



# Community Adult Mentoring (CAM)

## Summer Program 2026 Information & Registration Packet

### REGISTRATION INSTRUCTIONS

1. Carefully **read** pages 1-2. **Keep** pages 1-2 and 9-10 which have important information about the program.
2. **Fully complete or sign** the following pages:
  - Family & Student Information on **pages 3-4**
  - Consent for Services on **page 5**
  - Summer Food Program Form on **page 8**  
*This form is a requirement of our meal provider and **MUST be completed to attend.**  
(Completing this will NOT affect public benefits such as SNAP/Medicaid.)*
3. **Submit pages 3-8 with payment** by **June 12<sup>th</sup>**.  
*Registrations received after this date may be waitlisted.*

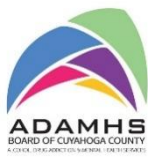
**To submit or if you have any questions,  
contact Rys Schelat, Program Coordinator:**

☎ 330.389.9020    ✉ [sschelat@asiaohio.org](mailto:sschelat@asiaohio.org)

Rys Schelat, c/o ASIA, 3631 Perkins Avenue, Suite 2A-W, Cleveland, OH, 44114

Completed forms can also be sent to the ASIA mailbox  
at the Roosevelt Elementary School Main Office until June 8th.

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# Community Adult Mentoring (CAM) Summer Program 2026

Community Adult Mentoring (CAM) is a program of Asian Services in Action (ASIA) open to **Multilingual Learner, underserved, and/or disadvantaged students in Cuyahoga County who will be in grades K-12 during the 2026-27 school year.** The program is funded by the ADAMHS Board of Cuyahoga County and runs in coordination with Lakewood City School District. Program activities include arts and crafts, academic enrichment, skill building, prevention education, sports, games, field trips, guest presenters, and more!

## PROGRAM SCHEDULE & LOCATION

- ✦ Our Summer Program is **Monday through Thursday from July 6<sup>th</sup> to July 30<sup>th</sup>.**
- ✦ Students are grouped by their **grade in school for the UPCOMING school year (2026-2027).**

Grade for 2026-2027	Program Time
Grades K-5	9:00am – 3:30pm
Grades 6-8	9:00am – 11:30am
Grades 9-12	12:00pm – 3:30pm

*Volunteer opportunities may be available for HIGH SCHOOL students. If interested, contact the Program Coordinator as soon as possible.*

- ✦ Our program is hosted at **Roosevelt Elementary School** (14237 Athens Ave) in Lakewood. (Drop-off & pick-up information is found on Page 2.)
- ✦ **Students are expected to attend during their group's session each day.** Any changes must be discussed with the Program Coordinator, Rys Schelat, in advance so that we can plan for staff and materials.

## FREE MEAL PROGRAM

Free breakfast and lunch are available each day to students attending our program. Snacks will also be provided. Students are welcome to bring their own bagged lunch if they like.

- ✦ **Breakfast** is from **8:30 – 9:00am**
- ✦ **Lunch** is from **11:30am – 12:00pm**

*Grades 6-8 students may stay for lunch and Grades 9-12 students may come early to eat lunch.*

## TRANSPORTATION

- ✦ Students must be dropped off & picked up by a parent/guardian or designated adult.
- ✦ If designated at registration or if the Program Coordinator is notified in advance, students are also permitted to walk or bike to/from program without an adult.
- ✦ At this time, ASIA is unable to provide regular transportation to the program.

## PROGRAM COST

<b>Grades K-5</b>	\$60 for first child from a family	<b>Grades 6-12</b>	\$30 for first child from a family
<i>Full Day</i>	\$20 for each additional child	<i>Half Day</i>	\$20 for each additional child

*If the program cost is a challenge, please contact the Program Coordinator – we will work with your budget!*

**TO REGISTER, please fully complete all pages and return by June 12, 2026.**

*Registrations received after this date may be waitlisted.*

# CAM Summer Program 2026

## DAILY PROGRAM INFORMATION

### Drop-Off & Pick-Up:

- ✦ **LOCATION:** Door #9 at Roosevelt Elementary, located at the back of the building on Bayes Ave, near the basketball hoops and playground.
- ✦ **CHECK-IN & SIGN-OUT:** Students **must be checked in and signed out by an adult** each day unless it has been indicated at registration that they will walk/bike to program each day.
- ✦ **TIMES:** Please drop-off and pick-up your child at the designated time. **If your child will be picked up early or by someone else, please let staff know at drop-off.**
- ✦ **FIELD TRIPS:** Early drop-off may be required to attend some field trips. Advance notice will be provided.

