



**Kernes Adaptive Aquatics**  
**Josephine Kernes Memorial Pool**  
**15 Portola Ave. • Monterey • CA 93940**  
**831-372-1240 • [www.KernesPool.org](http://www.KernesPool.org)**

*Therapeutic warm water exercise for  
children and adults with special needs*

## **TAMC Measure X Annual Grant Final Report 2020**

### **Description of Communities Served**

Kernes Adaptive Aquatics at the Josephine Kernes Memorial Pool in Monterey serves seniors and people with disabilities from throughout Monterey County who require specialized adaptive exercise services. Kernes Pool is the only organization and facility to provide therapeutic aquatic programs for people regardless of type of disability, age, income level or duration of need. Kernes Pool provides up to 10,000 hours of exercise services each year. Currently 48% of Kernes' clients are seniors; 53% have conditions that require full-assistance in the water; 65% are within Monterey County's low and very low income level designations.

Timely and safe transportation to and from regular sessions at Kernes Pool is particularly challenging for seniors and people with disabilities who travel long distances or who have medical conditions that make navigating paratransit services challenging. Paratransit services can require extended transportation times to and from South County to scheduled appointments in Monterey. There may also be limited accommodation for people who require continual assistance from their caregivers. This program fills a gap in the transportation needs of seniors and/or people with disabilities by assisting clients who travel long distances, or who are unable to access other transportation services due to specialized needs.

The trip subsidies funded through the TAMC Measure X Grant are making a tremendous difference in the quality of life for these Monterey County residents. The program ensures that people and their caregivers who have limited transportation options are able to fully participate in their therapeutic exercise programs. Regular exercise for people with disabilities is necessary to maintain maximum mobility, and to mitigate secondary medical conditions such as bed sores, arthritis, diabetes, obesity and heart disease. All income-qualifying seniors and people with disabilities who attend Kernes Pool are now able to receive timely and safe transportation to and from their therapeutic appointments. In turn, being able to participate in regular exercise sessions helps them to maintain optimal health and well-being. Through this grant, clients and their families are able to live more independent and productive lives. Kernes Pool is very grateful to the Transportation Agency of Monterey County for this program funding.

## Summary of Activities: Work Completed

Kernes Adaptive Aquatics fulfilled all project tasks to provide client transportation:

- Transportation Program Protocol (attached)
- Transportation Program Forms (attached):
  - a. Client Application Form
  - b. Client Information Form
  - c. Client Attendance Form
- Set up accounts payable with the transportation service provider
- Established the service needs of income-qualifying clients
- Administered program and service request applications to clients
- Set up transportation accounts for participating clients
- Assisted clients and the transportation company with scheduling and service requirements
- Implemented and managed services
- Maintained program records
- Conducted Quarterly and Annual Reporting

The following tasks are from the Measure X Funding Agreement:

Task #	Task	Deliverable	Time	Progress
<b>1</b>	<b>Program Development</b>			
1.1	Establish clients' service needs	List of Eligible Clients	February, 2018 – June, 2020	Completed
1.2	Administer program applications	List of Participating Clients	February, 2018 – June, 2020	Completed
1.3	Develop transportation tracking procedures	Client Transportation Tracking Documents	February, 2018 – June, 2020	Completed
<b>2</b>	<b>Service Set-up</b>			
2.1	Establish MOU's with transportation service providers	MOU's	March, 2018 – April, 2018	Completed
2.2	Facilitate client participation and scheduling	Service Accounts are established	May, 2018 – June, 2020	Completed
<b>3</b>	<b>Transportation Service</b>			
3.1	Implement Transportation Subsidies	Client Services provided	May, 2018 – June, 2020	Completed
3.2	Manage Transportation Services	Transportation Service Records	May, 2018 – June, 2020	Completed
<b>4</b>	<b>Fiscal Management</b>			
4.1	Accounts Payable	Transportation Services Invoices	May, 2018 – June, 2020	Completed
4.2	Quarterly Reports	Quarterly Reports	May, 2018 – June, 2020	Completed

**Funds Expended 2018 - 2020:**

<b>Expense Description</b>	
Transportation Subsidy Expense	\$48,330
Payroll Expenses	27,000
<b>TOTAL MEASURE X EXPENDITURES</b>	<b>\$75,330</b>

