



2016 - 2017 Easter Seals




Respite & Camp

How to Register for Camp:


2016 - 2017 Camp Application
Please Note: Your application **CANNOT** be processed if you don't sign the Releases section (pg. 8) and fill in Primary Diagnosis (pg.9).




 Wait 2-3 weeks for Registration or Waitlist confirmation by mail or email (registration fee required within 10 days if paying privately, the balance can be paid at any time prior to session).

Schedule a physical and complete the Medical Examination Form (included with acceptance confirmation).
Bring to Camp!



 Two weeks prior to your session date you will receive the reminder packet by mail; complete the medication form and bring to camp. Any amount owed will be listed on the session notification.

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

Application

Mail Pages 5-12 of this Application To:

Easter Seals Wisconsin Camps
8001 Excelsior Drive, Suite 200
Madison, WI 53717

Apply Online:

<https://camp.eastersealswisconsin.com/camp-registrations/>

Billing & Registration Info:

camp@EasterSealsWisconsin.com
1-800-422-2324

Pay for Camp Fees:

Send a check to the Madison office OR pay online by logging into your account at <https://registration.CampBrain.com>

Website:

<http://camp.EasterSealsWisconsin.com>

**This application is valid for sessions
September 2016 - August 2017**



CAMP FEE PAYMENT

Private Pay

(You are paying for your own camp fee)

- **A deposit of \$125 is required within 10 days of your registration confirmation.** 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 you leave your payment source blank, we will automatically send the invoice to the camper
- **Fees may be paid online on your account located at <https://registration.CampBrain.com>**
- **Please include the camper's name and session dates on the check.** Also include any invoices you have received.
- Two weeks prior to your camp session, a reminder packet with a remaining balance update will be mailed to you.
- We do not automatically mail out receipts; if you require a receipt please request one by email or mail.

General Billing Policies

Third Party Payment

(An outside source such as IRIS is paying your camp fee)

- At the same time we send out your registration confirmation, a notice with the balance due is mailed to the funding source that you indicate below.
- **The third party will pay your deposit of \$125.** This deposit is non-refundable unless you are not accepted.
- **If your payment source changes at any point, please contact us to revise your information.**
- If you leave your payment source blank, we will automatically send the invoice to the camper
- Your reminder packet will contain an update as to your payment status.
- We do not automatically mail out receipts, if you require a receipt please request one by email or mail.

****The \$125 deposit will be applied toward your overall camp fee***

THIRD PARTY PAYMENT SOURCES

If you are using a Third Party Payment Source, please be sure to fill out that organization's information in the Blue Boxes on Page 3, before selecting your camp sessions.



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 caseworker to do so. If we do not receive an authorization you will be notified in your reminder packet.
- We file the claim for the fee after the camper has attended camp and we have the authorization

IRIS Program/iLIFE

- The session must be included on your plan ***prior to attending camp.***
- IRIS requires a completed Medicaid Provider Agreement for every camper; ***please include with application.***
- When filling out the payment source below, write IRIS/iLIFE 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



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, or Optimists. Also, some areas have a community foundation or community fund that provides grants for families. Your church or employer 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.



- Please provide a contact name at the club or organization and phone number that is sponsoring you.
 - 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.

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 and only available for summer sessions (you will need to complete a financial aid form available by email or mail).

Easter Seals Wisconsin Financial assistance guidelines must be followed BEFORE financial assistance may be granted: 1) family gross annual income must be provided and 2) camper/ family MUST provide proof of request for assistance from at least two sources, such as service clubs and churches.

- **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. 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.

When requesting a campership or scholarship from a community organization, use a request letter similar to the one shown here:

Sample Campership Request Letter

Dear (Organization):

Easter Seals Wisconsin provides a 6-day camp session. Camp is located in Wisconsin Dells, and it is exclusively for people who have disabilities. My (son, daughter, ...) has (medical condition/disability diagnosis) 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

EASTER SEALS WISCONSIN CAMPS POLICIES AND PROCEDURES

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 Camps promote a restraint-free environment. Staff and AmeriCorps members are trained in behavior management techniques that are applicable to the camp environment.

Easter Seals Wisconsin camp staff are trained to provide assistance with campers' personal needs such as eating, bathing, transferring from their wheelchair, 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. Parents will be notified by the Easter Seals staff about any medical incidents such as illness or injury beyond those requiring basic first aid procedures.

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.

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.

REGISTRATION

Please Note: Your application CANNOT be processed if you don't sign the Releases Section on page 6 and fill in Primary Diagnosis on page 7.

A registration confirmation will be mailed/mailed to the camper that will include the session(s) for which the camper has been registered or waitlisted. Campers will also receive a reminder packet two weeks prior to their camp session with a notification of their session drop-off/pick-up times and any balance due, and a medication form (also available online) to be completed prior to arrival at camp.

The Medical Examination form will be included with your registration confirmation and is available online. Campers must bring the Medical Examination form to camp during their scheduled session. If the form is not present within 24 hours of arriving at camp, the camper will be sent home. The Medical 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.

