6. Outreach - Other

10. Softball

3. Football

7. General Membership

4. Soccer League

8. Dance



Welcome to the Stateline Boys & Girls Clubs Inc.

I promise to take care of my club and property.

I promise not to smoke in the building or on the grounds.

I promise to use proper language and show respect for myself, staff,
and other members.

I must bring my membership card to the club daily for admittance.

If at any time I am asked to return my card, I understand no dues
will be refunded to me.

I understand to replace a lost card is \$1.00.

I understand that the front desk is a business area.

I understand that the phone is for emergency purposes only.

I understand food and drink are allowed only in designated areas
at designated times.

I HAVE READ AND I UNDERSTAND THE ABOVE:

Member's Signature: _____ Date: _____

PARENT'S OR GUARDIAN'S APPROVAL

We hereby approve of our child's application for membership in the Stateline Boys & Girls Clubs, Inc. and give our consent to our child being given an examination and emergency treatment by a physician or hospital in case of an accident, and to his/her taking part in the various athletic, cultural, and social activities of the Club. Also, I understand that the Boys & Girls Club and its personnel are not responsible for personal injury or loss of property. The membership fee that is paid is to register the youth in our files. It is not a fee for any activity. It is not refundable. I authorize the School District and/or the educational institution my child attends to release report card and test scores information to the Boys & Girls Club. I hereby consent to the reproduction, publication and use of photographs taken of my child by the Stateline Boys & Girls Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation.

Parent or Guardian Signature: _____ Date: _____



Emergency and Medical Form

Member Name _____	Male _____ Female _____
Address _____	Birthdate _____
City, State, Zip _____	Age _____ Grade _____
Email Contact _____	Phone _____
Does your child have permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Health History	
Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insects <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other _____	Physicians Name: _____ Phone Number: _____ Hospital Preference: _____
Additional Information we should know: _____ _____	
Are there any Behavioral Concerns we should be aware of? Yes No	
Does your child have an IEP? Yes No	
Further information: _____ _____ _____	

Emergency Contact 1
Name: _____
Relationship to Family: _____
Phone: _____

Emergency Contact 2
Name: _____
Relationship to Family: _____
Phone: _____

Parent Signature

Date



Guardian Authorization for Alternative Pick Up

I, _____, give permission for my child, _____, to be picked up from the Stateline Boys & Girls Club by the following individuals. I understand that the Stateline Boys & Girls Club may require any individuals to provide photo identification prior to picking up my child from the facility.

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

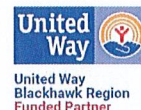
Address: _____ Phone Number : _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number : _____

Comments:

Parent/Guardian Signature: _____ Date: _____





Stateline Boys & Girls Clubs Transportation Agreement

Stateline Boys & Girls Clubs (SB&GC) use the SB&GC vans and school bus rentals during school year programming. To maintain safety on the van and bus, and a safe driving environment for all, the following rules must be followed by all members while riding in the van or bus, with no exceptions.

- Members must enter and leave the van and bus in an orderly manner
- Members must follow directions of the driver and staff members that are present
- Conversations must be at a quiet level with no loud talking, singing, or using profanity
- Vandalism of the van or bus seats is not allowed
- Members must keep hands and feet to themselves
- Seatbelts MUST be always worn while in the van or bus
- No standing while the bus or van is running/moving
- Only staff members can open windows
- No eating or drinking (except water) in the van or bus
- No bullying
- Not fighting

Failure to follow any of the rules above will lead to disciplinary consequences found in Policies: written warning, days off, and/or suspension from summer field trips if there are repeated violations.

Severe infractions such as fighting, using profanity towards the driver, staff members or fellow members, destroying or damaging van or bus equipment or stealing may also lead to immediate suspension from summer field trips.

I have read the following School Year Transportation Agreement and understand that if my child does not follow the rules and regulations, the Stateline Boys & Girls Clubs will follow through with disciplinary consequences stated above.

Parent Name

Parent Signature

Date



WALKER PASS AND LIABILITY WAIVER

I (Parent/Guardian), _____, authorize and permit that The Joel Barrett Boys & Girls Club, of the Stateline Boys & Girls Clubs Organization, may release (my child) _____, to walk from the Club with the following permissions.

