

2019 - 2020

Easter Seals

Respite & Camp



How to Register for Camp:

Application

2019 - 2020 Camp Application
Please Note: Your application
WILL NOT BE PROCESSED
if you do not complete **STEPS 1-16.**



Complete & Mail Steps 1-16
of the Application to:

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

Apply Online:

[https://camp.eastersealswisconsin.com/
camp-registrations/](https://camp.eastersealswisconsin.com/camp-registrations/)

Billing & Registration Info:

camp@EasterSealsWisconsin.com
1-800-422-2324 (Registration)
608-237-1372 (Billing)


Make a Payment:

Send a check to the Madison office OR
pay online by logging into your account.

Website:


<http://camp.EasterSealsWisconsin.com>


This application is valid for sessions
September 2019 - August 2020

 Please allow 4-6 weeks to be notified of a
"Registered" or "Waitlist" status. Offering programs
throughout the year means a large number of
camper registrations to review, and we will review
applications for the earliest programs first.

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!**



CAMP FEE PAYMENT - General Billing Policies

Paying For Camp

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.

Private Payers

If you will be paying privately (in part or in full), we provide several options:

- *Online:* On the Easter Seals Wisconsin camp registration page, you can pay your camp fees by credit or debit card.
- *By Mail:* Please send payments **at least two weeks in advance** of your camp session (to give us time to process the payment):

Easter Seals Wisconsin
Attn: Camp Admin
8001 Excelsior Drive, Suite #200
Madison, WI 53717

- *At Camp Check-in:* We can also receive payment in cash or check when you arrive at camp.

Note: Please fill out all checks to "Easter Seals Wisconsin." We send receipts only by request.

Third Party Payment (agency or organization billing)

If an outside source such as IRIS is paying your camp fee (in part or in full):

- See below for more info on specific funding sources
- Please include your payment source and name of caseworker in the application.
- Verify that any session you're attending is covered by your program prior to your session.
- Keep us in the loop: If there are changes to your funding source, please let us know as soon as possible.

Camperships

If you believe that your family will require assistance to pay for a camp session, please fill out the campership form and return to Easter Seals within 10 days of enrollment. If you have questions about camperships, please call 608-237-1372.

THIRD PARTY PAYERS *Guidelines for Common Sources*

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



- Each camp session must be authorized by your caseworker prior to the session. Please inform your caseworker to send all service authorizations to the Madison office (see the above address, or email to campadmin@eastersealswisconsin.com).
- Claims for these programs are typically made after the camper has attended camp and we have received the authorization.
- There are a variety of Medicaid programs and waiver agreements that assist our campers in paying for camp. Inquire at your county's Department of Health, family service agency, or your local Aging and Disability Resource Center (ADRC) to determine eligibility and funding.
- Be aware that some counties contract with private agencies, such as Lutheran Social Services (LSS) or the Family Support & Resource Center (FSRC).

IRIS Program/iLIFE

- If you are covered by IRIS, your camp sessions will need to be added to your plan. Please inform your caseworker to send all service authorizations to the Madison office (see the above address, or email to campadmin@eastersealswisconsin.com).
- IRIS requires a completed Medicaid Provider Agreement for every camper; please include this agreement along with your application, or ask your caseworker to send this agreement.
- Recently, the administration of IRIS has split into several IRIS consultant agencies (ICAs, the most common of which is TMG) and several fiscal employer agents (iLife, GT Independence, Outreach, and Premier). This split has caused a great deal of confusion for campers and billing staff alike. So that we can better assist you, and if you have this information, please include your FEA or your caseworker's ICA on your application. (More info, including a Wisconsin map of ICAs and FEAs by county/region, can be found at <https://www.dhs.wisconsin.gov/iris/directory.htm>)



Service Clubs and Organizations

Some local service clubs and organizations offer scholarships/camperships to assist individuals to attend camp.

General Guidelines

- In your application, please provide the name of the organization that is sponsoring you, along with their contact name and phone number.
- We will typically send an invoice to the organization on the first day of the month following your session, though we do encourage organizations to pay ahead. Please see the “Private Payer” section above for more information.
- While most programs and agencies base their funding on standard gross family income, some programs do take into consideration the extraordinary costs of care for individuals with disabilities, and will assist middle-income families.
- We have included a sample letter below for requesting a campership from a community organization.
- We recommend that you send a thank-you letter to your sponsor after you attend camp. This is common courtesy and will be greatly appreciated!

