



Coming Up for Air Respite 2019 Family Application



Submitting your completed application:

- 1) Scan and email to jrigby@eastersealscolorado.org
- 2) Fax to (303) 569-3857
- 3) Mail to Rocky Mountain Village
P.O. Box 115, Empire, CO, 80438

1) Session you wish to attend:

Tony Grampsas Youth Services Program: March 8-10, 2019

A weekend camp running from Friday evening until Sunday at noon **for children/teenagers with disabilities and their families**. Children attend recreational camp programming while parents/guardians participate in educational and resource sessions.

Coming Up for Air for Adults with Disabilities: March 29-31, 2019

A weekend camp running from Friday evening until Sunday at noon designed for **adults with disabilities and health challenges and their family caregivers 50 years and over**. Campers participate in recreational programming while parents/guardians attend education sessions.

2) Have you and your family attended a Coming Up for Air camp previously?

- No
 Yes, we attended in _____ (year)

3) Who in your family would be attending the camp?

(typically, only immediate family members and/or those directly involved with daily caregiving attend the camp)

Full Name	Age*	Relation to Family (e.g. parent, legal guardian, etc.)	Has a disability?
1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> Yes <input type="checkbox"/> No
3)			<input type="checkbox"/> Yes <input type="checkbox"/> No
4)			<input type="checkbox"/> Yes <input type="checkbox"/> No
5)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6)			<input type="checkbox"/> Yes <input type="checkbox"/> No
7)			<input type="checkbox"/> Yes <input type="checkbox"/> No
8)			<input type="checkbox"/> Yes <input type="checkbox"/> No
9)			<input type="checkbox"/> Yes <input type="checkbox"/> No
10)			<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH ADDITIONAL SHEETS IF YOU REQUIRE MORE SPACE

* Rocky Mountain Village can only provide care to children who are **4 years of age or older**.

Questions? Contact Jenny Rigby at 303-569-2333 ext.315 or jrigby@eastersealscolorado.org

Coming Up for Air Respite 2019

Completing this Application

Every family wishing to attend a Coming Up for Air respite must complete **pages 1 through 9** in full and submit their application according to the instructions on the cover page no later than **2 weeks prior to the session start date**. Sessions fill up quickly so apply early.

For every family member requiring additional care from our camp counselors beyond what is typical for someone of their age, please complete and attach the Camper Care Packet (pages 10 through 13).

FOR EXAMPLE: If your family has two children with disabilities/special care considerations and one typically-developing child, then you would complete pages 10-13 twice, once for each child with a disability, and attach both sets to the back of this application.

Registration Fee

A **\$50 registration fee** must be submitted for your application to be considered. *You will only be charged once your application has been accepted and we have confirmed that you will be attending the respite.*

Payment Options:

Check, payable to **Easterseals Colorado** and mailed to:

Rocky Mountain Village
P.O. Box 115
Empire, CO, 80438

Credit Card:

Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

In the event that your application is not accepted, unused checks and credit card information will be destroyed.

Rocky Mountain Village is operated in accordance with the US Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, or national origin. Rocky Mountain Village is a program of Easter Seals Colorado. The following information is confidential. It is required to assist camp personnel in making the applicant's camp experience positive and more enjoyable.

Coming Up for Air Respite 2019

Family Information

Name of Parent(s)/Guardian(s): _____ Attending? _____

_____ Attending? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Secondary Phone #: _____

Email: _____

Emergency Contacts

(Do not list individuals who will be attending the camp session)

Contact #1 Name: _____ Phone: _____

Relationship to Family: _____ City: _____

Contact #2 Name: _____ Phone: _____

Relationship to Family: _____ City: _____

Family Doctor Name: _____ Phone: _____

Preferred Hospital/Address: _____

Do any attendees have health conditions or take medications that might have implications for emergency care? List names and describe the condition/medication:

I have voluntarily provided the above contact information and authorize Easterseals Colorado and its representatives to contact any of the above on my behalf in the event of an emergency. **I also give permission for Easterseals Colorado to seek medical assistance in the event of a medical emergency for my child(ren).**

Signature of Parent/Guardian: _____ Date: _____

Coming Up for Air Respites 2019

Family Diets and Allergies

1) Does anyone in your family have special dietary needs? (e.g. gluten-free, vegetarian, etc. - if none, mark N/A in the box below)

Name	Dietary Needs

2) Does anyone in your family have allergies the camp should know about? (include food, medication, environmental, etc. - if none, mark N/A in the box below)

Name	Allergies	Severity

If the family member(s) above experience an allergic reaction while at camp, how should camp staff respond? (describe protocol for each family member/allergy or write N/A if not relevant to camp staff)

Coming Up for Air Respite 2019

Agreement, Consent and Release

With the understanding that Easterseals Colorado will make every reasonable effort to prevent accidents, injuries or other mishaps, I acknowledge the following:

_____ (initial) The undersigned agrees to indemnify and hold harmless Easterseals Colorado - Rocky Mountain Village for any and all claims, demands, costs, expenses, including reasonable attorney's fees that Easterseals Colorado may suffer as a result of any claim, action, demand or judgment against it arising from the attendance at camp by the applicants. Provided, however, that the above and foregoing shall not be construed to indemnify the Easterseals Colorado from any act of negligence or fault on the part of Easterseals Colorado, its officers, agents or employees.

_____ (initial) The undersigned does consent that photographs, sound clips, video or motion pictures may be taken of the named applicants during the camp period, and that said photographs, sound clips, video or motion pictures may be published in newspapers, magazines, television, web site, publicity releases and/or other media.

_____ (initial) The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

_____ (initial) The undersigned does hereby agree to allow participation of applicants in all camp activities (except those restricted).

