

CAMPECHOING HILLS

OFFICE USE ONLY
____ Dep. Amt. Rcvd
____ Conf. Date

36272 CR 79
Warsaw, Ohio 43844
1-800-419-6513
campechoinghills.org

OFFICE USE ONLY
____ Trip
____ Dates
____ WC ____ A

TRAVEL APPLICATION

APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND MAILED WITH DEPOSIT IN ORDER TO BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

IDENTIFYING INFORMATION

Date of Application _____

Applicant's Full Birth Name _____

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

Street Address _____ County _____

City _____ State _____ Zip _____

Sex _____ Height _____ Weight _____ Date of Birth _____ Age _____ Race _____

Marital Status: Single () Married () Divorced () Widowed ()

Is applicant their own guardian? Yes ____ No ____

Parent/Guardian Name _____ Phone (____) _____

Email _____ Cell Phone (____) _____

Parent/Guardian Address _____ County _____

City _____ State _____ Zip _____

Parent/Guardian Place of Employment _____ Phone (____) _____

Additional Emergency Contacts: **(Including numbers that can be reached after office hours)**

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Agency/Facility Serving Applicant _____

House Manager _____ Phone (____) _____

Contact after Hours _____

Address _____ City _____ County _____ State _____ Zip _____

Camp Echoing Hills advises any trips which include flight for transportation, travelers MUST have a valid and up to date I.D. or else will not be able to attend that particular trip.

Does Applicant Have a Passport? Yes _____ No _____ Passport Number _____
Passport Issue Date _____ Passport Expiration Date _____
Country of Residence _____

****For all trips outside of the United States, applicants MUST have a passport**

Applicant's SS# _____ Medicaid # _____ Medicare # _____

Applicant's Insurance Company _____ Policy # _____

ACTIVITY BEING APPLIED FOR

Trip Destination: _____ **Dates:** _____ **to** _____

FINANCIAL ARRANGEMENTS

Who will be responsible for the fee? Name _____

Phone (_____) _____ Cell Phone (_____) _____

Address _____ City _____

County _____ State _____ Zip _____

APPLICANT'S DISABILITY AND PRESENT CONDITION

Cause and onset of disability: At birth _____ Illness _____ (year _____) Accident _____ (year _____)

Please give diagnosis and fully describe the extent and degree of disability: _____

MOBILITY (please check all that apply)

Normal Walking	()	Cane(s)	()	Walker	()
Slow Walking	()	Crutches	()	Hoyer Lift	()
Unsteady Walking	()	Wheelchair - Manual	()	Legs Bear Weight	()
No Walking	()	- Electric	()		
Braces	()	-- When are they worn? _____			

Is wheelchair collapsible? Yes _____ No _____

****Only fill in the next 3 questions if the trip consists of flying on airlines, or is otherwise specified by Camp Staff.***

What type of battery for the electric wheelchair? Wet battery _____ Cell battery _____ Manual _____
Gel-battery _____

Dimensions of wheelchair: Height _____ Width _____ Length _____

Weight of wheelchair _____

Describe best way to transfer applicant from wheelchair: _____

Please note: Camp Echoing Hills cannot provide wheelchairs or Hoyer lifts. All wheelchairs must have a safety belt to protect the applicant. Always check wheelchairs before arriving at camp to assure safe working order.

*****Hoyer lifts cannot always be used with hotel beds. Please call the camp office for more information.***

I LIKE TO DO:

- Go to new places
 - Go shopping
 - Go dancing
 - Board/Card Games
 - Crafts
 - Go to new restaurants/ Eat
 - Go to entertainment shows
 - Group Activities
 - Listen to music/ singing
 - Sensory Activities
 - Sports
 - Go to museums
 - See animals
 - Swimming
 - Other interests that would be helpful for the staff to know
-
-

I COULD BECOME UPSET BECAUSE:

- I am too hot or cold
 - I am not getting my way
 - I am being told "no"
 - I am being asked to wait
 - I am afraid
 - I am being asked to take turns
 - I am trying to communicate and am not being understood
 - There is a change in my schedule
 - Someone is bossing me around
 - I am in a crowd
 - I am ill / In pain
 - I am hungry or thirsty
 - I am asked to share
 - Other
-
-

I COMMUNICATE BEST:

- Non Verbal
 - Verbally
 - Writing Notes
 - Using sign language
 - Using gestures/pointing
 - Using simple words
 - Using body language and facial expressions
 - Using a communication device
- Will this be sent on the trip?**
 Yes No