Finding the right organization

- Many of our campers are given camperships by clubs. Some of these clubs include the Elks, Lions, Masons, Rotary, Kiwanis, Optimists, Knights of Columbus, and Fraternal Order of Eagles.
- Some communities have set up funds to provide grants for families. Your church or employer may also be a place to ask for assistance. Private statewide foundations such as the Hans and Anna Spartvedt Testamentary Trust (608-232-2004) may be able to help as well.
- The Children’s Miracle Network (CMN) directly assists some children and their families. Two CMN-affiliated hospitals in Wisconsin may offer help to eligible families:
 - o CMN at Ministry St. Joseph’s Children’s Hospital / Marshfield Clinic, which serves 17 counties in central Wisconsin, can be contacted at 800-428-5000.
 - o CMN Gunderson Lutheran Hospital, which serves 15 counties in western Wisconsin, can be contacted at 800-853-6889 or <http://www.gundersenhealth.org/cmn-hospitals/contact/>.
- For clubs in your area, search for “Service Clubs” online or in your phone book. You can also visit <http://go.wisc.edu/grants>.
- You can contact the Respite Care Association of Wisconsin for additional resources at 1-866-702-7229 or visit them at <https://respitecarewi.org/>.



Camperships through Easter Seals Wisconsin Easter Seals Wisconsin offers a limited number of camperships for summer sessions. We require families to provide gross annual income, and to first seek out financial aid from two other sources, such as service clubs and churches. If you are interested in applying for a campership, please request an application by mail (see address in “Private Payers” below) or by email at campadmin@eastersealswisconsin.com.

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 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 WILL NOT BE PROCESSED if you do not complete STEPS 1-16.

A registration confirmation will be mailed/emailed 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.

TO REGISTER: COMPLETE STEPS 1-16 FOR CAMP WAWBEEK OR RESPITE CAMP SESSIONS

If you are unsure which program would best suit your needs, or have any other questions, please contact us at 800-422-2324 or email camp@eastersealswisconsin.com 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 complete any Third Party Payment information (agency or organization billing)** and mark which session(s) you would like to attend. 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).

STEP 1: Primary Payment Source (must complete or application will not be processed)

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

Additional Payment Source (if applicable)

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

STEP 2: Choose your camp sessions (for Camp Wawbeek see next page) 

RESPITE CAMP SESSIONS: 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+. Campers will be assigned to small groups based on their needs.

Respite Camp Weekend Sessions (Ages 3+)		
Session Date	Price	Choice by Rank
September 27 - 29, 2019	\$448	
October 11 - 13, 2019	\$448	
October 25 - 27, 2019	\$448	
November 8 - 10, 2019	\$448	
November 22 - 24, 2019	\$448	
December 6 - 8, 2019	\$448	
December 27 - 30, 2019	\$816	
January 24 - 26, 2020	\$448	
February 7 - 9, 2020	\$448	
February 21 - 23, 2020	\$448	
March 6 - 8, 2020	\$448	
March 20 - 22, 2020	\$448	
April 3 - 5, 2020	\$448	
April 24 - 26, 2020	\$448	
Total # of Weekend Sessions You Would Like to Attend is:		

Respite Camp Summer Sessions		
Session Date	Price	Choice by Rank
June 7 - 12, 2020 Adults (Ages 18+)	\$1223	
June 14 - 19, 2020 Young Adults (Ages 15-25)	\$1223	
June 21 - 26, 2020 Youth (3-18)	\$1223	
June 28 - July 3, 2020 Adults (Ages 18+)	\$1223	
July 5 - 10, 2020	\$1223	
July 12 - 17, 2020 Youth (3-18)	\$1223	
July 19 - 24, 2020	\$1223	
July 26 - 31, 2020	\$1223	
August 2 - 7, 2020	\$1223	
August 9 - 14, 2020 Adults (Ages 18+)	\$1223	
I would like to attend:		
<input type="checkbox"/> One Summer Session		
<input type="checkbox"/> Two Summer Sessions (limit)		

CAMP WAWBEEK SESSIONS

Campers who typically attend these sessions:

- Campers will be in a group with their peers and assigned a counselor(s).
- 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.
- Please note: programs of different sessions are indicated in bold and defined as:

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

****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** - 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.

Camp Wawbeek Weekend Sessions		
Session Date	Price	Choice by Rank
October 18 - 20, 2019 Transition Team* (Ages 15-25)	\$376	
November 15 - 17, 2019 HFA*** (Ages 7-15)	\$376	
November 22 - 24, 2019 Adults (Ages 18+)	\$376	
December 13 - 15, 2019 Transition Team* (Ages 15-25)	\$376	
December 27 - 30, 2019 Youth (Ages 7-18)	\$620	
Jan. 31 - Feb. 2, 2020 HFA*** (Ages 7-15)	\$376	
February 14 - 16, 2020 Transition Team* (Ages 15-25)	\$376	
March 6 - 8, 2020 Adults (Ages 18+)	\$376	
March 27 - 29, 2020 Youth (Ages 7-18)	\$376	
April 17 - 19, 2020 Transition Team* (Ages 15-25)	\$376	
Total # of Weekend Sessions You Would Like to Attend is:		

Camp Wawbeek Summer Sessions		
Session Date	Price	Choice by Rank
June 7 - 12, 2020 Adults (Ages 18+)	\$891	
June 14 - 19, 2020 Young Adults (Ages 15-25)	\$891	
June 21 - 26, 2020 Youth (7-18)	\$891	
June 28 - July 3, 2020 Adults (Ages 18+)	\$891	
June 28 - July 3, 2020 Pioneer** (Ages 18+)	\$891	
July 5 - 10, 2020 HFA*** (7-20)	\$891	
July 12 - 17, 2020 Youth (Ages 7-18)	\$891	
July 19 - 24, 2020 Older Adults (Ages 40+)	\$891	
July 19 - 24, 2020 Pioneer** (Ages 18+)	\$891	
August 9 - 14, 2020 Adults (Ages 18+)	\$891	
I would like to attend: <input type="checkbox"/> One Summer Session <input type="checkbox"/> Two Summer Sessions (limit)		

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.

STEP 3: CAMPER INFORMATION

Camper Name: _____

Address: _____

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

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

E-Mail: _____

Birth Date ____/____/____ Gender: Female Male Gender Expression _____

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? _____

Specify if restricted contact or communication with _____

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: _____

STEP 4: Emergency Contact #1 (first point of contact):	Emergency Contact #2 (second point of contact):
Name: _____	Name: _____
Address: _____ City: _____	Address: _____ City: _____
St: _____ Zip: _____ Phone: _____	St: _____ Zip: _____ Phone: _____
Employer: _____	Employer: _____
Work Ph: _____ Email: _____	Work Ph: _____ Email: _____

STEP 5: The following three releases MUST be signed by parent/guardian/camper or application WILL NOT be processed.

You are ultimately responsible for all payment obligations arising from your camping experience and guarantee payment for these services. You are responsible for fees indicated by your funding source and/or our FINANCIAL POLICIES, which are not otherwise paid by supplemental funding. By signing this guarantee as the Financially Responsible Party, you hereby guarantee the full and prompt payment to Easter Seals Wisconsin of all fees for the Camper, whether currently existing or for registration and session fees incurred in the future. You also agree to pay all expenses, legal or otherwise, incurred by Easter Seals Wisconsin in collecting the indebtedness. I warrant that I fully understand the contents thereof.

(1) **REQUIRED** Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____
 Printed Name: _____ Date: _____

I hereby give my consent for my son/daughter/ward/self _____ to attend Easter Seals Wisconsin Camps 2018-2019 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.

(2) **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.

(3) **REQUIRED** Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____
 Printed Name: _____ Date: _____

STEP 6: 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? _____

Respiratory Conditions: Does the camper have either of the following?*

**If answering yes to either of these questions, please anticipate a call from our nurse to further assess the degree of care needed for your camper.*

Tracheostomy: Yes No Ventilator: Yes No

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. _____

STEP 7: INSURANCE INFORMATION

Family Medical/Hospital Insurance Carrier: _____ Group: _____

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

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

STEP 8: 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: _____

STEP 9: 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.*

STEP 10: 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?) _____

STEP 11: 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: _____

STEP 12: 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: _____

STEP 13: 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: _____

STEP 14: 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: _____

STEP 15: 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				