Please check one:

My child may be released by/from the Club as a walker without my prior notification.

My child may be released by/from the Club as a walker only upon my prior notification. I can be contacted at this phone number _____.

My child may be released by/from the Club as a walker only on the following day(s) of the week (Please circle all days that apply and check with or without notification):
Monday Tuesday Wednesday Thursday Friday Time they are to walk: _____

My child may be released by/from the Club as a walker only if I (or an authorized person) is not able to pick him/her up at the Club by 6:30 p.m. In this event, I acknowledge and agree that the Club may release my child as a walker without my prior notification.

I do **NOT** give permission for my child to walk home at any time.

Liability Waiver: I understand that the release of my child from the Club without parental, staff or adult supervision includes risk of injury that may range in severity from minor to disabling to even death, and that it is impossible to eliminate the risk. I understand that the release of my child from the Club as a walker without parental, staff or adult supervision is voluntary and I am free to choose not to grant the Club permission to release my child from the Club. I understand that the Stateline Boys & Girls Club, its employees, directors, volunteers, representatives, staff and agents will not be liable for personal injuries and/or property damage as a result of my child's voluntary release as a walker as checked above. By signing this Agreement, I acknowledge that I have read and understand this document and accept the risk and responsibility of participation in the voluntary release of my child from the Club as checked above.

Parent's/Guardian's Signature: _____ Date: _____



STATELINE
BOYS & GIRLS CLUBS

STATELINE BOYS AND GIRLS CLUB BANK OR CREDIT CARD DRAFT AUTHORIZATION 2023-2024

Parent/Guardian Name (please print)

First _____ M.I. _____ Last _____

Last

Address _____ Email _____

Program:

() One time per month draft (draft occurs on the 1st of every month)

Please be aware that drafts will occur on Monday, if the 1st falls on the weekend or on the day after a Holiday (i.e. January 1 will occur January 2nd).

Childs name _____ Grade Level _____

Childs name _____ Grade Level _____

[] Beloit Club

[] South Beloit Club

[] After School site _____

Draft Options

[] Checking Account Bank Name _____

Bank Routing # _____ Account # _____

[] Savings Account Bank Name _____

Bank Routing # _____ Account # _____

[] Credit Card Name on Card _____

Account # _____ Card Type _____

(Discover, MasterCard, or Visa)

Expiration Date _____ CID# _____

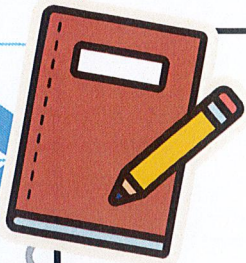
- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.

- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable ☒
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.
- If there is a change in any program fees that you are having auto-drafted out of your account each month we will let know prior to your payment being pulled.

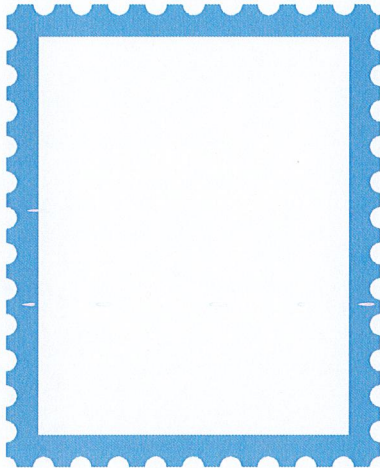
I authorize the Stateline Boys and Girls Club to draft the above named bank or credit card account for payment of membership or program fees. I understand that the Stateline Boys and Girls Club may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature

Date



ALL ABOUT ME



NAME:

BIRTHDAY:

AGE:

SCHOOL:

FAVOURITES

- FOOD:
- GAME:
- SPORT:

FAVOURITES

- COLOR
- SHOW
- ICE CREAM / SNACK



MORE ABOUT ME!