I DO NOT LIKE OR MAY BE AFRAID OF:

- Animals _____
 - Change in schedule
 - Insects
 - Large Groups
 - Loud Noises
 - Nurses/Doctors
 - Showers
 - Storms
 - The Dark
 - Toileting
 - Water
 - Boats/ Ships
 - Airplanes
 - Other
-
-

MY FRUSTRATIONS MAY APPEAR BY:

- Bad language
 - Biting self or others
 - Crying
 - Hair pulling
 - Hiding
 - Hitting
 - Kicking
 - Inappropriate Touch
 - Refusing to move
 - Running away
 - Scratching
 - Screaming
 - Spitting
 - Throwing things
 - Undressing
 - Wandering
 - Other
-
-

YOU CAN HELP ME BY:

- Offering Quiet space
- Offer me choices
- Speaking calmly and quietly
- Use fewer words
- Take a break
- Use picture schedule
- Provide pressure
- Provide sensory input (jumping, running, splashing)
- Talk to me about why I am upset
- Use first/then statements

I may exhibit sexual behavior: Yes No

Explain _____

PERSONALITY AND BEHAVIOR INFORMATION (please **check all that apply** and explain)

Sociable ()	Friendly ()	Cooperative ()	Helpful ()
Complains ()	Sensitive ()	Aggressive ()	Withdrawn ()
Self-abusive ()	Suicidal tend. ()	Temper outbursts ()	Depressed ()
PICA ()	Plays with fire ()	Homesickness ()	Wanderer ()

Please explain any of the above. Describe other unusual behaviors our staff should watch for, and detail any behavior modification techniques you recommend for specific behaviors: _____

Does Applicant have a Behavior Plan? Yes _____ No _____ If applicant has a behavior support plan, a copy **MUST** accompany this application with an updated copy brought to registration.

***If the applicant tends to wander, please describe the behavior and detail any recommended techniques for controlling their wandering:** _____

EATING (please check all that apply)

Eats independently ()	Has trouble swallowing: Solid foods ()	Liquids ()
Needs help eating ()	Needs to be fed: Some foods ()	All food ()
Needs food cut up ()	Needs to eat: Mechanical Soft foods ()	Pureed foods ()
Uses straw for liquids ()	Describe appetite: Poor ()	Normal () Overeats ()
Uses gastronomy tube ()	Please describe any adaptive eating equipment (Must bring along!):	

Is applicant diabetic? Yes () No () if yes, specify diet restrictions: _____

Note: Please send the necessary supplies for testing.

Please describe any food allergies: _____

Foods to avoid because they cause hyperactivity, headaches, etc... _____

Other information regarding applicants eating habits: _____

**** Any traveler needing a mechanical soft or pureed diet MUST bring along a food pureer as most restaurants are not equipped to meet this dietary need.**

Please note: Camp Echoing Hills will modify diets if there is a specific medical need to do so. Every effort is made to monitor amounts served, but we may not be able to adhere to general weight restricting diets.

SLEEPING ARRANGEMENTS (please check all that apply)

Sleeps through night () Sleeps with side rails () Prone to bad dreams ()
Wets bed: Never () Occasionally () Frequently ()

Please explain how bedwetting is handled: _____

Other information on sleeping arrangements: _____

APPLICANT PERSONAL CARE AND HYGIENE (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	()	()	()	_____
Showering	()	()	()	_____
Washing Hands & Face	()	()	()	_____
Brushing Teeth	()	()	()	_____
Shaving	()	()	()	_____
Washing Hair	()	()	()	_____
Tying Shoes	()	()	()	_____
Using Toilet	()	()	()	_____
Menstruation (women only)	()	()	()	_____

Other information regarding personal care: _____

TOILETING NEEDS (please check all that apply)

Uses: Portable urinal () Bed pan () Catheter () Type _____
Uses: Briefs () Plastic pants () Liners () When: Night only () occasionally () Always ()

If applicant has occasional constipation, how is it managed? _____

Other information regarding toileting needs: _____

***SWIMMING** (please check all that apply)

Swims independently () Life jacket required () Other _____ ()
Wears ear plugs () Seizure prone in water () Not allowed in pool at all ()
Needs one-on-one attention in pool ()

Please note: If applicant has toileting accidents or uses briefs, please send swim briefs or 4-6 cloth briefs with elastic pants for use in pool. Disposable products may not be used in the pool.

