



2801 Neuse Blvd.
 New Bern, NC 28560
 Phone: 252-636-6007
 Fax: 252-672-0009

North Carolina & Virginia

NC Camp Easter Seals UCP

Dear Friends:

Thank you for your interest in our 2016 summer camp season. We are pleased to introduce some new summer camp locations in North Carolina as a result of Trillium Health Resources generous funding to support individuals with intellectual and developmental disabilities, who do not currently receive services. Please take time to read the important information listed below.

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Applying to Camp:

There are a limited number of spaces available at NC Camp Easter Seals UCP. Campers are encouraged to apply early. Acceptance into our program is based on many factors including: our ability to meet the needs of the camper, timeliness and accuracy of completed application materials, and staffing status, with first priority being given to individuals mentioned above, who do not currently receive services.

Application processing will not begin until all required application materials are completely filled out and returned to Easter Seals UCP NC & VA with the exception of the medical form. The application is made up of several sections. Please review and check the boxes below to make sure you have completed all the required sections.

	Application Fee \$30.00
	Camp Application Form-all areas must be completed
	Copy of Camper's Insurance Card (front and back)
	Recent Camper Photo
	Medical Form

Please mail applications to address in upper right corner of letter.

Eligibility: Children with intellectual and developmental disabilities (ages 5 -22) and their typically developing sibling(s) in the same age range, on a space as available basis.

Fees: Registration fee of \$30/camper. An additional \$20 is required for campers receiving CAP/NC Innovations services, to help defray the costs for snacks and crafts. If your child receives these services, upon camp acceptance, please contact your case manager to make sure that summer camp is written into their Personal Care Plan. Easter Seals UCP North Carolina & Virginia does offer limited financial assistance.

We hope to see you at NC Camp Easter Seals UCP this summer!!!

Sincerely,

Joe

Eileen

Joe Dunkleman
 I/DD Program Manager
Joseph.dunkleman@eastersealsucp.com

Eileen Bress
 Project Manager
eileen.bress@eastersealsucp.com

NC Camp Easter Seals UCP Camper Application



North Carolina & Virginia

A program of Easter Seals UCP North Carolina & Virginia
Administrative Office (where to return applications and who to contact for questions)
2801 Neuse Blvd., New Bern, NC 28560 – 252-636-6007 – fax (252)672-0009

ALL FORMS MUST BE COMPLETELY FILLED OUT. PLEASE PRINT.

2016 Summer Application

Camper Information

Full Name _____ Nickname _____

Birth date ____/____/____ Gender Female Male

Ethnicity _____ Social Security # _____ - _____ - _____ Phone # _____

Street address _____ City _____ State ____ Zip _____

Email camp updates to _____

Do you have a family member in the military? Yes No Relation to camper _____ Branch _____

Do you have a disability? Yes No If so, check all that apply

- | | |
|---|--|
| <input type="radio"/> Asperger's Syndrome | <input type="radio"/> Heart, Circulatory, Respiratory Defect |
| <input type="radio"/> Asthma | <input type="radio"/> Intellectual Disabilities |
| <input type="radio"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/Profound |
| <input type="radio"/> Autism | <input type="radio"/> Learning Disability |
| <input type="radio"/> Behavior Disorder | <input type="radio"/> Muscular Dystrophy |
| <input type="radio"/> Bleeding/Clotting Disorder | <input type="radio"/> Psychosis |
| <input type="radio"/> Cerebral Palsy | <input type="radio"/> Speech-Language/Voice Dysfunction |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> Spina Bifida |
| <input type="radio"/> Diabetes | <input type="radio"/> Spinal Cord Injury |
| <input type="radio"/> Developmental Disorder | <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Paraplegic <input type="checkbox"/> Other |
| <input type="radio"/> Down Syndrome | <input type="radio"/> Social/Psychological |
| <input type="radio"/> Epilepsy/Seizure Disorder | <input type="radio"/> Visual Impairment |
| <input type="radio"/> Fragile X | <input type="checkbox"/> Partial <input type="checkbox"/> Total |
| <input type="radio"/> Hearing Impaired | <input type="radio"/> Other Disability(s) _____ |
| <input type="checkbox"/> Partial <input type="checkbox"/> Total | _____ |