WHEN I GROW UP, I WANT TO BE :

I'AM INTERESTED WITH :



Summer Program Policies 2023

Stateline Boys & Girls Club- Joel Barrett Campus
202 Maple Ave, Beloit WI 53511
608-365-8874 www.statelinebgc.org

Fees for more than one child

If registering more than one member in the family, fees are as follows

First Child 100.00 per two weeks
Second Child 95.00 per two weeks
Third Child 90.00 per two weeks
(6-12 years old)

Teen rate 50.00 per two weeks
(13-18 years old)

\$95.00 per two weeks session **before** May 24th, and \$100.00 per two weeks session **after** May 24th.

Fees are for regular Summer Program Hours 7:00am- 5:30pm

Sessions are not prorated due to late registration or coming into the middle of a session.

Deposits

A \$10.00 non-refundable deposit may be paid to hold a space for your child for that session. Parents have until the specific deadline to pay the remaining balance. Late fees will still be applied if payment is after the due date.

Day Pass

Members who have an active membership may attend for the day by purchasing a pass for \$10.00 to stay between 9:00 am until 5:00 pm. **No refunds on Day Passes.**

Deadlines

All Summer Program registration fees must be paid in full by the deadline dates for each session. **Members not paid in full will not be allowed to attend the session.** Registration received after May 24th will be \$100.00 per session. Session fees after any deadline date will be subject to an additional **\$10.00 late charge.**

	Sessions	Deadline
1	June 10- June 21	June 7
2	June 24 - July 5	June 21
3	July 8-July 19	July 5
4	July 22- August 2	July 19
5	August 5- August 16	August 2

Refunds

There will not be refunds given on any fees paid for any reason. Members should attend the session or sessions that have registered for. Session fees are not transferable or dividable from session to session or from member to member, **no exceptions.**

Financial Assistance

We realize that families sometimes need help accessing our services and established a scholarship program to support those that demonstrate need, Club scholarship funds are limited, distributed fairly, and granted on a first-come, first-served basis

Membership Cards

Members are required to bring their cards daily to enter the Club. If members forget their cards, they will need to purchase a new card for \$1.00 that day to enter the Club.

Meals & Concessions

All school aged-youth are welcome to visit our site for a free healthy lunch. Beginning 11:30am until 12:30 pm daily throughout the summer program. We offer members the opportunity to purchase concessions as well as provide a variety of free snacks daily at 3pm.

Medication

Parents/guardians are responsible for filling out and signing the SBGC Medication Consent Form. Medication needs to be labeled with the child's full name and date and time to distribute. SBGC Staff will document the date, time and amount of medication the child is given each day on the Medication Consent Log. SBGC staff will fill out the medication log at the Club as well as on field trips. On field trip days, Staff are responsible for holding onto member medication and giving the medication to the child at the correct time.

If your child has severe allergies, they will need to carry an epi pen on them. If your child needs to use an inhaler, please make sure they bring it to always be used.

Field Trips

All field trips are optional. If a member is interested in attending a certain field trip, they will need to have that field trip paid for by the due date. Some trips may limit the number of members attending a field trip. Those trips will be noted on the field trip flyer. For members who are attending a field trip they need to make sure they are on site and in attendance at least 30 minutes before the bus leaves. **Please pay attention to whether the bus is leaving from a Beloit Location or South Beloit Location.** Those who are attending a field trip will be expected to wear the Boys & Girls Club t-shirt. If a member is not in a Boys & Girls Club t-shirt, he or she will not be able to attend. On field trips your child is responsible for holding and taking medication. Our BGC staff do not assume the risk or responsibility of holding on to or passing medication to members on fieldtrips.

If the member is unable to meet behavior expectations on the field trip (outlined in our behavior policy), they will not be able to attend the next field trip. If the member continues to disregard behavior policy they will no longer be able to attend field trips.

Open Door Policy

The Open Door Policy applies to members 13 – 18 years old; if members fall into that age category, they are free to leave the Club, but they are not permitted to reenter that day without an adult. Members 11 years and younger need to be dropped off and picked up by a parent or guardian or authorized adult or the parent needs to sign off on the member walking home. If a member leaves our facility without parent permission, we will notify the parent and call non-emergency.

