

UCP Camp Harkness 2018



Packet #1

Camper Registration Forms

In this packet you will find:

- Camper Application 2018
- Emergency Fact Form
- Camper Profile
- DDS Aquatic Activity Form

In order to register for camp, this packet must be filled out completely.

- ❖ Please complete and return Packet #1 as soon as possible to reserve your choice of session.
- ❖ **Include a \$200.00 deposit.**
- ❖ We can only accept checks made payable to: *United Cerebral Palsy of Greater Hartford.*
- ❖ Please Mail Packet #1 and your \$200.00 deposit check to:

United Cerebral Palsy of Greater Hartford
80 Whitney Street
Hartford, CT 06105
Attn: Cheryl Scott

United Cerebral Palsy of Greater Hartford (UCP)
80 Whitney Street
Hartford, Connecticut 06105
(860) 712-9444

CAMPER APPLICATION 2018

Part 1: Please fill in your camper information:

Camper Name: _____

Address: _____

City: _____ St _____ Zip _____

Camper's email: _____

Phone Number: () _____ D.O.B. (required) _____ Sex: _____

Person filling out application: _____ Phone # _____ Email: _____

Primary Disability: _____ Secondary Disability: _____

Intellectual Disability: _____ NO _____ YES

Has this camper attended UCP Camp before? _____ NO _____ YES If Yes, what year? _____

Part 2: Choose your 2018 CAMP SESSION.

Directions: Please write "1" next to your first choice and "2" next to your second choice on the lines below.

Session 1	June 24-June 29, 2018	_____	CAMP FEE \$950.00
Session 2	July 1-July 6, 2018	_____	CAMP FEE \$950.00
Session 3	July 8-July 13, 2018	_____	CAMP FEE \$950.00
Session 4	July 15-July 20, 2018	_____	CAMP FEE \$950.00
Session 5	July 23-August 3, 2018 (2 weeks)	_____	CAMP FEE \$1,900.00
<i>*Session 6 is our <u>youth</u> session for ages 18-21 only.</i>			
Session 6	August 5-August 10, 2018	_____	CAMP FEE \$950.00

Are you interested in attending 2 sessions?
If so, check this box:

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Emergency Contact Sheet

Camper's Name: _____ Sex: _____ DOB: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Insurance Co. and #: _____

Please be sure that the person(s) listed on this form are aware that they are responsible for the camper in the event of an emergency (medical or behavioral) during the camper's stay.

- ❖ Fill in ALL of the appropriate areas.
- ❖ Numbers should be DIFFERENT.
- ❖ If the number is an office number, please include a different number to contact outside the regular office hours.

Emergency Contact #1

Name:
Relation:
Home phone:
Work/Daytime phone:
Cell phone:
Pager:
Fax:
Other

If the person listed above is not available, contact:

Name:
Relation:
Home phone:
Work/Daytime phone:
Cell phone:
Pager:
Fax:
Other

Camper Profile

Please answer these questions as truthfully and as best you can. These questions are intended for us to meet needs/requirements of the individual camper.

Camper's Name: _____

Check all that apply

Eating:

_____ Independent _____ Minimal Assistance _____ Formal Meal Plan
_____ Plate Prepared _____ Food Cut Up _____ Moderate Asst.
_____ Pureed _____ Modified Diet _____ Modified Diet
_____ Full Assist _____ Ground

Transfers:

_____ Independent
_____ Multiple person lift (cannot use Hoyer lift due to medical reasons)
_____ Stand/Pivot with assistance
_____ Hoyer Lift (**Please provide sling**)

ADL's (Bathing/Dressing/Toileting) * If you check min. or moderate assist, please be specific in what area i.e.; bathing or toileting etc.)