REGISTRATION 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 registration 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 or e-mail. If openings do not occur, any fees that have been paid will be refunded, including the registration fee.
4. Campers are registered at the discretion of the Camp Director.

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

CAMP RECREATION AND RESPITE SESSIONS—REGISTRATION

If you are unsure which program would best suit your needs, or have any other questions, please contact us at camp@eastersealswisconsin.com, or 800-422-2324, 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.

Please fill out any Third Party Payment information and 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 or brochure for more details about our unique programs (listed in bold).

Primary Payment Source

Name: _____ Contact (if any): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email: _____
 Total amount to be billed for this funding source is: \$ _____

Additional Payment Source

Name: _____ Contact (if any): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email: _____
 Total amount to be billed for this funding source is: \$ _____

ONE-ON-ONE SESSIONS: Located at Respite Camp

Please note there are some age-specific summer camp sessions. If the age group is not noted next to the summer camp session, it is for ages 3+

Weekend Sessions (Ages 3+)			Summer Sessions		
Session Date	Price	Choice by Rank	Session Date	Price	Choice by Rank
Sept.30 - October 2, 2016	\$420		June 11 -16, 2017 ADULTS (Ages 18+)	\$1148	
October 14-16, 2016	\$420		June 18 - 23, 2017	\$1148	
October 28-30, 2016	\$420		June 25 - 30, 2017	\$1148	
November 11-13, 2016	\$420		July 2 - 7, 2017	\$1148	
November 18-20, 2016	\$420		July 9 - 14, 2017 YOUTH (3-18)	\$1148	
December 2-4, 2016	\$420		July 16 - 21, 2017	\$1148	
December 27-30, 2016	\$765		July 23 - 28, 2017	\$1148	
January 27-29, 2017	\$420		July 30- August 4, 2017 YOUTH (3-18)	\$1148	
February 10-12, 2017	\$420		August 6 - 11, 2017	\$1148	
February 24-26, 2017	\$420		August 13 - 18, 2017	\$1148	
March 10-12, 2017	\$420				
March 24-26. 2017	\$420				
April 7-9, 2017	\$420				
April 28 - 30, 2017	\$420				
Total # of Weekend Sessions You Would Like to Attend is:			I would like to attend: <input type="checkbox"/> One Summer Session <input type="checkbox"/> Two Summer Sessions (limit)		

Bring your sibling to camp! Sibling application is available online or upon request for youth campers.

SMALL GROUP SESSIONS: Located at Camp Wawbeek

Campers who typically attend these sessions:

- Campers will be grouped with a ratio of one staff with two to three campers, or two staff with four to five campers
- Please note: themes of different sessions are indicated in bold.
- Adults age 40+ may register for ANY adult session.
- Campers with diagnosis of autism spectrum disorder are welcome to sign up for any appropriate age sessions, not just the sessions for campers with high-functioning autism.

Total # of Weekend Sessions You Would Like to Attend: _____

I would like to attend:

- One Summer Session
 Two Summer Sessions

Adult Sessions

Session Date	Price	Choice
December 9 - 11, 2016 Adults (Ages 18+)	\$335	
June 11 - 16, 2017 Adults (Ages 18+)	\$796	
July 2 - 7, 2017 Adults (Ages 18+)	\$796	
July 2 - 7, 2017 Pioneer** (Ages 18+)	\$796	
July 23 - 28, 2017 Older Adults (Ages 40+)	\$796	
July 23 - 28, 2017 Pioneer** (Ages 18+)	\$796	
August 13 - 18, 2017 Adults (Ages 18+)	\$796	

****Pioneer:** Campers spend as much time outside as they can. Expect to camp, canoe, fish and hike. Campers must be aware that they will NOT be staying in lodges, but camping outside.

HIGH-FUNCTIONING AUTISM SESSIONS at Camp Wawbeek

Campers who attend these sessions:

- Have a primary diagnosis of High-Functioning Autism, Tourette Syndrome, OCD, ADD/ADHD, or traits similar to those who do.
- Campers will be grouped with a ratio of one to two staff with three to five campers

Youth, Teen & Young Adult Sessions

Session Date	Price	Choice
October 21 - 23, 2016 Transition Team* (Ages 15-25)	\$335	
December 2 - 4, 2016 Transition Team* (Ages 15-25)	\$335	
December 27 - 30, 2016 YOUTH (Ages 7-18)	\$555	
February 10 - 12, 2017 Transition Team* (Ages 15-25)	\$335	
February 24 - 26, 2017 YOUTH (Ages 7-18)	\$335	
March 24 - 26, 2017 Transition Team* (Ages 15-25)	\$335	
June 18 - 23, 2017 Young Adults (Ages 15-25)	\$796	
June 25 - 30, 2017 YOUTH (Ages 7-18)	\$796	
July 16 - 21, 2017 YOUTH (Ages 7-18)	\$796	

***Transition Team:** intentional programs for young adults to learn about transitioning from living at home to living more independently.