Personal Belongings

The SBGC is not responsible for the lost, missing, stolen or damaged items. Cubbies are available for member's usage, however all items need to be removed daily. Bikes are to be locked up at the bike rack. Valuables such as tablets, cameras, gaming devices should be left at home. Cellphones are the member's responsibility; staff are not responsible to hold on to a member's cellphone or personal items.

Dress Code

Club members must wear gym shoes when participating in gym activities or outdoor activities where feet need to be covered. All clothing which displays logos or monikers that promote drugs, alcohol, violence, gangs, sex, racism etc. must not be worn. Shoes, pants, shorts, must always be worn and clothing must not be revealing and must be worn appropriately. Members who fail to meet the dress code standards may be subject to dismissal.

Behavior Problems

Members are expected to follow SBGC rules & regulations. Members are to respect the staff, other members, and the visitors/ volunteers who enter our building. Members who fail to follow the SBGC rules will be disciplined according to the behavior displayed. If the behavior continues the member may be subject to suspension or unable to sign up for future summer sessions.

When a member is suspended from SBGC, a staff will contact the parents/ guardians. Arrangements must be made for that member to be picked up immediately. A meeting between the Unit Director and the members' parent/guardian must take place to decide if/when that member will be allowed back to the SBGC Building.

Required Immediate Reporting

Staff and volunteers are all mandated reporters. We are required to report any critical incident/safety concern to local authorities immediately. We are also required to report any critical incident to Boys & Girls Clubs of America within 24 hours.

Transportation

It is the parents/guardians' responsibility to ensure members are dropped off and picked up promptly. SBGC Staff members are **NOT** permitted to give members a ride home.

Parent/guardians/authorized adults consistently not following this policy are subject to penalties such as SBGC staff calling non-emergency, or members may not be permitted to attend or register for future session.

SBGC travels by school bus or shuttle for field trips, please make sure to drop off your child/children on time otherwise they will be left behind.

Sick Policy

If a member should become sick during the day, SBGC will contact the parent or guardian to come pick up the child.

SUMMER PROGRAM POLICY HANDBOOK SIGNATURE PAGE

After reading the Summer Program Policy Handbook, please sign the appropriate lines below and return the form to the Front Office.

We/I, the parent(s)/guardians of _____
have read and understand the contents of Stateline Boys & Girls Clubs – Joel Barrett Location Afterschool Program Policy Handbook. We agree to follow and abide to the Stateline Boys & Girls Clubs Policies. We understand that the organization reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the policies will be distributed by each club location under the Stateline Boys & Girls Clubs Organization. The Afterschool Program Policy Handbook is not an enrollment contract.

Signature of
Parent/Guardian _____
Date _____

Signature of
Parent/Guardian _____
Date _____

Please Note: Signature is required by all legal parent(s) and or guardian(s).

Thank you, very much!



STATELINE
BOYS & GIRLS CLUBS



Stateline Boys & Girls Club: Bruce Nichols Campus

Medication Consent Form

Name of child: _____ Birth Date: _____

Child Care Center Name: _____

Name of Medication	Dosage	Time(s) of day to be administered	How to be administered	Dates- Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No Does the over-the counter- (OTC) medication label indicate the child's physician should be consulted? If "Yes" O have consulted with my child's physician and I am authorizing a dosage consistent with the physicians recommendation.

OTC Medication Name _____ Parent Initials _____

Additional Information/ Special instructions/contraindication- Specify.

I hereby authorize administration of the above medication to my child by staff of the child care center listed above

Signature- Parent or Guardian

Date

Documentation of Medication Administration

Instructions: This section is to be completed only by Stateline Boys & Girls Club employees to document the actual administration of the medication.

Lines should not be skipped

	Name of Medication	Date Administered	Time Administered	Dosage	Signature/initial of person who is administering the medication
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					



ROCK COUNTY RESOURCE DIRECTORY 2023

4/2023

Distributed by Aging and Disability Resource Center of Rock Co.

