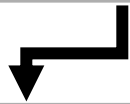




2011-2012 Wisconsin Elks Easter Seals Respite Camp Application

How to Register for Camp:

Mail in OR complete online the
2011-2012 Camp Application



Wait 1-2 weeks for Acceptance or Waitlist
confirmation by mail or e-mail (registration fee
required within 10 days if paying privately)



Schedule a physical and complete the Health
History & Examination Form. Bring to Camp!!



Two weeks prior to your session date you will receive the
reminder packet by mail; complete the forms enclosed
(medication & release of camper) and bring to
camp. A billing statement will be included in the
packet. You may either pay ahead (by mail or
online) or at camp by the due date.



**Congratulations, you are
ready for Camp!**



Mail this Application To:

Easter Seals Wisconsin Camps
101 Nob Hill Road, Suite 301
Madison, WI 53713

Apply Online:

camp.eastersealswisconsin.com/register

Billing & Registration Info:

camp@eastersealswisconsin.com
1-800-422-2324 ext 124

Pay for Camp Fees:

Send a check to the Madison office OR
[camp.eastersealswisconsin.com/
payment](http://camp.eastersealswisconsin.com/payment)

Respite Program Info:

1550 Waubeek Road
Wisconsin Dells, WI 53965
respite@eastersealswisconsin.com
608-254-2502

Website:

<http://camp.eastersealswisconsin.com>

**This application is valid from
September 2011—August 2012**

Respite Funding Information

Easter Seals Wisconsin strives to keep camp fees as low as possible. Most of our campers have their fees paid in part or in full through a third party, such as a social service agency. If you are in need of financial assistance, we encourage you to seek out other sources of funding. While most programs and agencies base their funding on financial need, some take into consideration the extraordinary costs of care of individuals with disabilities and will assist middle income families. Some financial aid may be available through Easter Seals, however it is limited (you will need to complete a financial aid form available by email or mail).

- **Medicaid.** There are a variety of Medicaid programs and waiver agreements that assist our campers in paying for camp. Some are designed to provide respite to families to avoid out-of-home placement, others to reintegrate loved ones who have been in nursing homes or other institutional settings. Inquire at your county department of health, family services, or your local Aging and Disability Resource Center (ARDC) to determine if you are eligible. Also realize that some counties contract with private agencies, such as Lutheran Social Services or the Family Resource Center, to determine eligibility and distribute Medicaid and/or funding.

Children (17 and under): Most children with disabilities in the state of Wisconsin receive funding for respite services from Medicaid-funded Community Waiver Programs such as Community Options (COP) or Community Integration Program (CIP). Not all children with disabilities, even those with significant needs, are eligible for this Medicaid program because of income limits. However, they may be eligible for the state's Katie Beckett Program.

Adults (18+): As of January 2010, approximately 1/3 of Wisconsin counties manage their Medicaid long-term care supports through their health department. By 2012, these counties will have transitioned into the "new" Family Care system, a Medicaid entitlement to long-term care for adults with physical and/or developmental disabilities or seniors with medically fragile conditions. Family Care provides access to long-term care that is (1) home- and community-based or (2) offered in an institutional setting. Easter Seals Wisconsin Camps provide respite and therapeutic recreation programs. If your caregiver needs respite services, Family Care programs may be able to fund it. When you talk to your Managed Care Organization – the regionally-based provider for your Family Care benefit – discuss your desire to attend our respite and therapeutic recreation programs.

- **Children's Miracle Network (CMN).** The Children's Miracle Network directly assists some children and their families to pay for specialized services and equipment, both in their homes and in their communities. Two hospitals in Wisconsin may offer help to eligible families: CMN at St. Joseph's Children's Hospital / Marshfield Clinic (800-428-5000), serving 17 counties in central Wisconsin; and CMN Gunderson Lutheran Hospital (800-853-6889), serving 15 counties in western Wisconsin.
- **Some local service clubs and organizations** offer scholarships/camperships to assist individuals to attend camp. These include the Lions, Rotary, Kiwanis, Masons, Elks, Knights of Columbus, Fraternal Order of Eagles, Optimists, or your house of worship. Also, some areas have a community foundation or community fund that provides grants for families. Your church may also be a place to ask for assistance. The Hans and Anna Spartvedt Trust (608-232-2004), or other local private foundations may be able to help as well. Look in your local phone book under "Service Clubs" or visit <http://grants.library.wisc.edu/organizations/wisconsincommunityfoundations.html> for your local community foundation. You can also contact the Respite Care Association of Wisconsin for additional resources at 1-866-702-7229.