MEDICAL INFORMATION (please fill in all applicable information)

Does the applicant sunburn easily? Yes () No () If yes, list restrictions that apply: _____

Is applicant allergic to bee stings or other insect bites? Yes () No () If yes, please describe the reaction and how it should be treated: _____

Does applicant use an Epi-pen? _____ If so, Camper must bring any needed supplies, properly labeled and identified. Camp Echoing Hills does not provide Epi-pen injection supplies.

Should applicant avoid exertion due to heart or other health concerns? _____

Please describe other allergies, health concerns or sensitivities that may hinder applicant's participation: _____

Does the applicant have Asthma? Yes () No ()

Please list medications, inhalers, etc. and how they are used _____

***Illnesses applicant has had:** (please check all that apply)

Frequent Cold ()	Frequent Sore Throat ()	
Ear Infections ()	Fainting Spells ()	Skin Rashes ()
Heart Disease ()	High/Low Blood Pres. ()	Breathing Problems ()

Please explain any chronic or recurring illnesses, rashes or infections:

***Seizures and Convulsions**

Does applicant have a history of seizures? Yes () No () If yes, how often? _____

Please describe a typical seizure, medication used and precautions for reducing onset of seizures: _____

***Medication Allergies and Restrictions**

Known medication allergies of applicant: _____

Please describe any other medication restrictions or sensitivities: _____

Can applicant use acetaminophen for minor problems (headache, low grade fever)? _____

***Bed Sores** - Does applicant have bedsores, pressure areas or decubitis that is being treated? _____

If yes, please specify location of area and describe treatment: _____

I Understand That:

- This application must be completed in full, signed and mailed in with final payment. **Incomplete applications will not be processed and will be returned.** Please include a picture of the traveler for identification purposes.
- Application **MUST** be signed by the applicant's guardian if the applicant is not their own guardian.
- Camp Echoing Hills **does not** provide medications or personal supplies such as food processors or incontinent care. **ALL MEDICATIONS MUST BE CHECKED IN AT REGISTRATION.** Any items purchased will be charged to the applicant or payee.
- Applicant assumes responsibility for any damages that they cause to persons or property. Camp Echoing Hills staff and volunteers accept no financial responsibility for damaged or destroyed property.
- If applicants travel with airlines, the airlines can always be held accountable for any damaged wheelchairs or luggage. Camp Echoing Hills asks that travelers keep damages in mind when sending personal items.

- Travelers are responsible for their own transportation to and from camp or the designated meeting place.
- **Spending money must be sent with the traveler, not sent to the camp.**
- Travelers will be responsible for any additional charges occurred on trip (ex. – oxygen for plane flight, plane ticket from somewhere other than designated meeting area, etc...)
- In the event of rising costs on a trip, Camp Echoing Hills reserves the right to pass the increase on to its travelers.
- Camp Echoing Hills reserves the right to cancel a trip due to insufficient registration. In the event that Camp Echoing Hills cancels a trip, all money will be refunded.
- Any traveler going on a trip including air transportation MUST have a Photo ID. Any traveler without a Photo ID will be denied boarding. Photo ID's can be obtained from your Motor Vehicle Division. **For any trip going out of the United States, a passport is REQUIRED. You must apply for this at least six months in advance to guarantee getting it in time for your travels.**
- Camp Echoing Hills reserves the right to turn away potential travelers if they do not fit the traveler criteria:
 - 18 years or older
 - Diagnosed with a mental and/ or physical disability
 - Does not require constant overnight monitoring
 - **Able to be up in a chair or on feet for up to 15 hrs./day**
 - Has not had a med change within 3 weeks leading up to the trip
 - Does not have behaviors that could put self or others in danger
 - **Can be transferred without a mechanical lift**
- Refund Policy:
 - I. Any traveler that cancels after the registration deadline but more than 45 days in advance of the trip will be assessed a \$50.00 administrative fee plus any monies not refundable from vendors.
 - a. Vacations requiring increasingly pre-paid purchases such as airline tickets and cruises have more narrow requirements and stronger penalties set by the airline or cruise companies.
 - II. Any traveler that cancels less than 45 days but more than 2 weeks in advance of the trip will be assessed 50% of the total trip cost plus any monies not refundable from vendors.
 - III. No refund will be given for travelers who are late on day of departure, do not show up, refuse to board a flight or cancel a vacation within 2 weeks of the departure date. Or does not have current identification or a valid passport.

“I have read and understand the above items. Applicant has my permission to attend and participate in Camp Echoing Hills Travel Program. Camp Echoing Hills has my authorization to use the designated Camp physician for emergency treatment for the application. Medical information may be released by the attending physician as given on this application.”

Signature of Parent/Guardian _____ Date _____