

Please type or print **IN INK**.
Incomplete applications may be returned.

2017 Camper Application

PO Box 723, Platteville, WI 53818

Phone: (608) 348-9689

www.BadgerCamp.org



Office Use Only

Session: _____

Received: _____

Reviewed: _____

Confirmation Sent: _____

Camper's Name: (Last) _____ (First) _____ (Nickname) _____

Street Address: _____ Phone: (____) _____

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

Email address: _____

Birth Date: ____/____/____ Age at camp: _____ Gender: M F Height: _____ Weight: _____

Has applicant previously attended Badger Camp? No Yes If yes, year and program: _____

Legal Guardian: _____ Phone: (____) _____ Relationship: _____

How did you hear about Badger Camp?: School Social Worker Web Search Other _____

Camper lives (**check one**): Independently Family Foster Family Group Home Residential Facility

CONTACT/EMERGENCY INFORMATION

Name of Residential Facility or Agency (If applicable) _____

Agency Contact Name: _____ Office (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____

Email address: _____

Parent/Guardian _____ Home Phone (____) _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____

Email address: _____

Employer _____ Work Phone _____

Where should program correspondence be sent? Self (Camper) Guardian Agency Listed Above

OTHER CONTACT INFORMATION

Contact #1 _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Contact #2 _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

2017 Summer Camp Sessions

Please indicate your preferred session(s) by numbering them. Mark as many sessions as possible, we will not schedule you for any sessions that are not marked. Please read the enclosed program description sheet for more details on the programs.

Session & Dates	Age	Choice	Description	Cost	Session & Dates	Age	Choice	Description	Cost	
1 June 11-16	18 & older	<input type="checkbox"/>	Main Camp	\$ 700	5 July 9-14	18 & older	<input type="checkbox"/>	Travel- Door County	\$ 885	
	18 & older	<input type="checkbox"/>	Primitive- Eco Explorers	\$ 700		6 July 15-20	18 & older	<input type="checkbox"/>	Travel- Des Moines, IA	\$ 885
	18 & older	<input type="checkbox"/>	Travel- Iowa Excursion	\$ 885	7 July 23-28		18 & older	<input type="checkbox"/>	Main Camp	\$ 700
2 June 18-23	18 & older	<input type="checkbox"/>	Main Camp	\$ 700		8 July 30-Aug 4	18 & older	<input type="checkbox"/>	Primitive- Storytellers & Music	\$ 700
	18 & older	<input type="checkbox"/>	Primitive- Detective Camp	\$ 700			9 August 6-11	18 & older	<input type="checkbox"/>	Travel- Oshkosh EAA
	18 & older	<input type="checkbox"/>	Travel- Wisconsin Dells	\$ 885	10 August 13-18	18 & older		<input type="checkbox"/>	Main Camp	\$ 700
3 June 25-30	14-21	<input type="checkbox"/>	Main Camp	\$ 700		<i>Fill In Description & Cost Below</i>				
	14-21	<input type="checkbox"/>	Primitive- Canoe/Horseback	\$ 725		No Preference	18 & older	<input type="checkbox"/>		
	14-21	<input type="checkbox"/>	Travel- Madison/Baraboo	\$ 885						
4 July 2-7	18 & older	<input type="checkbox"/>	Main Camp	\$ 700						
	18 & older	<input type="checkbox"/>	Primitive- Canoe/Horseback	\$ 725						
	18 & older	<input type="checkbox"/>	Travel- Milwaukee	\$ 885						
5/6 July 9-20	18 & older	<input type="checkbox"/>	Main Camp	\$1,400						
	18 & older	<input type="checkbox"/>	Primitive Camp-Horseback							
		<input type="checkbox"/>	Riding/Adventure Camp	\$1,400						

Return application as soon as possible to assure desired session. Applications may take up to 10 weeks to process.

CAMPER INFORMATION

Please provide as accurate and up-to-date information as is possible. This is critical in assuring the experience and quality of care a camper receives while at camp. NO ONE IS DENIED ATTENDANCE AT WISCONSIN BADGER CAMP BECAUSE OF HIS/HER DIAGNOSIS, ABILITY, RACE, RELIGION, CREED, NATIONAL ORIGIN, GENDER, OR AGE.

Primary Diagnosis _____

Secondary or Other Diagnosis/Concerns _____

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly giving examples. Attach additional instructions if necessary.