Sample Campership Request Letter

Dear (Organization):

Easter Seals Wisconsin provides a (3-day or 6-day) respite camp. It is located in Wisconsin Dells, and it is exclusively for people who have disabilities. My (son, daughter, ...) has (medical condition) and would benefit enormously from attending the program. I would benefit as well from getting a break from (his/her) need for constant supervision and care. I am trying to find help to raise the money I need so (she/he) can attend camp. The session I want (him/her) to go to will cost me (\$), and I am writing to ask if your organization could help with part or all of this amount.

Thank you for considering my request. Sponsoring my (son/daughter/...) would make a huge difference for our family! Because campers are accepted on a first-come, first-served basis, we want/need to send in our application as soon as possible. If you could please let me know if you can help me, I would appreciate it. You can call me at (telephone #) if you have any questions.

Sincerely,
Your Name
Address
City, State, Zip Code

Camp Fee Payment

General Billing Policies

- ⇒ At the same time we send out your acceptance, a notice with the balance due is mailed to the funding source(s) that you indicate below. Your reminder packet will contain an update as to your payment status.
- ⇒ **A deposit of \$125 is required within 10 days of acceptance** (check preferred) unless your fee will be paid in full by one of the third party programs listed below. This deposit is non-refundable unless you are not accepted.
- ⇒ **We prefer that you pay for camp prior to attending; however you can pay on-site. If you pay ahead, please send in your payment no later than two weeks prior to your session date so we have enough time to process it.**
- ⇒ **If your payment source changes at any point, contact us to revise your information.**
- ⇒ If you leave the payment source blank, we will automatically send the invoice to the camper.
- ⇒ **Fees may be paid online at <http://camp.eastersealswisconsin.com/payment>**
- ⇒ **Please include the camper's name and session dates on the check.** Also include any invoices you have received.
- ⇒ We do not automatically mail out receipts; if you require a receipt please request one by email or mail.
- ⇒ There is an additional \$100 fee for non-Wisconsin residents.

Third Party Payment Sources

County Human Services, CLTS Waiver, Disability Services, Family Care or Family Support Programs



- ⇒ The session must be authorized by your caseworker prior to the session.
- ⇒ Service authorizations must be sent to our Madison office prior to attending, please inform your case-worker to do so. If we do not receive an authorization you will be notified.
- ⇒ We will file the claim for the session fee after the camper has attended camp and we have the auth.
- ⇒ Please fully complete the payment source information below, especially contact information.

IRIS Program



- ⇒ The session must be included on your plan prior to attending camp.
- ⇒ Easter Seals WI is a provider with a completed Medicaid Provider Agreement and W-9 on file.
- ⇒ When filling out the payment source below, write IRIS and your consultant name and phone number.
- ⇒ We will send IRIS an invoice the first of the month following the month of your session.

Service Clubs and Organizations

- ⇒ We suggest that you request, in writing, the organization that will sponsor you, and the sponsoring amount.
- ⇒ Please provide a contact name at the club or organization and phone number.
- ⇒ We suggest that you send a thank you letter to your sponsor after you attend camp.
- ⇒ We will send an invoice on the first of the month following your session, provided that organization did not pay ahead.



Primary Payment Source

Name: _____ Contact (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Total amount to be billed for this funding source is: \$ _____

Additional Payment Source

Name: _____ Contact (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Total amount to be billed for this funding source is: \$ _____

Which Program Should I Attend?

With the ever-changing needs of people in our communities, Easter Seals Wisconsin is happy to be offering so many options to fit the needs of those who use our services. All of our programs provide respite and recreation. Please find, below, guidelines to help you decide which Camp program best serves your needs:

ELKS/EASTER SEALS RESPITE CAMP PROGRAMS

Children & Teens with Asperger's Syndrome or High-Functioning Autism Session (ages 7-18)

Campers who attend this session:

- Have a primary diagnosis of Aspergers/High Functioning Autism, Tourette Syndrome/OCD, ADD/ADHD, or traits similar to those who do.
- Have moderate to no cognitive delays
- Are able to function in a small-group of one to two counselors with two to three campers

Respite Camp Sessions (ages 3+)

Campers who attend these sessions:

- Have medical conditions, behavior disorders or known physical aggression, and/or multiple disabilities
- Have a mild to severe cognitive delay
- Require one : one support to function in individual or group settings

CAMP WAWBEEK PROGRAMS

(A different application is required for these programs)

Wawbeek Sessions (ages 7+)

Campers who typically attend these sessions:

- Have a physical disability or challenge of any degree
- Have a cognitive functioning level close to that of their actual age
- Understand basic safety boundaries
- Can function in a small-group with two to four other campers

