Describe the Process

Step 1:

Complete initial contact form over the phone

Step 2:

Schedule initial appointment & complete all necessary paperwork

Step 3:

Purchase a membership or apply for financial assistance if applicable

Step 4:

-Assessment in one of four areas (physical, social or cognitive functioning)

-Develop an Individualized Therapeutic Plan Including:

Goals,

Objectives

Progress note tracking

-Implement the plans of choice

-Evaluate progress made

Step 5:

Client is discharged from the program

TRAC Referral Form

Complete and fax to Adaptive Recreation at 720.865.0821 Attn: Melissa Root

Preferred Denver Recreation Center?

_____

Method of Transportation to Sessions?

-Public Transportation ___
-Own Vehicle ___
-Family ___
-Access-a-ride ___

Client Availability?

Mon. Tues. Wed. Thurs. Fri.

___ Mornings

___ Afternoons

___ Evenings

What type of involvement is the client interested in pursuing?

___ Classes at Rec. Center

___ Weight room

___ Pool or Therapy pool

___ Resources

___ Other

Name _____Age_____

Address_____

_____

Phone_____

Referring Therapist

_____

Phone_____

TRAC

Transition to Recreational Activities In the Community

Denver Parks + Recreation

Adaptive Recreation
1849 Emerson St.
Denver, CO 80218

Benefits...

Maximize level of functioning

Enhanced self esteem

Develop a new skill

Attain new knowledge

Improve quality of life

Increased level of independence

Socialization with peers

Improved assertiveness

Satisfaction with leisure experiences

Empowerment

Services Available

- **One on one therapeutic sessions**
- **Group or class therapeutic programs**
- **Eliminating barriers to recreation participation**
- **Center Staff disability awareness**
- **Recreation Referrals**
- **Inclusion opportunities**
- **Warm water therapy pool**
- **Development of an individualized therapeutic plan**

Give me the details

Who

Individuals with disabilities ages 5 to adult who desire to enhance their recreation experiences in order to improve their overall quality of life and sense of satisfaction.

What

An individualized therapeutic plan is developed based on each client's area of need and interest.

Where

A) Denver recreation center of your choice

B) Individualized area of interest

(i.e. pool, weight room, fitness class or others)

Frequency

Variable, 1 to 2 sessions per week for 1 hour

Duration

Based on client's progression

Cost

Free!! Client must purchase either a membership card, class registration or daily drop-in fee to access the recreation center, valid at all City of Denver Recreation Centers.

Financial Assistance Policy

For reduced rates with memberships or classes/ programs, please contact the Adaptive Recreation office or any local Denver Recreation center.

Valid photo ID card, proof of residency and proof of financial need will be required when applying.

How do I get started?

1. Complete the referral form
2. Fax it to 720.865.0821
3. Call to complete the initial contact form 720.865.0824
4. Schedule an initial meeting with a Therapist
5. Obtain a membership card to access any City of Denver recreation center

DENVER®
THE MILE HIGH CITY

Make contact to get started today!

720.865.0824 Melissa Root, CTRS