High-Functioning Autism Sessions

Session Date	Price	Choice
November 18 - 20, 2016 Ages 7-15 @ Camp Wawbeek	\$335	
January 27 - 29, 2017 Ages 7-20 @ Camp Wawbeek	\$335	
March 3 - 5, 2017 Ages 7-20 @ Camp Wawbeek	\$335	
July 9 -14, 2017 Ages 10-25 @ Camp Wawbeek	\$796	

Bring your sibling to camp! Sibling application is available online or upon request for youth campers.

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.

CAMPER INFORMATION

Camper Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

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

E-Mail: _____

Birth Date ____/____/____ Gender: Female Male

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 Worker

A Website (please list) or Other Way: _____

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 staff? 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? _____

Primary Contact #1 (This is where all mail correspondence will be sent)

Adult Camper Parent(s) Guardian Caregiver

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Employer: _____

Primary Contact #2

Parent(s) Guardian Caregiver Other:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Employer: _____

Emergency Contact #1 *(Who should we call FIRST in case of an emergency?)*
 Primary Contact #1 **Primary Contact #2** **Other (See below):**

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Email: _____ Employer: _____

Emergency Contact #2 *(Who is a second person we can call in case of an emergency?)*
 Primary Contact #1 **Primary Contact #2** **Other (See below):**

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Email: _____ Employer: _____

RELEASES: Must be signed by parent/guardian/camper or application CANNOT be processed.

I hereby give my consent for my son/daughter/ward/self _____ to attend Easter Seals Wisconsin Camps 2016-2017 camp sessions, located in Wisconsin Dells. In consideration of registration 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.

The information on this form is accurate and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Easter Seals Wisconsin to provide routine health care under the guidance of the camp's medical director, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give permission to Easter Seals to arrange necessary program and emergency transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

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

REQUIRED Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____

Printed Name: _____ Date: _____

MEDIA: I hereby give my consent for the camper referenced above to (check all that apply; signature not sufficient—boxes must be checked):

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 Wisconsin website, 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 (which may include posting on social media sites such as Facebook, Instagram, etc. under their personal accounts).

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

REQUIRED Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____

Printed Name: _____ Date: _____

HEALTH HISTORY

Applications that do not specify a Primary Diagnosis will NOT be processed.

Age: _____ Weight/lbs.: _____ Height: _____

REQUIRED: Primary Diagnosis (medical, no abbreviations): _____

Secondary Diagnosis (if any): _____

Other conditions or concerns (including psychiatric): _____

Allergies: Medication: _____

Food: _____

Environment or Animals: _____

Comments/Allergy Reactions: _____

Seizure Disorders: Does Not Apply Tonic-Clonic (Grand Mal) Non-Convulsive (Petit Mal)
 Psychomotor Nocturnal Mixed

Typical Seizure Frequency: _____ Typical Length of Seizure: _____

Known Triggers, PRN Medications (if any) and protocol to follow? _____

Does the camper have a history of:		Yes	No	Does the camper have a history of:		Yes	No
1	Asthma			15	Frequent Headaches		
2	Frequent Colds			16	Frequent Ear Infections		
3	Heart Disorder or Disease			17	Stomach Disorders		
4	Episodes of Passing Out			18	Diarrhea		
5	Bleeding Disorders			19	Constipation		
6	Blood Disorders			20	Abnormal Menstrual Cycles		
7	Hepatitis A, B or C			21	Problems with Joints		
8	Diabetes			22	Chronic or Recurrent Illnesses		
9	Skin Problems (rashes, itching)			23	Past or Recent Surgeries		
10	Skin Breakdown (bed sores)			24	Past or Recent Hospitalizations		
11	Eating Disorder			25	Problems Sleeping		
12	Emotional Difficulty (for which professional help was sought)			26	Adaptive Equipment (Braces, wheelchair, walker, hearing aid, C-PAP)		
13	Head injury			27	Other:		
14	Chicken Pox			28	Other:		

Please explain any "yes" answers from above. List the number before explanation. _____

INSURANCE INFORMATION

Family Medical/Hospital Insurance Carrier: _____ Group: _____

Policy #: _____ Medicaid #: _____ Medicare #: _____

Physician: _____ Physician's Phone: (_____) _____

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

For campers who use a wheelchair

- 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 Small Bringing campers own food: Yes No Comments: _____

Is camper able to indicate the amount of food and liquid intake he/she desires? Yes No

Camper can use: Fork Spoon Knife Uses Special Utensils (please label and bring to camp)

Takes Portions Independently Needs Food Cut Drinks from Cup Uses Straw

Needs Liquids Thickened (what consistency? _____)

Diet: Standard Chopped Blended/Pureed Low Salt Low Calorie Low/No Sugar Other

Uses G-Tube. *Please attach the exact schedule of the feeding so we can contact you with any questions prior to arrival.*

Mealtimes Comments/Restrictions/Allergy Reactions: _____

TOILETING/SHOWER

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 teeth
 Needs complete assistance in the shower Needs verbal cues Camper can shower independently

Comments: _____

DRESSING

Has no difficulty dressing Can choose own clothes

Can put on: underwear socks shirt pants

Can: button snap zip tie shoes

Can 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.

	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				