AGENCIES (GOVT)

ROCK COUNTY

Aging & Disability Resource Center of Rock Co	741-3600
Toll Free (855)	741-3600
Behavioral Health Intake/Rock County Crisis	757-5025
Mobility Manager	757-5408

WISCONSIN

Disability Rights of Wisconsin	800-928-8778
Division of Vocational Rehab	1-800-228-2648
Food Share QUEST Card Customer Service	877-415-5164
Medicare Integrity Project (Fraud Reporting)	800-488-2596
Medigap Helpline Office Commissioner of Insurance	800-242-1060
Medicaid & State SSI Recipient Hotline	800-362-3002
Southern Consortium Call Center	888-794-5780
Unemployment Insurance Claims	800-822-5246
WI Office Commissioner of Insurance	800-236-8517
WI Dept of Motor Vehicles	800-924-3570

U.S. GOVERNMENT

Health Insurance Marketplace Helpline	800-318-2596
Medicare Hotline	800-633-4227
Social Security & SSI	800-772-1213 or 877-850-7826

ABUSE & NEGLECT REPORTING (18+)

Aging and Disability Resource Center	741-3600
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ASSISTIVE SERVICES AND/OR EQUIPMENT

AngelSense	www.angelsense.com
Central Lutheran Church Edgerton – Loan Closet	884-9118
Cornerstone of HOPE	754-1228
First Lutheran Church Equipment Loan Closet	752-7434
Seventh Day Baptist Church Loan Closet	868-2741
Katy's Klostet	262-746-9034
Library-Homebound Book Delivery	758-6592 or 364-2912
Project Lifesaver	757-7961
Society's Assets (Independent Living Ctr)	800-261-8181
Wisconsin Talking Book and Braille Library	800-242-8822
Wisconsin's Assistive Technology Program	608-514-2513

ADULT DAY SERVICES PROGRAMMING

Beloit Adaptive Alliance	608-289-5282
Janesville Community Connections	758-8180
KANDU Adult Day Services	755-4123
Aptiv Inc.	757-0909

ADULT FAMILY HOME (AFH) & COMMUNITY BASED RESIDENTIAL FACILITIES (CBRF)

1-2 Bed Adult Family Homes

Inclusa, Inc.	554-3828
My Choice Wisconsin	414-287-7600
Creative Community Living Services (CCLS)	931-7061
Dungarvin	752-8363
REM Wisconsin	755-0618
Aptiv Inc.	757-0909

State Licensed 3-4 bed homes

<https://dhs.wisconsin.gov/guide/rock.htm>

CONSUMER

Better Business Bureau of Wisconsin	414-847-6000
WI Agr, Trade & Consumer Protection	800-422-7128
Register for "Do Not Call" List (Get off telemarketing call lists)	888-382-1222

CRISIS

Beloit Domestic Violence Center Crisis Hotline	365-1119
Brittan House (Shelter – single men only)	365-4787
Caritas (Food/clothing pantry-Beloit Area)	362-4403
Central Christian Church Food Pantry (Beloit)	362-7663
Christ Lutheran Food Pantry (Clinton)	676-4994
CRISIS INTERVENTION- (24 HOUR)	757-5025
C.U.P. (Orfordville Food Pantry)	879-2624
ECHO (Food/clothing/rent -Janesville)	754-5333
Edgerton Community Outreach	884-9593
Evansville Ecumenical Care Closet	882-4532
Hands of Faith	363-0683
House of Mercy (Homeless shelter)	754-0045
Faith Works of Rock County	531-1880
Milton Community Action Group/Food Pantry	868-1166

1717 Center Avenue, Janesville, WI 53546

New Zion Baptist Church (Beloit)	362-7703
NON-EMERGENCY Police(All Rock County)	757-2244
POLICE/FIRE/AMBULANCE (All Rock County)	911
Salvation Army (food pantry/shelter)	757-8300 or 365-6572
Sparrow's Nest Shelter	362-8215
Suicide & Crisis Lifeline	988
YWCA Domestic Violence Resources	752-5445

DISABILITY BENEFIT SPECIALIST (18-59)

Aging and Disability Resource Center	741-3600
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EDUCATION/POSTSECONDARY

Blackhawk Technical College	758-6900
Edgewood Cutting Edge	http://www.edgewood.edu/Prospective-Students/Cutting-Edge
Sheperds College	https://shepherdscollege.edu/
Think College	www.waisman.wisc.edu/thinkcollege/
Wisconsin!	
UW-Whitewater LIFE Program	http://www.uww.edu/coeps/departments/life-program