Mobility

- Walks/Runs Independently Needs Assistance Walking/Running Wears AFO's or Braces Uses walker
 Uses wheelchair: Power Manual Long distance only Independently Some Assistance Total Assistance

Mobility Comments: _____

Transfer Information

- N/A Independent Standby Assistance Pivot (1 person) Two Person Hoyer Lift*

Transfer Comments: _____

**Badger Camp only uses hoyer lifts brought from the camper's home. Otherwise, we use a two person transfer.*

Activity Level

- Has typical attention span for his/her age [or] Has a short attention span/ is easily distracted
 Is under active (needs motivation to participate) [or] Is overactive (needs help calming to participate)

Please describe how you manage his/her activity level, encourage him/her to participate, etc. _____

Does the camper: stay with a group [or] have a tendency to wander?

If wanders, what are effective ways to redirect attention? _____

Level of Supervision Required for Time at Camp (Please check only one)

If camper is male, is he willing to have a female counselor? Yes No

- Can function independently and in a group with little supervision
 Generally can function in a group with supervision and 2-3 others; needs one-to-one supervision for some activities
 Benefits from one-to-one supervision throughout the day

Further explanation or comments: _____

Communication Skills

Able to communicate wants/needs verbally: Yes No _____

Method of communication: Sign Language Gestures/points Communication device Writes Pictures/word cards

Understands: Complete sentences 2-3 word phrases Single words Sign language Pictures/word cards

Able to read: Yes Simple sentences No _____

Uses a picture schedule: Yes No _____

Communication explanation or comments: _____

Camper Name _____

****This page must be returned for your application to be processed****

Behavior Concerns

Please indicate how often, if ever, the following behaviors occur and how staff should respond.

Please attach established behavior plans and feel free to add comments on the bottom of this form or on additional paper.

<u>BEHAVIOR</u>	<u>NEVER</u>	<u>SELDOM</u>	<u>OFTEN</u>	<u>EXPLAIN/DETAILS</u>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bites others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hits, scratches, pinches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses inappropriate words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prefers to be alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs away when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please explain all behavioral challenges, their frequency, and response/intervention of working with behaviors (*please include if more than one staff needs to be present when agitated*): _____

What typically triggers challenging behaviors? _____

What are two or three effective rewards? _____

Has the applicant ever been away from home: Yes No Is homesickness anticipated: Yes No If yes, how can we assist with the transition? _____

Is the applicant a smoker? Yes No

Comments on smoking (who manages the cigarettes, is there a smoking schedule, used as a reward?) _____

Additional Information

Please add any additional information that you feel would be helpful for the staff to know. Any suggestions that you may have for assisting with the camper's transition into Badger Camp are appreciated!

Bathroom Use

Uses toilet independently Needs reminders Uses incontinent briefs

Needs some assistance: _____

Uses catheter. Please explain: _____

Has toileting schedule. Explain schedule: _____

Has bowel program. Explain program: _____

Menstrual care: Independent Needs some assistance Needs total assistance

How does he/she communicate when they need to use the restroom? _____

Showering

Showers Independently Needs verbal cues Needs total assistance showering

Needs assistance with: Shampooing hair Washing body Adjusting water temperature

Comments: _____

Dressing

Dresses/undresses independently Needs partial assistance Needs total assistance dressing/undressing

Can put on: Underwear Socks Shirt Pants Can: Button Snap Zip Tie shoes

Comments: _____

Sleep

Sleeps through night: Yes No If no, explain: _____

Requires reposition during sleeping hours: Yes No If yes, how often: _____

Uses: C-Pap Bi-Pap Directions: _____

How many hours does the camper sleep at night? _____

Comments: _____

Mealtimes

Food likes: _____

Food dislikes: _____

Appetite: Small Average Large/Excessive Able to indicate portions on own: Yes No

Diet: Standard Chopped Pureed Thickened liquids Uses G-Tube _____

Eats independently Needs food cut Needs total assistance May throw/grab items at table

Uses: Fork Spoon Knife Special utensils (*Please label and send to camp*)

Drinks: Independently Needs total assistance Uses straw

Has difficulty with choking or swallowing _____

Other dietary concerns? (Allergies, gluten free, diabetic, no meat, limit portions, etc.) _____

Activities

What are some of the applicant's favorite outdoor activities? _____

What are some of the applicant's favorite indoor activities? (playing cards, painting, etc.) _____

Activities applicant does not like are _____

Applicant has good fine motor skills Applicant has poor fine motor skills Needs hand-over-hand assistance

Applicant swims well Applicant cannot swim, but will go into the water Fears water/ will not get in water willingly

I am unsure how he/she does in the pool Must wear life jacket (*mark this item if applicant has a seizure disorder*)

Camper is sun sensitive Somewhat sun sensitive Campers is not sun sensitive