Unclaimed Measure X Funds: \$71,670

**Transportation Service Measurements 2018 – 2020:**

Number of Seniors: 3

Number of People with Disabilities: 17 clients and 7 caregivers/attendants

Transportation Service Hours: 641.1

<b>Kernes Adaptive Aquatics TAMC Measure X Grant 2018 -2020</b>										
<b>Year</b>	<b>RT - Soledad</b>	<b>RT - Seaside</b>	<b>RT- Pacific Grove</b>	<b>RT - Salinas</b>	<b>RT - Carmel</b>	<b># of Rides</b>	<b># of Miles</b>	<b>Travel Hours</b>	<b>Assist Hours</b>	<b>Service Hours</b>
2018	97	21	0	0	0	236	8979	204.5	77.0	281.5
2019	88	19	4	17	29	314	8974	233.0	104.7	337.7
2020	7	2	0	0	0	18	636	15.9	6.0	21.9
<b>Totals</b>	<b>192</b>	<b>42</b>	<b>4</b>	<b>17</b>	<b>29</b>	<b>568</b>	<b>18,589</b>	<b>453.4</b>	<b>187.7</b>	<b>641.1</b>



## **Kernes Adaptive Aquatics TAMC Measure X Transportation Program Protocols**

Transportation services to and from the Josephine Kernes Memorial Pool (JKMP) is available for clients who are low-income and under served through other transportation services. Kernes Adaptive Aquatics (KAA) Transportation Program is funded through the Monterey County Measure X Senior & Disabled Transportation Program grant. This is a three-year grant to assist clients with limited transportation options to attend their aquatic therapy and rehab sessions at JKMP.

To begin the process and participate in the transportation program, two documents must be completed and submitted to the Program Manager by the client. The first document is the '*Kernes Transportation Request Application*' form that clients use to qualify for the transportation service. The second document is the '*Kernes Transportation Service Requirement*' form which provides KAA and the transportation company with specialized ride requirement information to appropriately serve the client's needs.

### **Roles and Responsibilities**

#### Grant Administrator Responsibilities:

- Supervise program costs and accounts payable.
- Submit quarterly grant reports, program documentation, and expenditure requests.

#### Program Manager Responsibilities:

- Qualify clients based on income eligibility, transportation challenge, and attendance.
- Identify an appropriate and reliable transportation company to meet client needs.
- Review submitted '*Kernes Transportation Services*' form and the '*Kernes Transportation Requirement Services*' form for completion and accuracy.
- Coordinate with the transportation company to arrange the standing appointment day and time for each participant, and provide information of specialized needs; such as a wheelchair accessible van.
- Facilitate the process to ensure that transportation services are scheduled and that the program is operating efficiently.
- Maintain a Client Transportation Log listing the dates transportation services were provided for the client.
- Reconcile the Client Transportation Log with the Client Attendance Record.
- Request monthly invoices from the transportation company.
- Reconcile the Client Transportation Log with the transportation company's invoices.
- Identify and resolve discrepancies with invoices to ensure accurate billing.
- Provide the Grant Administrator with information needed for grant reporting.

### Client Services Coordinator Responsibilities:

- Explain the program to the clients and help them complete the necessary forms. Discuss an appropriate transportation time with the client.
- Provide the Program Manager with the clients scheduled transportation time.
- Inform the client that if an aquatic therapy session is cancelled for any reason, it is the client's responsibility to notify the transportation company that the need for transportation service on that day is not required.
- Provide the client with assistance when facing a challenge with the transportation program and notify the Program Manager.
- Ensure that accurate client attendance records are maintained.
- Assist the Program Manager with information needed for grant reporting.

### Transportation Company Responsibilities:

- Provide outstanding transportation services and quality customer care.
- Coordinate transportation needs with the Kernes Program Manager.
- Ensure that transportation is provided for clients' standing weekly appointments to and from the pool.
- Provide accurate monthly invoices to the Program Manager for services provided to clients

## Kernes Adaptive Aquatics TAMC Measure X Transportation Service Requirement

Transportation services to and from the Josephine Kernes Memorial Pool are available to clients who are low-income and underserved through other transportation services. Kernes Transportation Program is funded through a Monterey County Measure X Senior & Disabled Transportation Program grant.

