



2020 PARTICIPANT TRANSFER PLAN

Please complete this form if the participant needs to be transferred. You will be asked to review this once a year and provide any necessary updates. **For the safety of the participant you are requested to update this form whenever there is a change in information or plan and promptly submit it to WDSRA.** Mail or scan and email to: registration@wdsra.com

Participant Name: _____

Family/Contact Name: _____ Phone: _____

Does the participant use a wheelchair? Yes___ No___ If Yes, Power ___ or Manual ___
 Is the participant weight bearing? Yes___ No___
 Do they use a transfer aid? Yes___ No___

Please Explain _____

Please Check The Appropriate Category:

- Transfer Independent – no assistance needed by others.
- Transfer with Stand-By Supervision – one staff, no contact, no lifting. Gait belt required.
- Transfer with Guarded Assistance – one staff, requires contact, no lifting. Gait belt required.
- One Staff Transfer – lifting no more than 30lbs, Gait belt required.
- Two Staff Transfer / Mechanical Lift – lifting more than 30lbs, Gait belt required.
 - Weight-bearing
 - Non-weight bearing
 - Two-person side lift- non-weight bearing
 - Mechanical - use of mechanical assistance is unique to each patron’s specific needs
- More Than 2 Staff Transfer – Specifics regarding the lift/transfer should be identified in plan.
- Transfer at The Pool – Specifics regarding the lift/transfer should be identified in plan. Define if a flotation device is required while swimming including what type, etc.
 - Maintains trunk control and able to utilize mechanical pool chair lift or manual pool transport chair
 - Does not maintain trunk control and requires assistance of staff to utilize pool lift/chair
 - With assistance from staff, can transfer from wheelchair to pool deck in a seated position, then assisted into water by staff

NOTE: Gait belts are mandatory where indicated above *except where the use of a gait belt is medically contraindicated for the patron’s safety.*

Transfer Plan/Additional Info/Description: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Please return this completed form along with your Registration Form to the WDSRA office.