



**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 Report 2019**

### **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 primary paratransit services challenging. With primary paratransit services, it was not uncommon for clients to spend three or more hours in transit only to miss their appointment and spend three more hours to return home without having received services. In order to secure necessary exercise for their family member, caregivers would often miss a full day's work due to transportation requirements.

The trip subsidy program funded through the TAMC Measure X Grant is making a tremendous difference in the quality of life for these Monterey County residents. 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.

**Summary of Activities: Work Completed and Work Ongoing**

Kernes Adaptive Aquatics has fulfilled all to-date project tasks to provide ongoing client transportation support as follows:

- Develop Transportation Program Protocol
- Develop Transportation Program Forms:
  - a. Client Application Form
  - b. Client Information Form
  - c. Client Attendance Form
- Develop an agreement and accounts payable with the transportation service provider.
- Establish the service needs of income-qualifying clients.
- Administer program and service request applications to clients.
- Set up transportation accounts for participating clients.
- Assist clients and the transportation company with scheduling and service requirements.
- Maintain program records and conduct Quarterly and Annual Reporting

The following tasks are from the Measure X Funding Agreement:

<b>Task #</b>	<b>Task</b>	<b>Deliverable</b>	<b>Time</b>	<b>Progress</b>
<b>1</b>	<b>Program Development</b>			
1.1	Establish clients' service needs	List of Eligible Clients	February, 2018 – June, 2020	Ongoing
1.2	Administer program applications	List of Participating Clients	February, 2018 – June, 2020	Ongoing
1.3	Develop transportation tracking procedures	Client Transportation Tracking Documents	February, 2018 – June, 2020	Developed
<b>2</b>	<b>Service Set-up</b>			
2.1	Establish MOU's with transportation service providers	MOU's	March, 2018 –April, 2018	Developed
2.2	Facilitate client participation and scheduling	Service Accounts are established	May, 2018 – June, 2020	Ongoing

<b>3</b>	<b>Transportation Service</b>	Accounts are established		
3.1	Implement Transportation Subsidies	Client Services provided	May, 2018 – June, 2020	Ongoing
3.2	Manage Transportation Services	Transportation Service Records	May, 2018 – June, 2020	Ongoing
<b>4</b>	<b>Fiscal Management</b>			
4.1	Accounts Payable	Transportation Services Invoices	May, 2018 – June, 2020	Ongoing
4.2	Quarterly & Annual Reports	Reports	May, 2018 – June, 2020	Ongoing

**Funds Expended: 1/1/2019 – 12/31/2019**

<b>Expense Description</b>	<b>Measure X Funds</b>	<b>Kernes Matching Funds</b>
Transportation Program Subsidies	23,590	0
Grant Administration and Accounting	0	11,300
Salary Program Manager	12,375	0
<b>TOTAL MEASURE X EXPENDITURES</b>	<b>\$35,965</b>	<b>\$11,300</b>

## 2019 Transportation Service Measurements

Number of Seniors: 3      Number of People with Disabilities: 19 (incl.3 seniors)

Transportation Miles: 8,974

Grant Service Hours: 337.7

<b>Kernes Adaptive Aquatics: TAMC Measure X Grant</b>										
<b>Month</b>	<b>Round Trip - Soledad</b>	<b>Round Trip - Seaside</b>	<b>Round Trip - Pacific Grove</b>	<b>Round Trip - Salinas</b>	<b>Round Trip - Carmel</b>	<b># of Rides (RT x 2)</b>	<b># of Miles (# of Rides x Distance)</b>	<b>Travel Hours</b>	<b>Assist Hours</b>	<b>Service Hours</b>
January, 2019	10	2	0	0	0	24	900	22.5	8.0	30.5
February, 2019	10	2	0	0	0	24	900	22.5	8.0	30.5
March, 2019	7	2	0	0	0	18	636	15.9	6.0	21.9
April, 2019	8	3	0	0	0	22	734	18.4	7.3	25.7
May, 2019	8	2	0	0	4	28	764	19.1	9.3	28.4
June, 2019	8	1	0	0	4	26	754	18.9	8.7	27.6
July, 2019	0	0	0	0	4	8	40	10.0	2.7	12.7
August, 2019	6	4	0	0	4	28	608	15.2	9.3	24.5
September, 2019	6	3	0	0	4	26	598	15.0	8.7	23.7
October, 2019	13	0	1	1	2	34	1244	31.1	11.3	42.4
November, 2019	8	0	0	8	3	38	1054	26.0	12.7	38.7
December, 2019	4	0	3	8	4	38	742	18.6	12.7	31.3
<b>2019 Totals</b>	<b>88</b>	<b>19</b>	<b>4</b>	<b>17</b>	<b>29</b>	<b>314</b>	<b>8974</b>	<b>233.0</b>	<b>104.7</b>	<b>337.7</b>

## Picture and Testimonial of Kernes TAMC Measure X Grant Recipient

Client Age: 54

City: Carmel

Condition: Multiple Sclerosis, Spinal cord Injury

Statement: The transportation provided to get to Kernes pool has helped me tremendously. The pool allows me to be active and out of my wheel chair for longer periods of time. I am able to do more exercise and movements and be free in the water to do what I can. Thank you for everything. -Mary M.



## **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 will 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 comfortably and safely serve the client's needs.

### **Roles and Responsibilities**

#### Grant Administrator Responsibilities:

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

#### Program Manager Responsibilities:

- Qualify clients based on income eligibility, transportation challenge, and attendance.
- Identify the appropriate transportation company to meet client needs.
- 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 about scheduling and ride notification procedures.
- 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:



<b>Comments:</b>
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**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 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	M/U	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							