Trailblazer Sessions (ages 7+)

****Please note: financial aid is not available for these sessions**

Campers who typically attend these sessions:

- Have little to no physical limitations
- Have a cognitive delay
- Understand basic safety boundaries
- Can function in a small-group of one counselor with two campers, or two counselors with four to five campers

Teens & Young Adults with Asperger's Syndrome or High-Functioning Autism Session (ages 15-25)

****Please note: financial aid is not available for this session**

Campers who attend this session:

- Have a primary diagnosis of Aspergers/High Functioning Autism, Tourette Syndrome/OCD, ADD/ADHD, or traits similar to those who do.
- Have moderate to no cognitive delays
- Are able to function in a small-group of one to two counselors with two to three campers

Please note these are just basic guidelines to help you decide in which program to participate. If a week you would like to attend doesn't fit your schedule, or if you are unsure which program would best suit your needs, please contact the Respite Camp Director at respite@eastersealswisconsin.com, or 608-254-2502, and we will be happy to discuss with you the best fit. It is our goal for each person to have a successful camp experience.

Registration

Please mark which session(s) you would like to attend, including an alternate choice(s) in case session is full, by ranking them in number order. **Session price includes registration fee (\$125). There is an additional \$100 fee for non-Wisconsin residents.**

Respite Weekend Sessions

These sessions provide one-on-one care for individuals with mild to severe physical or cognitive disabilities, or who have multiple disabilities.

Ages 3 and up. Located in the Wisconsin Dells.

Session Date	Price	Choice by Rank
September 16-18, 2011	\$395	
September 30 - Oct 2, 2011	\$395	
October 21-23, 2011	\$395	
November 4-6, 2011	\$395	
December 2-4, 2011	\$395	
December 27-30, 2011	\$640	
January 20-22, 2012	\$395	
February 3-5, 2012	\$395	
February 24-26, 2012	\$395	
March 30 - April 1, 2012	\$395	
April 20-22, 2012	\$395	
May 18-20, 2012	\$395	
Total # of Weekend Sessions You Would Like to Attend is:		

Respite Summer Sessions

These sessions provide one-on-one care for individuals with mild to severe physical or cognitive disabilities, or who have multiple disabilities.

Ages 3 and up. Located in the Wisconsin Dells.

Session Date	Price	Choice by Rank
June 10-15, 2012	\$1050	
June 17-22, 2012	\$1050	
June 24-29, 2012	\$1050	
July 1-6, 2012	\$1050	
July 8-13, 2012	\$1050	
July 15-20, 2012	\$1050	
July 29 - August 3, 2012	\$1050	
August 5-10, 2012	\$1050	
August 12-17, 2012	\$1050	
I would like to attend:		
<input type="checkbox"/> One Summer Session		
<input type="checkbox"/> Two Summer Sessions (limit)		

Asperger's Sessions

These sessions are for individuals with either Aspergers or High-Functioning Autism.

Staff ratio is 1:2.

Ages 7-18. Located in the Wisconsin Dells.

Session Date	Price	Choice
November 18-20, 2011	\$315	
March 16-18, 2012	\$315	
July 22-27, 2012	\$840	

Bring your sibling or buddy to camp!

Buddy/Sibling Application is available online at www.eastersealswisconsin.com or upon request.

For Office Use Only

Received Date: _____ Accepted/WL Date: _____

Camper Information

Camper Name: _____

Mailing Address: _____

This address is only used for mailing correspondence; please provide the address to which all mail should be sent.

Mailing City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

County: _____ Birth Date ____/____/____ Gender: Female MaleWhat is your preferred method of receiving notifications and paperwork: E-mail Postal Mail

What is the camper's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

How did you find out about Easter Seals Wisconsin camps?

Advertisements Camp Fair Word of Mouth Web Search School Case WorkerWebsite/Other: _____**Contact # 1 Information:** Parent(s)/ Guardian/ Caregiver/ Other: _____Name: _____ Preferred Method of Communication: E-mail Mail

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Contact # 2 Information: Parent(s)/ Guardian/ Caregiver/ Other: _____Name: _____ Preferred Method of Communication: E-mail Mail

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Liability & Field Trip Release: *Must be signed by camper or parent/guardian.*

I hereby give my consent for my son/daughter/ward/self _____ to attend Easter Seals Wisconsin Camps, located in Wisconsin Dells, Wisconsin, and give permission to go with the Easter Seals Wisconsin camp staff on field trips during the 2011-2012 camp sessions. In consideration for the acceptance for the camper I hereby release and waive any claim or cause of action which may occur against Easter Seals Wisconsin and employees or any other person acting with permission arising out of any injury to his/her person or property during his/her stay at the session, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

Easter Seals Wisconsin Camps promote a restraint-free environment. Staff and AmeriCorps members are trained in Nonviolent Crisis Intervention through Crisis Prevention Institute, Inc (CPI). Administrative and other select staff members are fully trained in Nonviolent Physical Crisis Intervention, which includes physical intervention procedures to use as a last resort to safely manage crisis situations.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____

All important information relative to the camper's health and well-being should be on the application. DO NOT rely on verbal instructions at the time of registration to communicate important information about your camper.