### Attendance

- ✦ It is expected that your child **attends each day during their full session time**. Any changes or special accommodations must be approved by the Program Coordinator, Rys Schelat.
- ✦ If your child will be **absent**, please let staff know in advance or by sending a text or WhatsApp message to the Program Coordinator, Rys Schelat, at 330.389.9020.

### Behavior

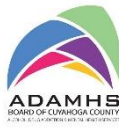
- ✦ Students are expected to behave in a kind and respectful manner at all times.
- ✦ Disrespect towards others, offensive language, and/or physical aggression will **not be tolerated** and may result in removal from the program.
- ✦ Students should **NOT bring cell phones, electronics, or valuable personal items** with them to program.

### Clothing & Shoes

- ✦ Students must wear **shoes with backs on them and that stay on their feet** when playing and running. Students without safe footwear may not be allowed to participate in some activities.
- ✦ Students will be both inside in air conditioning and outside during program and should dress appropriately for both environments.
- ✦ Clothing that is overly revealing is not permitted.
- ✦ If your child sometimes has bathroom accidents, please send a change of clothes with them each day.
- ✦ Some field trips may require special attire or shoes or a change of clothing. Families will be notified in advance if this applies.

### Meals & Water Bottles

- ✦ Food served as part of our meal program must be eaten at program.
- ✦ **BREAKFAST:** Students may eat breakfast on their own before arriving to program at 9:00am, or free breakfast is available beginning at 8:30am.
- ✦ **LUNCH:** Free lunch is available for all students at 11:30am. Grades 6-8 students may stay until 12:00pm for lunch, and Grades 9-12 students may come early at 11:30am. Students may eat the lunch provided or bring their own. (No refrigeration or heating is available to students bringing lunch from home.)
- ✦ **WATER BOTTLES:** Students should bring a PLASTIC or METAL water bottle labeled with their name with them each day.



# CAM SUMMER PROGRAM 2026 REGISTRATION FORM

**REGISTRATION DEADLINE: JUNE 12, 2026**

*Registrations received after this time may be waitlisted.*

## FAMILY REGISTRATION INFORMATION

<b>Home Address:</b>		
<b>School District:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>PRIMARY CONTACT Parent/Guardian Name:</b>	<b>Phone Number:</b>	<input type="checkbox"/> Texting preferred <input type="checkbox"/> Speaks English
<b>Secondary Contact Parent/Guardian Name:</b>	<b>Phone Number:</b>	<input type="checkbox"/> Texting preferred <input type="checkbox"/> Speaks English

**The EMERGENCY CONTACT INFORMATION below is REQUIRED for program participation!**  
**THE EMERGENCY CONTACT CANNOT BE THE PARENT/GUARDIAN.**  
 They will only be contacted if the parents/guardians cannot be reached.

<b>Emergency Contact Full Name:</b>	<b>Preferred medical provider:</b> <input type="checkbox"/> NFP <input type="checkbox"/> Metro Health <input type="checkbox"/> Cleveland Clinic <input type="checkbox"/> ICHC Clinic <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<b>Phone Number:</b>	
<b>Relationship to student(s):</b>	
<input type="checkbox"/> Texting preferred <input type="checkbox"/> Speaks English	
<b>Doctor (optional):</b> _____	

The demographic information requested here is used to help us provide support to your child & family, and is required by our funders. This information will not be shared except where required by law or our funders.

<b>Parents' country of origin:</b>	<b>Years in US:</b>	<b>Race:</b> <input type="checkbox"/> African <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Indigenous American <input type="checkbox"/> Southwest Asian/North African <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer
<b>Language(s) spoken at home:</b>		
<b>Ethnicity:</b> (e.g. Karen, Chinese, Nepali, Somali, Vietnamese, etc.) <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer		

<b>How did you hear about our program?</b>	
<input type="checkbox"/> I have registered for the program before <input type="checkbox"/> I heard about it through a friend/family member	<input type="checkbox"/> I heard about it through my school <input type="checkbox"/> Other: _____