_____ Moderate assist
_____ Independent assist
_____ Min. assist
_____ Full assist
_____ Wears attends

Mobility: _____ Ambulatory _____ Crutches _____ Electric wheelchair
 _____ Walker _____ Manual wheelchair _____ Requires supervision

Communication:

_____ Verbal _____ Sign Language
_____ Verbal (some difficulty) _____ Language other than English
_____ Communication board (points)
_____ Computer

Sleep:

_____ All night _____ Requires repositioning
_____ Prefers early nights _____ Prefers to stay up late
_____ Requires toileting

Supervision:

_____ 1 to 1 camper** (Please attach explanation for 1 to 1 supervision)
_____ 1 to 3 campers
_____ 1 to 5 campers

Please list any other campers with whom you would like to attend camp/share a cabin:

Please check appropriate swimming level that applies to camper's swimming ability:

- Does not swim or participate in any aquatic activities
- Shallow water only: **NO SWIMMING SKILLS**
- Shallow water only: **LIMITED SWIMMING SKILLS**
- Deep water swimmer, **CAN SWIM IN DEEP WATER WITH SUPERVISION**
- Independent Swimmer, **TRAINED IN SAFE SWIM PRACTICES**
- No swimming skills, **MUST HAVE 1 to1 IN WATER AT ALL TIMES**
- Swim level not yet assessed

Behavior checklist: *Please be as specific as possible to ensure the health and safety of the camper and the other campers. Since this is a recreational camp, we cannot accommodate many physical and aggressive behaviors. The Camp Director and or the Camp Nurse reserve the right to send a camper home after one episode.*

Has the camper been to a residential summer camp before? YES ___ NO _____

Comments _____

Does the camper feel secure in new surroundings? YES ___ NO _____

Comments _____

Does the camper typically sleep through the night? YES ___ NO _____

Comments _____

Will the camper engage in conversation? YES ___ NO _____

Comments _____

Will the camper interact safely in a group situation? YES ___ NO _____

Comments _____

Will the camper express anger and or frustration appropriately? YES ___ NO ___

Comments _____

Will the camper interact appropriately with others? YES ___ NO ___

Comments _____

Will the camper be able to participate/tolerate large groups? YES _____ NO _____

Comments _____

Additional Behavioral Concerns

Does the camper display any aggressive and or self-injurious behaviors? YES ____ NO _____

If yes, please describe the behavior and how to redirect:

Are there any additional safety concerns or comments that will help us understand your camper?

YES _____ NO _____

If yes, please explain:

Camper's Name: _____

WHAT'S IMPORTANT TO KNOW ABOUT ME

My Allergies: _____

Use an Epi Pen: Y or N

Communication: Verbal Non-Verbal Signs Communication Device

Alternative _____

My Medication times would be: 8am 12pm 5pm 8pm

My Level of Independence: Ambulatory Cane Walker Gait Belt Wheelchair Electric Wheelchair Battery Sling AFO'S Foot Rest Y or N

Other Adaptive Equipment _____

Transfers: Independent Stand Pivot 2 person Stand Pivot Lift/Sling 2 Person Lift/Sling Transfer (Must bring own sling if utilized)

Hand splints Y or N Visually Impaired Y or N Hearing Impaired Y or N

Glasses Y or N Dentures Y or N Hearing Aid Y or N C-Pap Y or N Pacemaker Y or N Nebulizer Y or N Lift Sling Provided Y or N

Toileting Y or N Independent Y or N Assistance Y or N Brief Y or N

Bathing Independent Y or N Assistance Y or N

My Food Consistency is: Whole Cut up Chopped Ground Puree

Feeding: Independent Y or N Assistance Y or N

My Drink Consistency is: Thin Nectar Honey Pudding

Drinking: Independent Y or N Assistance Y or N

My Adaptive Equipment:

Plate: Scoop High Sided Regular Plate

Spoon: Angled R or L Coated

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Fork: Angled R or L

Cup: Weighted cup Nosey Cup Sippy Cup Cup/Straw

Hand Splint: R or L Describe if different _____

The Head of the Bed needs to be elevated Y or N _____Degrees

Bed Rails: Y or N

Bed Pads : Y or N

Lift/turn Pads: Y or N

ALL EQUIPMENT **MUST** ACCOMPANY CAMPER TO SESSION IN WORKING ORDER AND CLEAN OR THE CAMPER WILL NOT BE ABLE TO STAY AT CAMP.

ALL EQUIPMENT MUST BE MARKED WITH THE CAMPERS INITIALS AND THEY WILL BE RETURNED AT THE END OF THE SESSION.

