



# 2012 Easter Seals



## Wawbeek Summer

# Camp Application

### How to Register for Camp:

Mail in OR complete online the  
2012 Camp Application



Wait 1-2 weeks for Acceptance or Waitlist  
confirmation by mail or e-mail (registration fee  
**APPROVED** required within 10 days if paying privately, the  
balance can be paid at any time prior to session).



Schedule a physical and complete the Health  
History & Examination Form. **This form must  
be sent to the Madison office at least 2  
weeks prior to your session.**



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. Any amount owed will be listed  
on the release form and must be paid at camp.



**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](http://camp.eastersealswisconsin.com/register)

#### Billing & Registration Info:

[camp@eastersealswisconsin.com](mailto:camp@eastersealswisconsin.com)  
1-800-422-2324

#### Pay for Camp Fees:

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

#### Wawbeek Program Info:

1450 Highway 13  
Wisconsin Dells, WI 53965  
[wawbeek@eastersealswisconsin.com](mailto:wawbeek@eastersealswisconsin.com)  
608-254-8319

#### Website:

<http://camp.eastersealswisconsin.com>

**This application is valid for sessions  
June 2012—May 2013**



## 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 on a first-come, first-served basis; 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 (ADRC) 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+):** Approximately 1/3 of Wisconsin counties manage their Medicaid long-term care supports through their health department. By 2012, additional counties may have transitioned into the 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 recreation programs. If your caregiver needs respite services, Family Care programs may be able to fund it at either Easter Seals Camp Wawbeek or Respite Camp. 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 (6-day or 12-day) 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  
email

## 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 file the claim for the fee after the camper has attended camp and we have the authorization.
- ⇒ 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: \$ \_\_\_\_\_

# New to Camp?

Our two camps (both located on 400 acres of wooded land in Wisconsin Dells) offer ten unique programs that accommodate a wide range of abilities while providing a much-needed break for parents and caregivers.

Camp Wawbeek's core philosophy is to encourage campers to challenge themselves with new experiences and to set goals for new accomplishments. Camp Wawbeek offers programs where campers enjoy their stay in small groups: Wawbeek, Transition Team, Pioneer, and Teens and Young Adults with Asperger Syndrome and High Functioning Autism (ages 15-25). Campers are grouped with peers of similar age and interests in groups of two to six, depending on the needs of each camper. Small groups of two to three campers may be paired with one counselor, or three to six campers paired with two or more counselors. Camp Wawbeek strives to focus on the success of each camper, and wants campers to be supported by their peers and staff members alike. Camp Wawbeek serves campers ages 7 and up.

Our Wisconsin Elks/Easter Seals Wisconsin Respite Camp provides a 1:1 counselor to camper ratio, serving campers with medical conditions, behavior disorders or known physical aggression, and/or multiple disabilities that require one on one support throughout their day. Respite Camp's core philosophy is to provide a much-needed break to parents and caregivers with loved ones who require one-to-one supervision twenty-four hours a day, while providing each camper with a unique camp experience, catered to their individual needs. Each camper is paired with a counselor who maintains the camper's daily routine. In addition to a 1:1 program, Respite Camp offers a program for children diagnosed with Asperger Syndrome and High-functioning Autism, with a care ratio of 1:2, for ages 7-18. Respite Camp serves ages 3 and up.

With the ever-changing needs of people in our communities, Easter Seals Wisconsin Camps are pleased to offer so many options to meet 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:

## PROGRAMS

### Wawbeek Youth, Young Adult, Adult, Transition and Pioneer Sessions

Campers who typically attend these sessions:

- May have a physical disability or challenge of any degree and/or
- May have a mild to moderate cognitive delay, or may have a cognitive functioning level close to that of their actual age
- Understand basic safety boundaries
- Can function in a small group of one counselor with two to three campers, or two counselors with four to five campers

### Children, Teens & Young Adults with Asperger Syndrome or High-Functioning Autism Sessions

Note: ages 7-18 at Respite Camp (requires a different application); ages 15-25 at Camp Wawbeek (requires this application).

Campers who attend these sessions:

- Have a primary diagnosis of Asperger Syndrome, 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

### Elks/Easter Seals Respite Camp Sessions (ages 3+; these sessions require a different application)

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 to one support to function in individual or group settings

*Please note these are just basic guidelines to help you decide which program best suits your camper's needs. 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 Camp Wawbeek Director at [wawbeek@eastersealswisconsin.com](mailto:wawbeek@eastersealswisconsin.com), or 608-254-8319, 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. **Session price includes registration fee (\$125). There is an additional \$100 fee for non-Wisconsin residents.** Please see our website for more details about our unique programs (or call us for a brochure) and availability of our sessions.

