

Name _____

CABIN ROOMMATE REQUEST

- No roommate preference I would like to bring my own PCA
 Applicant would like to room with _____
(requested roommate must also list applicant or we cannot honor the request)

Note: Courage Camps reserves the right for final placement based on capacity.

MRSA VRE TB

Peripheral IV's PICC Date Started _____
Anticipated Length _____

Tube Feeding: Yes No NG PEG Bolus

Special equipment Wheelchair Walker Cane Dentures Prosthesis Glasses AAC Device
 Splint Hearing Aid Other _____
Can apply Independent Dependent

Respiratory:

Oxygen Yes No
Liter/min: Continuous PRN
Nebulizer Yes No Type: _____
Freq: _____ Last given: _____
Vent within last 14 days: Yes No
Tracheostomy: Yes No Suction: Yes No
Type: _____ Size: _____
Fenestrated Non-fenestrated Inner Cannula
Humidity: Yes No

Wound Care:

Existing decubiti/skin breakdown:

History of skin conditions:

Preventative measures:

Urinary:

Continent Incontinent
Do you require a sterile technique? Yes No
Catheter Yes No Size _____ Straight Foley
Continue after discharge Yes No
Time d/c'd: _____ Date changed: _____
Ostomy: Brand _____ Size _____

Bowel:

Continent Incontinent Bowel program
Ostomy: Brand _____ Size _____
 Powder Ointment Cream

Diabetic

Yes No
Glucose monitoring frequency: AC BID QID
Other:

Bone Health:

Date of last Dexascan: _____ Results: _____
Oral meds: Calcium Vitamin D Fosamax

Pain: Avg. pain (0-10):

Worst pain: Best pain:

Comments on any of the above:

Name _____

CURRENT ACTIVITIES OF DAILY LIVING

1. No help or oversight
2. Supervision – oversight/encouragement by staff – no physical assistance
3. Limited assistance – some physical assistance by staff, but I do majority of task
4. Extensive assistance – staff completes majority of task, I assist some
5. Total assistance – I do not participate at all

SUPPORT	DESCRIPTION	SCORE	# OF STAFF NEEDED	TIME NEEDED (minutes)
BED MOBILITY	How do you move to/from lying position, turn side to side, and position while in bed.			
TRANSFER	How do you move to/from bed, chair, wheelchair, standing position. Hoyer lift? Yes or No			
TOILET USE	How do you use the toilet (inc. commode, bedpan, urinal); transfer on/off toilet, cleanse, change pad, maintain ostomy or catheter, adjust clothes.			
AMBULATION	How do you move between locations. If in wheelchair, self-sufficiency once in chair. Do you have a risk of falls?			
DRESSING	How do you put on, fasten and take off all items of clothing, including donning/removing prosthesis.			
EATING	How do you eat and drink, including any tube feedings.			
GROOMING	How do you maintain personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing/drying face, hands and perineum (exclude bath & shower).			
BATHING	How do you take full-body bath/shower, sponge bath, and transfer in/out of tub/shower (exclude washing of back and hair).			
NIGHTTIME POSITIONING	How do you sleep through the night. Need regular turns, how often, assistance needed, positioning/positioning devices.			
RANGE OF MOTION	Do you perform routine range of motion exercises?			
ORIENTATION	<p>Indicate all that apply – describe in comments</p> <ol style="list-style-type: none"> 1. Oriented to person, place and time 2. Minor or periodic forgetfulness 3. Partial disorientation 4. Total disorientation 5. Nonresponsive <p>Comments:</p>			
BEHAVIOR	<p>Indicate all that apply – describe in comments</p> <ol style="list-style-type: none"> 1. No problem 2. Minor problem, easily redirected 3. Moderate problem, needs redirection 4. Verbally abusive 5. Physically aggressive 6. Sexually inappropriate 7. Nocturnal disturbances <p>Are you part of a behavior management program? ___Yes ___No</p> <p>Name of specialist:_____ Phone:_____</p> <p>Comments:</p>			

Name _____

COMMUNICATION Please indicate method(s) of communication used by the applicant.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Able to talk?	<input type="checkbox"/>	<input type="checkbox"/>	Able to read?
<input type="checkbox"/>	<input type="checkbox"/>	Uses a communication device?	<input type="checkbox"/>	<input type="checkbox"/>	Able to write?
		Type _____	<input type="checkbox"/>	<input type="checkbox"/>	Has a visual impairment? If yes, please describe _____
<input type="checkbox"/>	<input type="checkbox"/>	Understands what is said?			
<input type="checkbox"/>	<input type="checkbox"/>	Speech is understandable?			