Media Release: *Optional signature*

I hereby give my consent for the camper, _____, to (check all that apply):

be in narratives, film, photographs, videotape or sound recordings made by Easter Seals that may be used by Easter Seals, and those acting with its permission, for the purpose of illustrations or broadcast in connection with the work of Easter Seals. I understand that use of the aforementioned media may include publication on Easter Seals internet site, www.EasterSealsWisconsin.com. To ensure my child's or my privacy, Easter Seals will use only camper's first name and the location of the Easter Seals organization where services were received.

have photos taken by campers and staff for personal use only

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____

Camper Information, continued...

Is this the camper's first time attending our camp? Yes No

Has the camper ever been to any other camp before? Yes No Outside of Wisconsin? Yes No

Camp Name(s) & when: _____

Has the camper ever been separated from his or her family before? Yes No

If yes, reaction: _____

Are problems with homesickness anticipated? No Yes, suggestions to ease the transition:

Does camper attend school? No Yes, Where? _____

Is camper employed? No Yes, Type of Work? _____

Does camper get along well with peers his/her age? Yes No

What group experience has the camper had? _____

What are the camper's interests? _____

Medical Information

Age: _____ Weight/lbs.: _____ Height: _____ Date of Birth: _____

Primary Disability (medical diagnosis): _____

Secondary Disability (if any): _____

Cognitive Ability: Normal Mild Moderate Severe

Allergies (Drug, Environment or food): _____

Seizure Disorders: Does Not ApplyTonic-Clonic (Grand Mal) Non-convulsive (Petit Mal) Psychomotor Nocturnal Mixed

Typical Seizure Frequency: _____ Typical Length of Seizure: _____

How are seizures handled at home? _____

Comments: _____

Mobility and Special Appliances

Indicate all that apply to camper.

Walks/Runs Independently Uses Walker/Crutches/Cane Wears AFOs or Braces ProsthesisUses Wheelchair: Manual Power When: For Long Distances At All Times

Mobility Comments: _____

Transfer InformationTransfer Independently Standby Assistance Pivot (1 person) Two Person Hoyer Lift *Other/Comments: _____**We only use hoyers brought from Camper's home program. Otherwise, we do 2-person transfers.***Communication**

examples/comments

Uses complete sentences Understands complete sentences _____Understands 2-3 word phrases _____Uses single words Understands single words _____Uses vocalizations, sounds, etc. _____Uses sign language Understands sign language _____Uses/understands gestures, points, etc. _____Uses pictures or word cards _____Uses adaptive systems such as a communication board _____Writes to communicate Able to read, explain _____Facilitated communication (devices used; who usually acts as facilitator?) _____

Mealtimes

Food Allergies: _____

Food Likes: _____

Food Dislikes: _____

Typical appetite is: Large Typical SmallIs camper able to indicate the amount of food and liquid intake he/she desires? Yes NoCamper can use: Fork Spoon Knife Uses Special Utensils (please label and bring to camp)Takes Portions Independently Needs Food Cut Drinks from Cup Uses StrawNeeds Liquids Thickened (what consistency? _____)Diet: Standard Chopped Blended/Pureed Low Salt Low Calorie Low/No Sugar OtherUses G-Tubes. *Please attach the exact schedule of the feeding so we can contact you with any questions prior to arrival.***Special Diets:** If your camper requires a special diet, we can e-mail the menu ahead of time so that you can plan appropriate replacement meals. Please contact camp at 608-254-2502 to discuss this further. Yes, please email menu.

Eating Comments: _____

Toileting/Showering

Please bring all supplies and/or equipment (e.g. bedpan, briefs, wipes etc.) for the week.

Uses toilet independently Needs to be reminded _____Needs some assistance using the toilet _____Uses the toilet on a schedule (what is the schedule?) _____Does not use toilet at all (uses incontinent briefs, etc.) _____Uses catheterization, enemas or suppositories (please describe schedule) _____

Is independent in menstrual care (if applicable) _____

How does he/she let you know they need to go to the restroom?