ANY ADDITIONAL INFORMATION PLEASE ADD HERE.



**State of Connecticut
Department of Developmental Services
Aquatic Activity Screening Individual Plan and Individual Short Plan Addendum**

Name:	DDS#:	Date:
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An individual's aquatic activity screening* is effective for one year from the date on this form as part of the IP or for up to three years for an individual with an IP Short Form. Request for any changes or updates to this form shall be made through the Planning and Support Team process.

*For individuals without an IP and assigned case manager, this form shall be completed by the Helpline Case Manager and the individual's family when access to aquatic activities at DDS-funded sites or with DDS-funded staff are planned (i.e., camp, respite centers, family support).

SECTION 1 SCREENING FOR PRESENCE AND PARTICIPATION IN AQUATIC ACTIVITIES

Definitions:

1. **"Aquatic Activities"** means all water-related activities including swimming, boating, fishing, hot tubs, water parks and those activities that take place near to water.
2. **"Near To Water"** means aquatic activities at any location where there is a body of water at the intended destination that is open and accessible to individuals. This means that there are no barriers to prevent access such as secure fencing or padlocked gates. Contact with the water may, or may not be intended. Bodies of water include, but are not limited to, streams, creeks, oceans, lakes, ponds, pools, hot tubs, wading pools, or natural or man-made water areas. Near to water activities include, but are not limited to, picnics in a park where there is water, feeding ducks at a pond, unrestricted access to backyard wading or swimming pools or hot tubs, or walks on the beach.
3. **"Shallow Water"** means water at or below the height of the individual's chest.
4. **"Deep Water"** means water above the height of the individual's chest.

The Planning and Support Team should assign an Aquatic Activity Code "0" to "6" for the individual

Aquatic Activity Code

- 0 = Individual does not swim or participate in any aquatic activities.**
If coded as "0", Section 2 should have "NO" checked for all activities listed.
- 1 = Near to Water Activities Only and Must Be With Staff** Individual participates only in activities near to water.
- 2 = Shallow Water Only** Individual has limited or no swimming skills and does not respond to verbal redirection and may not recognize dangerous situations.
- 3 = Shallow Water Only** Individual has limited or no swimming skills but usually responds to verbal redirection and may or may not recognize dangerous situations.
- 4 = Deep Water Swimmer** Individual can swim in deep water with staff supervision (Comments in Section 2 may define supervision type).
- 5 = Aquatic Activity Level Not Known.** Individual is approved only for aquatic activities as permitted in Section 2 and must be in a One-to-One enhanced staff-to-individual ratio at all of these activities until aquatic activity code is determined and approved.
- 6 = Independently Accesses Aquatic Activities** Individual requires no supervision for aquatic activities. Do not complete Section 2.

SECTION 2 AQUATIC ACTIVITIES - SUPERVISION NEEDS

Complete this section for individuals with an Aquatic Activity Code of "0" to "5" only.

NOTE: If you check off 'yes' for any of the activities below, there must be a "staff-to-individual" ratio included. These ratios are for staff to ensure they provide adequate supervision. Safe staff ratios cannot exceed 1 staff to 7 individuals for any of the activities listed. If supervision needs are unknown due to lack of previous participation, the individual must be in a 1:1 staff to individual ratio at all aquatic activities, until a safe appropriate ratio can be determined and approved.

AQUATIC ACTIVITY	ABLE TO PARTICIPATE	SUPERVISION NEEDS	COMMENTS (arms-length, line of sight, seizures, lifejacket, etc.)
Activities Near to Water	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
Boating: follow site directions for life jacket use.	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
Swimming	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
Water Parks	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	
Hot Tub Use	<input type="checkbox"/> yes <input type="checkbox"/> no	# <input type="checkbox"/> staff to # <input type="checkbox"/> individuals	

UCP CAMP HARKNESS: FINANCIAL ASSISTANCE APPLICATION

UCP of Greater Hartford can possibly assist funding campers. Each year, UCP applies for funding sources to help defer the cost of tuition. During these difficult economic times, however, there is no guarantee that the same funding will be available each year; therefore: We are encouraging campers to try to get their own sponsors, if possible, which would mean contacting community organizations, civic groups, or other contacts.