INDIVIDUAL STUDENT REGISTRATION INFORMATION		
<b>#1 Student Name:</b>	<b>Grade in FALL 2026:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Gender:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> Neither
<b>Medical concerns, allergies, dietary restrictions, disabilities, or medications:</b>  <input type="checkbox"/> NO PORK	<b>Pick-up/Drop-off:</b> <i>(Check all that apply)</i> <input type="checkbox"/> Parent <input type="checkbox"/> Student walk/bike (no adult) <input type="checkbox"/> Other adult – NAME: _____	
<b>Areas my child needs help with:</b> <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> English Language Learning <input type="checkbox"/> Social Skills <input type="checkbox"/> Emotional Skills <input type="checkbox"/> Motor Skills <input type="checkbox"/> Other: _____		
<b>#2 Student Name:</b>	<b>Grade in FALL 2026:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Gender:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> Neither
<b>Medical concerns, allergies, dietary restrictions, disabilities, or medications:</b>  <input type="checkbox"/> NO PORK	<b>Pick-up/Drop-off:</b> <i>(Check all that apply)</i> <input type="checkbox"/> Parent <input type="checkbox"/> Student walk/bike (no adult) <input type="checkbox"/> Other adult – NAME: _____	
<b>Areas my child needs help with:</b> <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> English Language Learning <input type="checkbox"/> Social Skills <input type="checkbox"/> Emotional Skills <input type="checkbox"/> Motor Skills <input type="checkbox"/> Other: _____		
<b>#3 Student Name:</b>	<b>Grade in FALL 2026:</b>	<b>Date of Birth: (month/day/year)</b> / /
<b>School Name:</b>	<b>Gender:</b>	<b>My child has a/an:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> Neither
<b>Medical concerns, allergies, dietary restrictions, disabilities, or medications:</b>  <input type="checkbox"/> NO PORK	<b>Pick-up/Drop-off:</b> <i>(Check all that apply)</i> <input type="checkbox"/> Parent <input type="checkbox"/> Student walk/bike (no adult) <input type="checkbox"/> Other adult – NAME: _____	
<b>Areas my child needs help with:</b> <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> English Language Learning <input type="checkbox"/> Social Skills <input type="checkbox"/> Emotional Skills <input type="checkbox"/> Motor Skills <input type="checkbox"/> Other: _____		

**If you are registering more than three children, please add additional copies of this page as needed.**

**REGISTRATION CONFIRMATION:** Please confirm my registration by text or email.

Text message (cell #): \_\_\_\_\_ Email address: \_\_\_\_\_

## CONSENT FOR SERVICES

**PLEASE READ AND COMPLETE ALL SECTIONS BEFORE SIGNING AT THE BOTTOM.**

I hereby grant permission for my child/children to participate in the Community Adult Mentoring (CAM) Summer Program at Roosevelt Elementary School in Lakewood. I agree to all program requirements below. I have been provided my consumer rights and grievance info (pages 9-10).

**REGISTRATION FORMS & PROGRAM COSTS:** All registration forms must be **fully completed prior to students attending program**. Payment or a payment arrangement must be made prior to students attending the program. Costs for the program are explained on page 1 of this form.

**SCHEDULE:** Students attend **Monday-Thursday from July 6<sup>th</sup> until July 30<sup>th</sup>** during the session time for their grade level during the 2026-27 school year. Students should be at the program location and ready to begin at the designated start time, and they should be picked up promptly at their session end time. Start and end times, as well as meal times, are listed on page 1 of this form.

**CONSENT FOR MEDICAL TREATMENT:** In the event of a **medical emergency**, after reasonable attempts have been made to contact the parents and emergency contact listed on page 3 of the registration forms, I give consent for medical treatment for my child/children by trained medical professionals.

**BEHAVIOR:** Students are expected to behave in a kind and respectful manner at all times. Your child's safety is our first concern. Disrespect towards others, offensive language, and/or physical aggression **will not be tolerated** and may result in removal from the program.

**DAILY PREPAREDNESS:** Students should come to program each day in **appropriate attire and shoes** that allow them to safely participate in program activities. **Students should NOT bring cell phones, other electronics, or valuable personal items with them to program.**

### TRANSPORTATION & FIELD TRIPS:

- **Off-site field trips** will be part of this program and families will be provided information (where, when, requirements, etc.) about the trips in advance. Transportation will be provided at no cost for these field trips. Students may also walk with ASIA staff to nearby locations.
- **I hereby grant permission for my child to be transported by staff members or affiliates of Asian Services In Action (ASIA).** I understand that drivers must have a valid driver's license and be over the age of eighteen years. I do not hold the organization or its staff responsible for any injuries incurred by my child during transport and release and hold them harmless for any damages or liabilities resulting from any injuries incurred by my child while being transported.

**PHOTO/MEDIA RELEASE:** The program may use photos/videos of students and/or work created by students during the program on ASIA's website, social media, newsletters, or press releases.

- Check here **ONLY** if you **DO NOT** wish for your child's likeness or work to be used in ASIA's website, social media, newsletters, or press releases.

**PLEASE SIGN BELOW TO CONSENT/AGREE TO ALL SECTIONS ABOVE.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

- After receiving verbal consent, have signed on behalf of the parent/guardian named above.