### Special Service Requirement

To complete this form, provide your contact information and special needs requirement. You will also need to include information about the pick-up location and destination. A comments section is provided for your use to specify any additional request you may need. It is the client's responsibility to contact Kernes Adaptive Aquatics, as well as the transportation service company, to cancel scheduled aquatic therapy appoint and transportation service for that day.

### Directions:

- 1.) Print all sections clearly and completely.
- 2.) Sign and date.
- 3.) Submit this form to the Program Manager.

Client's Name:	Guardian's Name:	Phone:	
Address:	City:	State:	Zip:

Number of aquatic therapy sessions you are scheduled for per week: \_\_\_\_\_

Number of passengers (*including client*): \_\_\_\_\_

Wheelchair accessible van required?     Yes     No

### **Pick-Up Information** (*transportation to the pool*):

Day of the Week:	Pick-Up Time:	Destination:
Address of Pick-Up Location:		City:
Comments:		

### **Pick Up Information** (*transportation home*):

Day of the Week:	Pick-Up Time:	Destination:
Address of Pick-Up Location:		City:
<b>Comments:</b>		

# Kernes Adaptive Aquatics TAMC Measure X Transportation Request Application

Transportation services to and from the Josephine Kernes Memorial Pool are available to clients who are low-income and underserved through other transportation services. Kernes Adaptive Aquatics Transportation Program is funded through the Monterey County Measure X Senior & Disabled Transportation Program grant. [All medical and financial information is kept confidential and secure.]

## How the Kernes Transportation Program works

Complete and submit this form. If your request is approved, an account will be arranged for you with a reliable transportation service company. You will be transported from your pick up location and taken to the pool for your regularly scheduled aquatic therapy session at the end of your session you will be provided transportation home. If need to cancel an aquatic therapy session and do not require transportation for that day, you **MUST** contact the transportation service company at least 4 hours prior to your regular pick-up time to cancel the need transportation for that day.

### Directions:

- 1.) Print all sections clearly and completely.
- 2.) Sign and date.
- 3.) Submit this request form and income verification to the Program Manager.

Client's Name:	Guardian's Name:	Phone	
Address	City	State	Zip

Number of people in household:	
Total monthly <b>Income:</b>	\$
Total monthly living <b>Expenses:</b> ( <i>Rent, Utilities, Groceries, Medications, Transportation</i> )	\$
Is your <b>only</b> source of income fixed (SSI, SDI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I UNDERSTAND THAT A MINIMUM 4 HOUR CANCELLATION NOTICE MUST BE GIVEN TO THE TRANSPORTATION PROVIDER IF A SCHEDULED RIDE IS NOT NEEDED. FAILURE TO CANCEL A RIDE MAY RESULT IN THE DISCONTINUATION OF MY PARTICIPATION IN THE TRANSPORTATION PROGRAM.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship (*If other than participant*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Income Verification Accepted</b>
<ul style="list-style-type: none"> <li>• Recent Federal Tax Return</li> <li>• Social Security (SSI or SSDI)</li> <li>• Unemployment Benefits Documentation</li> <li>• Veteran Compensation or Pension Documentation</li> <li>• State Supplement Payment/Cash Aid (SSP)</li> <li>• Copy of Electrical Benefit Transfer card (EBT)</li> <li>• Section 8 Housing Documentation</li> <li>• Medi-Cal ID card / Healthy Families / WIC</li> <li>• Lifeline Benefits or PG&amp;E CARE</li> </ul>

<b>Income Guidelines</b>	
<i>(Source: 2017 Federal Poverty Guidelines)</i>	
<b>Persons in Family</b>	<b>Monthly Income</b>
1	\$2,010
2	\$2,706
3	\$3,403
4	\$4,100
For each additional person:	\$667

# Josephine Kernes Memorial Pool 2019 Client Attendance Record

Client Name	Therapy Schedule	Phone Number	
Parent or Guardian	Phone Number		

		C = JKMP Canceled Session	H = Holiday	M = Make Up	U = Unexcused	E = Excused	P = Present	Attendance Totals				
		Unexcused	Excused	MU	Present	Scheduled	Attendance %					
JANUARY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
FEBRUARY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	0	0	0	0							
MARCH	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
APRIL	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	0							
MAY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
JUNE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	0							
JULY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
August	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
September	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	0							
October	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
November	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	0	0	0	0							
December	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	0	0	0	0							
<b>Total</b>		0	0	0	0	0						