Camper needs assistance with Shampooing hair Soaping Adjusting water temperature Brushing TeethNeeds complete assistance in the shower Needs verbal cues Camper can shower independently**Dressing**Has no difficulty dressing Can choose own clothesCan put on underwear socks shirt pantsCan button snap zip tie shoesCan undress partially Can undress completely Needs lots of assistance dressing

Please describe what assistance is needed in (un)dressing: _____

Bedtime Routine

Camper's typical bedtime: _____ Awakens at: _____ Sleeps: _____ hours a night.

Does camper need a hospital bed? Yes No Does camper need a bed rail? Yes No

Please describe bedtime routine at home: _____

Does camper require special care during the night? Yes No

Mattress on Floor? Yes No

If yes, please explain: _____

Behavior

Please indicate how often, if ever, the following behaviors occur and how staff should respond.

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent management.

Please attach established behavior plans and feel free to add comments on an additional piece of paper.

	Never	Seldom	Often	Explain/Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away or darts				
Uses inappropriate words				
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abuse				

Please describe in detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors (please include if more than one staff needs to be present when agitated)? _____

What are two or three effective rewards? _____

Are there any ADL's (activity at daily living/programs) to be continued at camp? _____

Elks/Easter Seals Wisconsin Respite Camp

Policies and Procedures

Funding Sources

Easter Seals Wisconsin subsidizes 36% of the actual cost for an individual to attend camp. The remaining 64% is expected to be provided by the camper or secured through other sources. If you are in need of financial assistance, we suggest contacting the Department of Human Services in your county. Other potential sources of funding include your employer, service organizations, and religious groups.

Service organizations such as Kiwanis, Elks, Jaycees, Lions Club, Rotary, and Knights of Columbus may help provide funds for your camp fee. Please see the Respite Funding Information sheet in this application packet for more detailed information.

Cancellations

The \$125 registration fee is for processing and is non-refundable. All other fees, except the registration fee, will be refunded if the camp office is notified of a cancellation at least 5 days prior to the first day of your scheduled session.

Staff

Each camp has a full-time director, a registered nurse, food service personnel, counselors, activity leaders, and volunteer assistants. The majority of the staff are college students or recent graduates studying or working in occupations related to nursing, teaching or social work. All staff members are carefully screened and receive extensive training.

Easter Seals Wisconsin camp staff are trained to provide assistance with campers' personal needs such as eating, bathing, transferring, dressing, and toileting. An on-site nurse is available for routine medical care such as dispensing medication, assisting with bowel programs or catheterization, setting up g-tube feedings, and providing for the overall health maintenance of each camper. **We do not match male counselors with female campers, but male campers may be cared for by female counselors at times.**

Staff are trained to manage the health of all campers by following parental and physician instructions as closely as possible. Any medical incidents or problems not covered by parents or physician instructions will be reported as deemed necessary by the Easter Seals staff. The nurses are responsible for providing medical attention, administering medications, and are available as needed. It is important for parents and/or caregivers to provide staff with detailed medical instructions.

Acceptance

An acceptance booklet will be mailed/mailed to the camper that will include which session(s) the camper has been accepted for. Campers will also receive a reminder packet two weeks prior to their camp session with a release form and a medication form to be updated prior to arrival at camp. These are also available on our web site at www.eastersealswisconsin.com.

The Health & History Examination form is included with the application and is available online. Campers must bring the Health & History Examination form with them to camp, and will not be allowed to stay if they neglect to bring it! The Health and History Examination form is good for one year from the doctor's exam date on the form. Please remember, however, that while a new physical is not required for each session, *it is your responsibility to inform Easter Seals Wisconsin Camps of any significant changes in physical, medical, emotional, or behavioral conditions that occur between sessions.*

Acceptance Rules

1. A camper will not be allowed to stay at camp if they do not have the necessary signed, completed forms when they arrive at camp.
2. A camper's acceptance is based on the application and medical information on file. Failure to inform us of significant changes may result in denial of camper.
3. If the session(s) you applied for are full, your name will be placed on a waiting list, and you will be informed by mail. If openings do not occur, any fees that have been paid will be refunded, including the registration fee.

These programs, including the rules for acceptance and participation, do not discriminate on the basis of age, gender, religion or creed, race, sexual orientation, national orientation, nation of origin, mental status, or other protected status.

Camper Report Form

Upon completion of a camp session, each camper receives a Camper Report Form which is completed by his/her counselor. This form provides parents and caregivers with a summary of the camper's experience at camp. Parents and caregivers will also receive an evaluation form to help us improve our program.