



**PARKS, RECREATION
& OPEN SPACE**

Inclusion Support Service Request

1. Please complete all sections of the request in full and return this form to an Aurora Recreation Center or by email: bbolks@auroragov.org.
2. The Inclusion Service request form must be received at least 2 weeks prior to the start of service.
3. Please be aware an Aurora Certified Therapeutic Recreation Specialist staff member will conduct an assessment of the participant and will provide a recommendation to all parties involved. City of Aurora's Therapeutic 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 Aurora's Recreation staff. It is the responsibility of the parent/guardian/caregiver or individual to arrange for that type of assistance.

First name:	Last name:
Address:	
City:	Zip Code:
Primary Phone:	Secondary Phone:
Email:	Date of Birth:
Describe the support/modification you are requesting , please be specific:	
Inclusion Support Service program information: Location: Program name: Start Date: End Date: Day of Week: Time:	
Inclusion Service Recommendation: (For Aurora's Therapeutic Recreation use only)	