

Inclusion Support Service Request

- 1. Please complete all sections of the request in full and return this form to the Adaptive Recreation office by fax: 720.865.0821 or by email: adaptive.recreation@denvergov.org or mail to 1849 Emerson St., Denver, CO 80218.
- 2. The Inclusion Service request form must be received at least 2 weeks prior to the start of service.
- 3. Please be aware a Denver Adaptive Recreation Certified Therapeutic Recreation Specialists will conduct an assessment of the participant and will provide a recommendation to all parties involved. Denver Parks and Recreation Adaptive Recreation program reserves the right to deny a request if program modifications are not supported by the data in the assessment or documentation, the participant does not meet the essential criteria of the program or the request does not fall under the requirements of the Americans with Disabilities Act (ADA).
- 4. Personal care (feeding, medication administration, dressing or toileting) is not provided by Denver Parks and Recreation staff. It is the responsibility of the parent/guardian/caregiver or individual to arrange for that type of assistance.

First name:	Last n	Last name:		
Address:				
City:	y:		Zip Code:	
Primary Phone:	S		Secondary Phone:	
Email:		Date of Birth:		
Describe the support/modif	fication you are req	uesting , plea	se be specific:	
Inclusion Support Service pr	rogram information	n:		
Location:				
Program name:				
Start Date:				
End Date:				
Day of Week:				
Time:	_			
Inclusion Service Recommen	ndation: (For Adapt	tive Recreatio	n use only)	