### Youth, Teens & Young Adult Sessions

These sessions provide a small group setting, according to age, which encourages socialization and growth. Located in the Wisconsin Dells.

Session Date	Price	Choice
June 17-22, 2012 <b>Teens &amp; Young Adults with Aspergers or High-Functioning Autism</b> Ages 15-25*	\$840	
June 24-29, 2012 <b>Young Adult</b> Ages 15-25	\$720	
June 24—July 5, 2012 <b>Young Adult</b> Ages 15-25	\$1,440	
July 15-20, 2012 <b>Youth</b> Ages 7-17	\$720	
July 15-20, 2012 <b>Transition Team</b> Ages 15-25	\$720	

### Bring your sibling or buddy to camp!

Buddy/Sibling Application is available online at [www.eastersealswisconsin.com](http://www.eastersealswisconsin.com) or upon request.

### Transition Team Program:

Our Transition Team Program offers a chance for participants to express themselves in ways they may not feel open to in other environments: in ways that are non-judgmental and where all of the participants are made to feel they have something to offer. We hold discussions about self image and goal setting, along with planning meals (while learning about nutrition), shopping for supplies (while learning about money management), and having a great time spending time in a supportive environment with other young adults getting ready to be on their own, or who just want to be a bit more independent.

\*Ages 7-18 sessions can be found on the Elks/Easter Seals Respite Camper Application.

### Adult Sessions

These sessions provide a small group setting, which encourages socialization and a variety of age-appropriate activities.

Located in the Wisconsin Dells.

Session Date	Price	Choice
June 10-15, 2012 <b>Adults</b> Ages 18+	\$720	
July 8-13, 2012 <b>Adults</b> Adults 18+	\$720	
July 22-27, 2012 <b>Older Adults</b> Ages 40+	\$720	
July 22-27, 2012 <b>Pioneer</b> Ages 18+	\$720	
July 29—August 3, 2012 <b>Pioneer</b> Ages 18+	\$720	
August 12-17, 2012 <b>Adults</b> Ages 18+	\$720	

### Pioneer Program:

This program is designed for the adventurous-at-heart. Campers not only participate in the traditional programming at camp which includes canoeing, fishing and swinging down the zipline of our accessible high ropes course, they take it a step further. To test their pioneering spirit, they also journey to a state park where activities include hiking, cooking over an open fire and sleeping out under the stars.

#### 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/Friends Web Search School Case WorkerA Website (please list) or Other Way: \_\_\_\_\_**Primary 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 2012 camp sessions. In consideration of 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. Please 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](http://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? \_\_\_\_\_

If camper is male, is he willing to have a female counselor? Yes No

Is the camper bringing a helper dog with him or her to camp? Yes No

If yes, please be aware of the camp's guidelines. A service dog criteria form must be completed.

What group experience has the camper had? \_\_\_\_\_

\_\_\_\_\_

What are the camper's favorite things to do or learn about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Age: \_\_\_\_\_ Weight/lbs.: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis (medical, no abbreviations): \_\_\_\_\_

Secondary Diagnosis (if any): \_\_\_\_\_

Other conditions or concerns (including psychiatric): \_\_\_\_\_

Allergies (Drug, Environment or Food): \_\_\_\_\_

Seizure Disorders:  Does Not Apply Tonic-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  Prosthesis Uses Wheelchair:  Manual  Power **When:**  For Long Distances  At All Times**Who Maneuvers:**  Self  Others

Mobility Comments: \_\_\_\_\_

**Transfer Information** Transfers Independently  Standby Assistance  Pivot (1 person)  Two Person  Hoyer Lift \* Other/Comments: \_\_\_\_\_*\*We only use Hoyers brought from the Camper's home program. Otherwise, we employ 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-Tube. *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 608-254-8319 to discuss this further. Yes, please email menu.

Mealtimes 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 the 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 to (un)dress:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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

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 indicate if more than one staff needs to be present when agitated) \_\_\_\_\_

What are two or three effective rewards? \_\_\_\_\_

\_\_\_\_\_

Are there any ADLs (activities of daily living/programs) to be continued at camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Easter Seals Wisconsin Camp Wawbeek

## Policies and Procedures

### Funding Sources

Easter Seals Wisconsin subsidizes the actual cost for an individual to attend camp. 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 letter will be mailed/emailed to the camper that will include the session(s) for which the camper has been accepted. 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](http://www.eastersealswisconsin.com).

The Health & History Examination form is included with the application and is available online. Campers must send the Health & History Examination form to the Madison office at least two weeks prior to their session date. If the form is not present within 24 hours of arriving at camp, the camper will be sent home. 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 he/she does not have the necessary signed, completed forms upon arrival 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, marital status, or other protected status.

### Camper Observation Form

Upon completion of a camp session, each camper receives a Camper Observation Form that 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.