EVALUATION SERVICES

Neurology Clinics: Beloit Clinic	364-2220
SSM Health/Dean	371-8400
Mercy Clinic East	756-7100
UW Hospital/Clinics	608-741-3590
Waisman Center	608-263-5776

HEALTH SERVICES

Beloit Area Community Health Center	361-0311
Rock County Counseling Center	757-5229
Dean on Call (24 Hr Nurse Call Center)	800-576-8773
HealthNet of Rock County	756-4638
J&B Medical Supply	866-674-5850
Rock County Cancer Coalition	754-2286
Rock County Health Dept.	757-5442
Wisconsin Tobacco Quit Line	800-784-8669

DENTAL

Beloit Area Community Health Center	361-0311
Dental Dreams (Machesney Park, IL)	815-637-2800
Dental Dreams (Rockford, IL)	815-399-7777
Donated Dental Services	888-338-6852
Familia Dental	757-0057
HealthNet of Janesville (Serving all of Rock County)	756-4638

HEARING

Office for the Deaf & Hard of Hearing	319-1249
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PRESCRIPTION DRUG ASSISTANCE

Good Rx	www.goodrx.com
Partnership for Prescription Assistance	888-477-2669
Prescription Drug Helpline – Med Part D	855-926-4862

VISION

Office for the Blind and Visually Impaired	757-5203
WI Council of the Blind	800-783-5213

HOUSING & RENTAL ISSUES

Beloit Housing Authority	364-8740
Community Action Housing Programs	313-1300
ECHO – Emergency Assistance	754-5333
Edgerton Housing Authority	884-8454
Evansville Housing Authority	882-4518
Janesville Housing & Neighborhood Services	755-3065
Legal Action Landlord/Tenant Issues	608-286-2295
Movin' Out	877-861-6746 x7
Neighborhood Housing Services of Beloit	362-9051
Rock County Housing Community Development	757-5587
Salvation Army Housing Resource	757-8300
USDA Rural Development	920-907-2976

HOME HEALTH CARE (Medical)

At-Home Healthcare	363-5885
SSM Health at Home	800-900-8040
Mercyhealth at Home	754-2201
Society's Assets	800-261-8181
Stoughton Hospital Home Health	873-2366

NON-MEDICAL SUPPORTIVE HOME CARE

Alternative Home Care	758-3324
BrightStar	314-8501
MCFI Home Care	608-215-1915
Visiting Angels	877-276-7039

LIVE-IN CAREGIVERS AND COMPANIONS

BrightStar	314-8501
Good People	800-608-8003

INFORMATION/ REFERRAL & ASSISTANCE

2-1-1 First Call for Help (Open 24/7)	2-1-1
Aging and Disability Resource Center	741-3600
Society's Assets	800-261-8181
Wisconsin Statewide Transition Initiative	www.wsti.org

LEGAL & ADVOCACY SERVICES

ABC for Health, Inc www.safetyweb.org	800-585-4222
Disability Rights Wisconsin	800-928-8778
Lawyer Referral & Information	800-362-9082
Legal Referral Service -- Modest Means	800-362-9082
Legal Action of Wisconsin	800-362-3904
Legal Action of Wisconsin Housing Related Issues	608-286-2295
Rock County Guardianship Questions	757-5210
Rock County Probate Office	757-5635 or 757-5636
Society's Assets	800-261-8181
Wisconsin Board for People with Developmental Disabilities	888-332-1617
Wisconsin Guardianship Hotline	855-409-9410

MENTAL HEALTH

National Alliance Mental Illness	743-9828
Rock County Behavioral Health Intake/Crisis	757-5025

NUTRITION

Food Share/Southern Consortium	888-794-5780
Mom's Meals www.momsmeals.com	877-508-6667

PUBLIC ASSISTANCE

Assurance Wireless (No cost for low income)	888-321-5880
Foodshare & Medical Assistance	888-794-5780
Energy Assistance Program (Energy Services)	363-9200
SafeLink Cell Phone (No cost for low income)	800-977-3768
Weatherization Assistance Program	755-2450