SPEECH AND LANGUAGE Complete this section **if** the applicant has a **speech or language impairment**.

Briefly describe the applicant's communication disorder.

Is the applicant receiving speech/language help? yes no if yes, how long? _____
If yes, give name of current therapist or persons who have been consulted:

Name	address	()
City/state/zip	phone after June 1 with area code	
Name	address	()
City/state/zip	phone after June 1 with area code	

Speech: Check any of the following statements that apply to the applicant:

- Cannot be understood
- Has voice problems
- Cannot say some sounds clearly
- Stutters
- Has a cleft palate

Language: Check any of the following that apply to the applicant:

- Listening: has difficulty understanding the communication of other people
- Speaking: has difficulty expressing ideas vocally
- Grammar: has difficulty understanding and using syntax structures
- Writing: has difficulty expressing thoughts in written form
- Vocabulary: has difficulty using and understanding new words
- Reading: has difficulty comprehending written messages
- Receptive language: has difficulty comprehending both spoken and written language
- Expressive language: has difficulty in using both spoken and written language to communicate with others

DEAF OR HARD OF HEARING Complete this section **if** the applicant is **deaf or hard of hearing**.

Has the applicant ever seen an audiologist? yes no

If yes, name and phone with area code _____ ()

Check **all** of the following statements that apply to the applicant:

- Uses hearing aid part time/full time (circle one)
Model & Serial # of hearing aid _____
- Uses speech Lip read Speaks well Uses sign language
- Understood by family members Can hear telephone conversations

Amount of hearing loss Total (no usable hearing) Severe (little usable hearing)
 Hard of hearing (some hearing with hearing aid)

Cause of hearing loss _____

How long has the applicant had the hearing loss? _____

Name _____

CONSENT FORM THIS SECTION MUST BE SIGNED either by applicant OR parent/guardian (If applicant is under age 18)

The applicant/guardian has read and understands all the information in this application and acknowledges that a wide variety of activities are conducted at Courage Camps and gives permission for the above camper to participate in these activities assuming all ordinary risks normally inherent to the nature of the activities. It is also understood that the camper may be transported and be out of camp while on various field trips or camping trips.

To provide you with services in Courage Camps, Courage Center may need to use and disclose health-related information about you.

I AUTHORIZE Courage Center and Courage Camps to use and disclose my/my child's name and disability information as follows: my/my child's contact information, information about my/my child's physical health, mental health or other services, and payment for services.

I also authorize Courage Center to:

- **Use information about me/my child to provide services to me/my child and to communicate across departments with Courage Center to coordinate my/my child's services.**
- Disclose information to insurance companies, or other government or private payers, in order for Courage Center to obtain payment for its services.
- **Use and disclose information about me/my child, as necessary, for the purpose of Courage Center operations, such as case management, quality assurance and staff training.**
- **Disclose:**
 - a. **Name, address, telephone number, e-mail address.**
 - b. **To include information in the camp roster to be given to campers, staff, and program volunteers.**
 - c. **To assist in communication regarding camp, Courage Center, and community events.**
- **I/my child will be identified by name as a normal part of camp life.**

I understand that:

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- Courage Center will not refuse to provide services to me based on my refusal to authorize the use or disclosure of my/my child's personal health information for a purpose unrelated to those services.
- I may revoke this authorization at any time by notifying Courage Center in writing. If I do, it won't affect any actions Courage Center took in reliance on this authorization before I revoked it.
- Once information is released to a third party according to this authorization, Courage Center cannot prevent its re-disclosure.
- This authorization does not limit the ability of Courage Center to use or disclose my/my child's health information as otherwise permitted by state or federal law.
- This authorization allows the use of my/my child's name, address, videos, photographs, or comments in publicizing the work of Courage Camps, Courage Center, or the American Camp Association.

By signing below, I acknowledge that I have read, understood, and consent to the terms of the information provided above as well as accept and voluntarily participate, knowing the inherent risk due to the nature of the activities. I have crossed out any of the above statements which I do not agree or consent.

Signature of camper OR parent/guardian OR camper's personal representative _____ Date _____

If signed by camper's personal representative, please PRINT the name and describe the relationship to consumer:

Printed Name _____ **Relationship to camper** _____

SEND COMPLETED APPLICATION AND FEES TO: Camp Courage, 8046 83rd St. NW, Maple Lake, MN 55358
OR FAX: 320.963.3698

Name _____

Camp Fee Schedule - 2009

1. Find your total household income in the left column **and then**
2. Find the total number of people living in your household in the center columns
3. Using the percentage of discount in your combined columns, find the cost for the session you want to attend below
This is your total discount.