It is the responsibility of campers to ensure that their tuition is paid in full.

All camp participants are responsible for payment of the \$200.00 deposit (unless prior arrangements have been made with the camp coordinator).

To be considered for any financial assistance, this form must be filled out completely.

Camper Name _____	
Address _____	
Home Phone	Cell phone
Length of stay you are requesting:	
Name of case manager (if applicable):	Phone number
Applicant's Monthly Income	Monthly Expenses
Social Security Disability \$	Rent \$
Supplemental Security \$	Utilities \$
Salary \$	Phone \$
Savings \$	Food \$
Checking Account \$	
Trust Funds \$	
Other \$	
Amount you are able to pay towards camp tuition: \$	

Authorization of Release of Information: I authorize UCP of Greater Hartford to use my name and the information disclosed herein for securing financial assistance to attend Camp Harkness.

Signature of Applicant, parent, legal guardian, or person having legal custody

UCP CAMP HARKNESS PACKING LIST
(PLEASE PLAN FOR UNPREDICTABLE WEATHER WHEN PACKING)

PLEASE BRING THE FOLLOWING TO CAMP:

- ADAPTIVE EQUIPMENT
- PILLOWS, SHEETS, COMFORTER/SLEEPING BAG
- SHORTS, T-SHIRTS
- LONG PANTS, JEANS, EXTRA SOCKS, AND EXTRA UNDERWEAR
- SNEAKERS AND SANDALS
- RAIN JACKET, PONCHO, AND UMBRELLA
- SWEATSHIRTS
- TOWELS, TOILETRIES, AND A SHOWER CADDY
- BEACH TOWELS AND BATHING SUITS
- LAUNDRY BAG
- SPENDING MONEY
- CHUCKS/ATTENDS (IF APPLICABLE)
- SUN SCREEN EVERYONE MUST USE IT!!!

***YOU MUST BRING THE ABOVE ITEMS AND ENOUGH
TO GET YOU THROUGH YOUR WEEK AT CAMP.***

Department of Developmental Services

Camp Harkness

Location and Directions

Camp Harkness is located at 301 Great Neck Road (Route 213) in Waterford CT 06385 in New London County. Camp Harkness is easily reached from Interstate 95 or Interstate 395.

Directions to Camp Harkness:

Northbound on I-95 from New Haven/Old Saybrook: Take exit 75 (Waterford), at the end of the ramp turn right onto Route 1 (Boston Post Rd). Follow 4 miles to Avery Lane, turn right (Silva's Package Store is on corner). Go 0.3 miles to light. Proceed through light straight onto Route 213N (Great Neck Road). Follow Route 213 for approximately 3 miles to stop sign, then turn right staying on Route 213. Camp Harkness entrance is on right.

Southbound on I-395 from Groton/Mystic: Take Exit B1 (Cross Road Ext.). Turn left at end of ramp onto Parkway North, follow to traffic light at Cross Road. Turn left onto Cross Rd. for 1 mile to light and then turn left onto Route 1 (Boston Post Rd.). Follow directions above to Avery Lane and then onto Route 213 Camp Harkness.

Southbound on I-395 from Norwich: Take Exit 77, at the end of ramp turn left onto Route 85 (Hartford Turnpike). Follow to second traffic light and turn right onto Cross Road. Proceed 1 mile and turn left onto Route 1, and follow directions above to Avery Lane and then onto Route 213 to Camp Harkness.

Southbound on Route 2 from Hartford: Take Route 2 to Exit 19 Colchester/New London, and proceed south on Route 11. Follow to Exit 4 at end of Route 11, and turn left onto Route 82 (East Haddam Rd.). Proceed 1 mile to traffic light, and turn right onto Route 85 (Hartford/New London Turnpike). Follow Route 85 for approximately 8 miles into Waterford. Pass under I-395 and at second traffic light turn right onto Cross Road. Go 2 miles and then turn left onto Route 1 (Boston Post Rd.) for 1.5 miles to Avery Lane. Turn right on Avery Lane and follow directions above onto Route 213 to Camp Harkness.