RECREATION

Able Trek Tours	800-205-6713
Easter Seals Respite/Recreation Camps	800-422-2324
Fishing Has No Boundaries	800-243-3462
Foundry Theater Group	921-8256
Lamers Special Needs Tours	800-832-0807
No Limits Dance Program	352-0241
Rock County Recreation	758-8180
Special Olympics (Region 7)	262-598-9507
Wisconsin Badger Camp	608-348-9689
YMCA of Northern Rock County (Jvl)	754-6654
YMCA of Northern Rock County (Milton)	868-9622
YMCA Stateline (Beloit)	365-2261
Rock County Advocacy Services	365-2090
Society's Assets	800-261-8181

SUBSIDIZED HOUSING

BELOIT	Fairbanks Flats Apts	790-4552
	Parker Bluff Apts	364-8740
	Scoville Center Apts	362-4900
	Watertower Place	265-5700
	Woodside Terrace	365-0333
CLINTON	Meadow Park Apt	290-2338
	EDGERTON	Edgerton Meadows
EDGERTON	Edgerton Retirement Apts	884-9009
	Elm Drive Apt	884-8454
	Fulton Street Apts	844-547-2117
	EVANSVILLE	Arbor Glen
EVANSVILLE	South Meadow Apt	882-4518
	FOOTVILLE	Ezra Foote Manor Apt
JANESVILLE	Burbank Plaza Apts	754-4040
	Garden Court	755-1755
	Grant Village Apt	755-1755
	Green Forest Run	754-1886
	Hamilton Terrace Apt	757-2892
	Lexington Court Apt	920-568-8862
	River Flats	608-602-7005
Riverview Heights	752-5999	

MILTON	Milton Meadows	258-2080
ORFORDVILLE	Orfordville Meadows	608-784-2935

TRANSPORTATION SERVICES

Beloit Transit	364-2870
Disabled Veterans Transportation Network	884-9847
Edgerton Taxi (Edgerton Area only)	882-0407
Janesville Transit System	755-3150
Lavigne Bus Company	920-563-1515
Veyo (Medicaid Transportation Appointments)	866-907-1493
Rock County Mobility Manager	757-5408
Rock County Transit	757-5054
RTS Express, LLC	480-3878
You Buy, We Fly	363-3939

VOCATIONAL SERVICES

Community Solutions of WI LLC	741-3685
CESA 2 Vocational Opportunities and Assistance	741-6687
Division of Vocational Rehabilitation	1-800-228-2648
KANDU Industries, Inc.	755-4123
Aptiv Inc.	757-0909

WORK INCENTIVE BENEFIT SPECIALISTS (WIBS)

Dept of Workforce Development	314-3300 x303
Employment Resource, Inc.	877-826-1752
Aptiv Inc.	757-0909

AGING AND DISABILITY RESOURCE CENTER (ADRC)**Information & Assistance**

ADRC Information and Assistance (I&A) Specialists have information on a wide range of resources, including information about long term care and disability services. If you or someone you care for are turning 18 and have a disability, an I&A Specialist can provide confidential options counseling, assisting you in determining eligibility for long term care services, and refer you to other resources that may be needed following high school. You can request assistance from the ADRC at 17 years, 6 months of age and all the services are provided free of charge. To find out more, contact an I&A Specialist Monday through Friday, 8:00am to 4:30pm at (608) 741-3600.

Disability Benefit Specialist

A Benefit Specialist provides free and confidential assistance to people with disabilities between the age of 18 and 59.

Some of the programs and information Disability Benefit Specialists can help with are:

- Medical Assistance (Medicaid)
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)
- Medicare
- Other financial assistance programs you may qualify for

For more information about the Disability Specialist Program, contact the ADRC at (608) 741-3600

Visit our website at www.co.rock.wi.us/adrc



Aging and Disability Resource Center of Rock County

All phone numbers are 608 area code unless noted.

The above listings should in no way be construed to constitute an endorsement of a company, organization or its service, nor should exclusion be construed to constitute disapproval. Aging and Disability Resource Center of Rock County does not support or endorse the businesses and/or agencies, services or products listed in this publication