HOUSEHOLD INCOME	TOTAL NUMBER IN HOUSEHOLD			
	1	2	3	4 or more
\$0 - \$25,000	100%	100%	100%	100%
\$25,001 - \$35,000	30%	50%	70%	100%
\$35,001 - \$45,000	10%	30%	50%	70%
\$45,001 - \$55,000	0%	10%	30%	50%
\$55,001 - \$65,000	0%	0%	10%	30%
\$65,001 - \$75,000	0%	0%	0%	10%
\$75,001 and above	0%	0%	0%	0%

FULL SESSION FEES	CAMBERSHIP FEE				
	10%	30%	50%	70%	100%
0%					
\$3,150.00	\$2,835.00	\$2,205.00	\$1,575.00	\$945.00	\$40.00
\$1,750.00	\$1,575.00	\$1,225.00	\$875.00	\$525.00	\$40.00
\$1,600.00	\$1,440.00	\$1,120.00	\$800.00	\$480.00	\$40.00
\$1,400.00	\$1,260.00	\$980.00	\$700.00	\$420.00	\$40.00
\$1,225.00	\$1,102.50	\$857.50	\$612.50	\$367.50	\$40.00
\$1,000.00	\$900.00	\$700.00	\$500.00	\$300.00	\$40.00
\$875.00	\$787.50	\$612.50	\$437.50	\$262.50	\$40.00
\$750.00	\$675.00	\$525.00	\$375.00	\$225.00	\$40.00
\$700.00	\$630.00	\$490.00	\$350.00	\$210.00	\$40.00
\$600.00	\$540.00	\$420.00	\$300.00	\$180.00	\$40.00
\$500.00	\$450.00	\$350.00	\$250.00	\$150.00	\$40.00
\$450.00	\$405.00	\$315.00	\$225.00	\$135.00	\$40.00

Name _____

FINANCE INFORMATION

COURAGE CAMPS ACCEPTS CAMPERS REGARDLESS OF THEIR ABILITY TO PAY

APPLICATION FEE (\$40) Fee must accompany this completed and signed form in order for camp application to be processed.

- My check for \$40 is enclosed
- Charge the application fee on my VISA or MasterCard

Name on card

Card #

Expiration date

SESSION FEE

Courage Camps must receive your session fee one week prior to the first day of camp.

If you want to request a special payment plan, supplement the session fee through waived services funding, or if you have any questions regarding finances, please call Courage Camps at 763.520.0504, or toll free at 1.866.520.0504, or email us at camping@couragecenter.org.

Full session fee _____ OR Campership fee from page F _____

Check My check for \$_____ is enclosed.

Charge my Visa or MasterCard

Name on card

Card #

Expiration date

A local group is sponsoring the applicant. _____
Name of group

The applicant receives waived services. We will need a copy of the authorization of funds for camp.

County: _____ Case worker's name: _____

Phone with area code: () _____ Case # _____

Check of the following received by applicant:

TEFRA CADI CAC TBI EW AC MR Medical Assistance # _____

May Courage Camps use the applicant's name when seeking contributions for our Campership Fund? yes no

I certify that the above information is true and accurate. If requested, I will provide verification of income.

Signature of camper (or parent/guardian if camper is a minor)

date

Name _____

THERAPEUTIC COMMUNICATION & LITERACY SESSIONS FORM

This form must be completed only if your child is attending one of the Therapeutic Communication or Literacy sessions.

Dear Parent,

In addition to completing this application, we would appreciate your cooperation in obtaining any available speech, hearing, academic, and psychological reports from your child's school. Selection of the campers for the summer program at Camp Courage is based on many factors. This supplemental information is necessary for processing of your child's application. On receipt of this information, the Camp Selection Committee will act on your child's application. The sooner we receive this information, the sooner our committee can make an acceptance determination.

**PLEASE COMPLETE AND SIGN THIS AUTHORIZATION FORM
AND FORWARD IT TO YOUR CHILD'S SPEECH PATHOLOGIST.**

Thank you for your cooperation. Please feel free to contact our office at 763.520.0504 with questions.

I hereby authorize _____

School representative or speech pathologist

Name of school

to send copies of any information that contributes to the welfare of my child to Camp Courage to be used in connection with the summer therapeutic communications program.

Child's name

Address

City/state/zip

Parent or guardian's signature

ATTENTION SPEECH PATHOLOGIST OR SCHOOL REPRESENTATIVE

For the individual named above, please forward:

- Speech clinical history
- IEPs
- Social history (if appropriate)

Camp Courage
8046 83rd St. NW
Maple Lake, MN 55358

You may photocopy this form or call our office for additional copies.