Parent/Caregiver Information

Custodial Parent/Guardian _____

Relation to camper _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Street Address (if different) _____ City _____ State ____ Zip _____

2nd Custodial Parent/Guardian _____ Relation to camper _____

Street Address (if different) _____ City _____ State ____ Zip _____

Alternative Emergency Contact _____ Relation to camper _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

When and where

Please mark your location and the weeks of camp. Camps run Monday through Friday from 8:30 am – 2:30 pm.

Dare County

Elizabeth City

Hertford County

New Bern

Washington

Wilmington

Greenville (For Greenville Only) <http://www.greenvillenc.gov/home/showdocument?id=8542>

Contact Chasity McCurdy 252-329-4270 and her email address is cmmccurdy@greenvillenc.gov

June 20th – June 24th (*this week only available for New Bern camp*)

June 27th – July 1st

July 5th – July 8th (*Note, no camp on Monday, July 4th.*)

July 11th – July 15th

July 18th – July 22nd

July 25th – July 29th

Aug 1st - Aug 5th

***Please place
camper photo here***

Camper's Care Information

Mobility

- Walks Uses walker
- Uses wheelchair, can propel/drive self? Yes No

Transfers No assists needed Needs assistance (explain): _____

Assistive Devices None AFO's Glasses Hearing aid Helmet Other _____

Communication No serious difficulties expressing thoughts or wants Has difficulties (explain): _____

Uses sign language Uses a communication device (what kind?): _____

Eating No assistance needed Needs assistance (explain): _____

Diet Normal Blended/Pureed Diabetic Food allergies (list): _____

Special – please attach a list of special diet so we can determine if we can meet your needs

Bowel Control No assistance needed Incontinent Needs assistance/schedule (explain): _____

Bladder Control No assistance needed Incontinent Needs assistance/schedule (explain): _____

Aids Used None Catheter Urinal Disposable undergarments Other _____

Dressing No assistance needed Assistance needed (describe): _____

Washing/showering No assistance needed Some assistance needed (describe): _____

Total assistance needed (describe): _____

Camper's Social Background

School/employer _____ Grade level _____

Can the camper read? Yes No Write? Yes No

Does the camper have any behavior issues? Yes No **If yes, please describe** _____

When do behavior issues occur? _____

Describe effective methods to control difficult behaviors: _____

Please list any fears the camper may have: _____

Please list any activities the camper dislikes: _____

What hobbies or activities does the camper enjoy at home or school? _____

Please add any other information you feel would be helpful in providing the best experience for the camper while at camp: _____

Camper's Health Information

Medications Please list any medications the camper uses: _____

Seizures Yes No Type _____ Frequency _____
Describe any warning signs (aura) before seizures: _____

If camper is prescribed seizure medication they **MUST bring the medication to camp.

Allergies None Hay fever Poison Ivy Insect stings Asthma Penicillin
 Other _____ Describe allergic reactions and treatments: _____

Summary Please summarize camper's medical history: _____

Psychiatric treatment / counseling Has the camper ever required any psychiatric treatment/counseling or hospitalizations? Yes No Please summarize (including dates): _____

Shunt Does the camper have a shunt? Yes No List special instructions/limitations: _____

Feminine needs Does the camper menstruate? Yes No Special treatments for cramps? _____
List feminine products used and if they need assistance: _____

Participation Please list any activities the camper may NOT participate in or attach precautions or special instructions for routine camp activities: _____

Insurance Information

Is the camper covered by hospitalization insurance? Yes No
Carrier: _____ Policy/Group #: _____

Medicare #: _____ Medicaid #: _____

A copy of the camper's insurance/Medicaid/Medicare card or Military ID card must accompany this application. Please supply a copy of BOTH the FRONT and BACK of the card.