TRANSLATOR/ADVOCATE NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

*This page has intentionally been left blank.*

# SUMMER FOOD PROGRAM FORM

**PLEASE COMPLETE ALL SECTIONS  
HIGHLIGHTED IN GREEN ON PAGE 8.**

**Page 8 must be completed to participate!**  
If you need assistance to complete this form,  
please contact the Program Coordinator, Rys Schelat.

**Catholic Diocese of Cleveland/Nutrition Services  
Ohio Summer Food Service Program for Children  
Income Eligibility Application for Camps and Enrolled sites**

+

Dear Parent/Guardian,

Our organization serves nutritious meals to children enrolled in their programming without an additional charge to you. This is possible because federal reimbursement is received for meals served in accordance with regulations governing the USDA Summer Food Service Program (SFSP). To document eligibility for these funds, statements of household size and income must be obtained from parents or guardians of children participating in the SFSP. Meals are available to children 18 years of age and under and to persons over age 18 who are determined by a state or local public educational agency to be mentally or physically disabled. The information you provide will be used only to document that meals may be claimed for Summer Food Service Program assistance and will be kept confidential. If your income is higher than the amount indicated in the chart below for your household size, you do not need to complete the attached Household Application for the Summer Food Service Program.

Please complete and return the enclosed Household Application if:

- A member of your household is receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF).
- You have one or more foster children in your household (child under the legal responsibility of a foster care agency or court).
- The children in your household meet the definition of homeless, runaway, or migrant.
- Your household income falls at or below the income guidelines on the chart below.

INCOME ELIGIBILITY GUIDELINES 2025-2026			
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$28,953	2,431	557
2	\$39,128	3,261	753
3	\$49,303	4,109	949
4	\$59,478	4,957	1,144
5	\$69,653	5,805	1,340
6	\$79,828	6,653	1,536
7	\$90,003	7,501	1,731
8	\$100,178	4,175	1,927
EACH ADDITIONAL PERSON	\$10,175	424	196

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

# Catholic Diocese of Cleveland/Nutrition Services

Site #  
27

## 2026 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE SUMMER MEALS (FOR USE BY CAMPS AND CLOSED ENROLLED SITES)

Part 1. ALL HOUSEHOLD MEMBERS				
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school. School	Grade	Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Catholic Diocese of Cleveland/Nutrition Services at (216) 696-6525 Ext. 6320.** Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**  
An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  
 White  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  
 Black or African American

**Do not complete this section. Intended for school use only.**  
 Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: \_\_\_\_\_ Per  Week  Every 2 Weeks  Twice per Month  Monthly  Yearly

Household Size \_\_\_\_\_ Categorical Eligibility:  Free  Reduced  Denied Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **RIGHTS**

As a client of Asian Services in Action, you are entitled to certain rights. The following are the client rights for all ASIA Program Participants:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy
2. The right to reasonable protection from physical, sexual or emotional abuse, neglect and inhumane treatment
3. The right to receive services in the least restrictive, feasible environment
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency
6. The right to participate in the development, review, revision of one's own individualized treatment plan and receive a copy of it
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures
9. The right to be advised and the right to refuse observation by others and by techniques such as one way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to the remove the restriction
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of a service
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus, or any manner prohibited by local, state, or federal laws.
15. The right to know the cost of services
16. The right to be verbally informed of all client rights, and to receive a written copy upon request
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations
18. The right to file a grievance
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested
20. The right to be informed of one's own condition
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense

**GRIEVANCES**

If you feel that any of your client rights have been violated, you have the right to file a grievance. To file a grievance internally within the ASIA organization, here is the contact for filing an internal grievance:

*Mao Vue  
Asian Services In Action  
370 E Market St.  
Akron, OH 44304*

*Phone: 330.535.3263 ext. 5302  
Fax: 330.535.3338*

Please include the date in which the incident occurred, name and contact information, description of incident, and signature and date of submission in the letter. You may also submit complaints or incident reports orally by contacting the individual above.

You also have the right to file a grievance with any one of the following outside organizations:

ADAMHS Board of Cuyahoga County  
2012 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
Cleveland, OH 44113  
216.241.3400

ADM Board of Summit County  
1867 W. Market Street, Suite B2  
Akron, OH 44313  
330.762.3500

Ohio Department of Mental Health and Addiction Services  
30 E. Broad Street, 36<sup>th</sup> Floor  
Columbus, OH 43215-3430  
614.466.2596

Disability Rights Ohio  
200 Civic Center Drive, Suite 300  
Columbus, OH 43215  
614.466.7264

US Department of Health and Human Services, Civil Rights Regional Office  
233 N. Michigan Ave, Suite 240  
Chicago, IL 60601  
312.886.2359