

What will I get out of the YES! Group?

- You will learn about your rights and responsibilities as a member of the community.
- You will learn to speak up for yourself at school, work and in the community.
- You will meet people your age and make great friends!

The YES! Group is a safe place to:

**Laugh
Learn
Practice
Grow
Share**

Best of all:

You will be with a group of friends who will celebrate who you are and who you will become!!

Contact Information



The Center for

CENTER *for* Accessible Living is
ACCESSIBLE LIVING an innovative leader

in empowering all people to achieve their goal of independent living while involving the entire community.

WWW.CALKY.ORG

For Information on YES Contact:

Donna Fox, Independent Living Specialist
Center for Accessible Living
501 S. Second St., Suite 200
Louisville, KY 40202
502-589-6620 office
502-439-1008 cell
dfox@calky.org

Sponsorship/ Donation Levels:

\$25.00 = Marvelous
\$50.00 = Awesome
\$100.00 = We Love It
Any \$\$ = Super Fantastic

Young

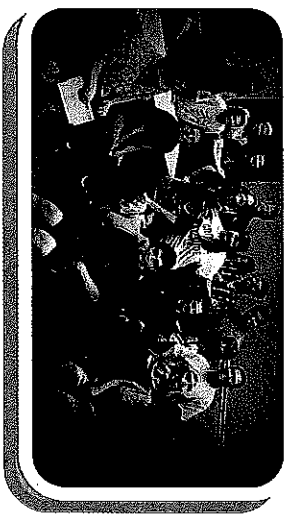
Empowered

Self—advocates

**OLDHAM
COUNTY**

Sponsored By:


CENTER *for*
ACCESSIBLE LIVING



WELCOME to YES!

- Are you 14 to 26 years of age?
- Do you have an intellectual or developmental disability?
- Do you want to make new friends?
- Do you want to be a good self advocate?

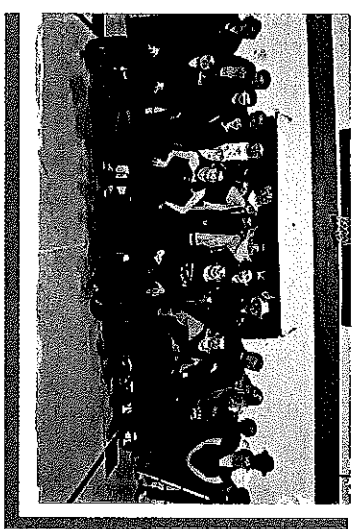


Self-advocacy is understanding your strengths and weaknesses, developing personal goals, being assertive, standing up for yourself and making your own decisions.



2017Calendar

- January: New Year, New YOU
 - February: Relationships
 - March: YES! we have talent!
TALENT SHOW
 - April: TBA
 - May: TBA
 - June: TBA
 - July: YES SUMMER SOCIAL
 - August: TBA
 - September: TBA
 - October: What are your FEARS?
 - December: Holiday Gathering
- **Topics are subject to Change****



Funding for YES is provided by private and public donations, sponsorships and fundraising.



YES! Group Registration Form

Date: _____ Gender: M F
 Age: ____ Birthdate: ____/____/____
 First Name: _____
 Last Name: _____
 Address: _____
 City: _____ KY Zip: _____
 Phone: _____
 E-mail: _____
 Accommodations Needed: Y N

 Medical or Other Concerns: Y N

 Emergency Contact Name and Phone Number

ARE YOU UNDER 18?
 parent or guardian must complete this section.
 Full Name _____
 Relationship _____
 Address: _____
 City: _____ KY Zip: _____
 Phone: _____
 E-mail: _____
 SIGNATURE _____