Place copy of FRONT of Insurance Card here.

Place copy of BACK of Insurance Card here.

Service Information

Does the camper currently receive any mental health or intellectual/developmental disability services?

___ No ___ Yes, what services _____

What provider? _____

Does the camper have a Care Coordinator? ___ No ___ Yes (please provide info below)

Name: _____

Contact info: _____

Does the camper receive any therapy?

___ Speech ___ Occupational ___ Physical ___ Other (please explain) _____

Referral Information

Has the camper attended Camp Easter Seals UCP before? Yes No

If yes, please list the years the camper has attended: _____

If no, please indicate how the camper found out about Camp Easter Seals UCP: Family Member

Other camper (name): _____

School (name): _____ Website (name): _____

Social service agency (name): _____ Other: _____

Do you know someone that would benefit from working at Camp? Name/contact: _____

The medical form is located at the back of the application.

Medical Form & Medication

****Medication Guidelines****

To better serve our campers and reduce possible errors in medicine administration, we require all campers to pre-package medications. This means that all medications, vitamins, and supplements brought to camp be prepared in a multi-dose bubble pack or medication cassette for the duration of their stay. It is preferred that this is done in a "bubble pack" by a pharmacist. **All medication bottles are to be with campers when checking in to camp.**

See Medication Guidelines handout for more information.

Payments & Financial Information

Application Fee - A \$30 application fee is required per camper.

Applications without the \$30 application fee will not be processed. The application fee is non-refundable once the camper is accepted into the camping program.

Waiver & Release

The following section must be signed in ink by the adult camper/applicant or legal guardian of the juvenile camper/applicant before the application can be processed:

(1) **Approval, Waiver, and Activity Consent** This application has my approval. While Easter Seals UCP North Carolina & Virginia, Inc. (ESUCP) will take every reasonable precaution, it is agreed that ESUCP is not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant’s personal property and is released from liability for any accident, incident or injury except as may be covered by camper’s insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

(2) **Medical Treatment** - The undersigned hereby authorizes and grants permission to any licensed/certified medical professional designated by ESUCP to provide routine medical care and administer medications or to perform any emergency procedures on the camper that would be jeopardized by any delay in providing such treatment or performing such procedures.

(3) **Permission to Provide Transportation** – I hereby grant permission for ESUCP contractors and representatives to provide transportation for the camper, and agree to hold ESUCP harmless for any accident/injury that results from the provision of transportation.

(4) **Media Release** – I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easter Seals UCP or its respective employees and agents may be used by Easter Seals UCP, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals UCP and that these materials may be released to the general public. I assign to Easter Seals UCP all of my rights to these materials.

I understand that these materials made by Easter Seals UCP, its employees and agents are owned by Easter Seals UCP and that they may copyright them. I will allow Easter Seals UCP, their respective employees and agents, and those acting with Easter Seals UCP' permission, to use my protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easter Seals UCP and to release this information to the general public. I understand that these materials may be published on Easter Seals UCP' network of Web sites and this may disclose my personal and protected health information online.

Easter Seals UCP does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals UCP may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals UCP on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easter Seals UCP will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easter Seals UCP to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals UCP in writing by sending my revocation to the address at the top of this application. I understand and agree that once Easter Seals UCP, its respective employees and agents, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

I CERTIFY THAT I AM OVER THE AGE OF 18 YEARS AND AM THE LEGAL GUARDIAN OF THE CAMPER.

I ATTEST THAT ALL INFORMATION PROVIDED IN THESE APPLICATION MATERIALS INCLUDING THE APPLICATION, MEDICAL EXAMINATION SUMMARY, AND ANY SUPPLEMENTAL ITEMS ATTACHED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ATTEST THAT I HAVE READ ALL INFORMATION AND UNDERSTAND ITS CONTENTS.

Legal Guardian/Adult Camper: _____ Date: _____
Signature

Print Name: _____