_____ (initial) The undersigned gives permission for the applicant to ride in vehicles operated or leased by the Easterseals Colorado - Rocky Mountain Village.

_____ (initial) The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health and safety at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. Full camp fees are nonrefundable in case of above mentioned situations.

_____ (initial) The undersigned agrees not to send the applicants to Rocky Mountain Village if he or she has been exposed to a contagious disease within three (3) weeks of the starting date of camp, and to notify Rocky Mountain Village if this situation arises.

_____ (initial) Weapons, pets, drugs and alcohol are not allowed at Rocky Mountain Village. An exception may be made for trained guide dogs for campers who require their services. The dog's owner assumes all responsibility for the care and actions of the dog. The dog must be free of disease and have a current rabies license or tag. Dogs that exhibit any behaviors that put Easterseals' staff, campers or visitors at risk will not be permitted to remain. Costs to have the animal removed from the camp will be at the owner's expense. A copy of the dog's vaccines is required.

By checking this box, you acknowledge that the policies and release statements outlined above apply to **all family members attending the respite**. If you have questions or concerns, please contact us at campinfo@eastersealscolorado.org or 303-569-2333.

In witness where of I have here unto executed this Agreement, Consent & Release on this date:

LEGAL GUARDIAN'S FULL NAME: _____

SIGNATURE: _____ Date: _____

Coming Up for Air Respites 2019

Activity Consent Form

The camper(s) attending this respite have no medical restrictions that prohibit them from participating in the activities listed below while at Rocky Mountain Village.

One or more of the attendees may NOT participate in the activities indicated with a checkmark below. Name(s) of campers who may not participate in the selected activities:

If there are no restrictions to the activities your children can participate in, leave this box blank.

RESTRICTED ACTIVITIES

Please check those activities in which the camper is **NOT** allowed to participate, for **MEDICAL** reasons.

- | | |
|--|---|
| <input type="radio"/> FISHING
Our fishing ponds are stocked by the Colorado Division of Fish and Wildlife. The Upper pond has shore fishing and two accessible docks. Equipment is provided. | <input type="radio"/> ON-CAMP CAMPOUTS (Summer Only)
Campers will have the opportunity to sleep in tents, Prepare meals on camp stoves, and enjoy a campfire. Campers will be supervised by counseling staff and remain on camp property. |
| <input type="radio"/> HORSEBACK RIDING
Campers ride one at a time with one person leading the horse and two people walking alongside (weight limit of 225 lbs). If necessary, a staff member will ride with the camper. All rides are conducted in our contained, fully accessible riding arena. | <input type="radio"/> SWIMMING (Summer Only)
Our outdoor swimming pool is kept at 88 degrees, so it is very relaxing for many of our campers. Recreational activities are provided. We also have a hot tub which is kept at 102 degrees. |
| <input type="radio"/> ZIP LINE & CLIMBING WALL
Our zipline is fully accessible to anybody under 250lbs. Options to get to the zipline include a haul system or ascending the climbing wall, which is designed to give the maximum accessibility for people with physical disabilities. | <input type="radio"/> OFF-CAMP DAY TRIPS
Trips may include hiking, fishing, Georgetown Loop Railroad, mine tours, sports events and picnics. Interested campers sign up on a daily basis using a lottery system to determine who will go. |
| <input type="radio"/> SPORTS
Campers enjoy friendly competitions in the outdoors by participating in a variety of sports and games, with the emphasis on participating over winning. | <input type="radio"/> HORTICULTURE
Will learn hands-on about planting and growing different vegetables, flowers, and plants. Campers will learn about native vs. non-native species of plants. |

I hereby acknowledge and agree that the above-named camper will be participating in camping, recreational, and outdoor activities during the summer camp program at Rocky Mountain Village. **I understand that instruction and participation will be tailored to meet the needs of those who have disabilities.** I further understand and acknowledge that the above-named camper may be participating in any, or all, of the activities, uncles checked, listed above.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Feel free to call 303-569-2333 or email campinfo@eastersealscolorado.org if you have any questions.

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review carefully.

State and Federal laws requires us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on June 1, 2013, and will remain in effect until it is amended or replaced by Easterseals Colorado.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Vice President of Human Resources at Easterseals Colorado, Nancy Hanson. Information on contacting us can be found at the end of this Notice.

Typical Uses and Disclosures of Health Information

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement and/or complete HIPAA training.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, students in the healthcare professionals field of study, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law (court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence and other State and Federal officials.

Abuse or Neglect: We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report disease/infection exposure and to prevent and control disease, injury and/or disability.

Coming Up for Air Respite 2019

Notice of Privacy Practices Continued

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

Your Privacy Rights as our Patient/Participant

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Vice President of Human Resources at Easterseals Colorado for a copy of the Request Form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. When we make routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures; and therefore are not available. You have the right to a list of instances in which we, our business associates, disclosed information for reasons other than treatment, payment or healthcare operations. You can request nonroutine disclosures going back to August 1, 2011. Information prior to that date would not have to be released.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergencies). Please contact our Vice President of Human Resources if you want to further restrict access to your health care information. This request must be submitted in writing.

Questions and Complaints

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Vice President of Human Resources. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Privacy Complaint form from our Vice President of Human Resources. We support your right to the privacy of your information and will not retaliate in any way if you chose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Us

Nancy Hanson

VP, Human Resources Easterseals Colorado
393 South Harlan St.
Lakewood, CO, 80226
303-237-1666 x237

Roman Krafczyk

CEO at Easterseals Colorado
393 South Harlan St.
Lakewood, CO, 80226
303-237-1666 x235

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Parent/Legal Guardian Signature

Date

Coming Up for Air Respite 2019

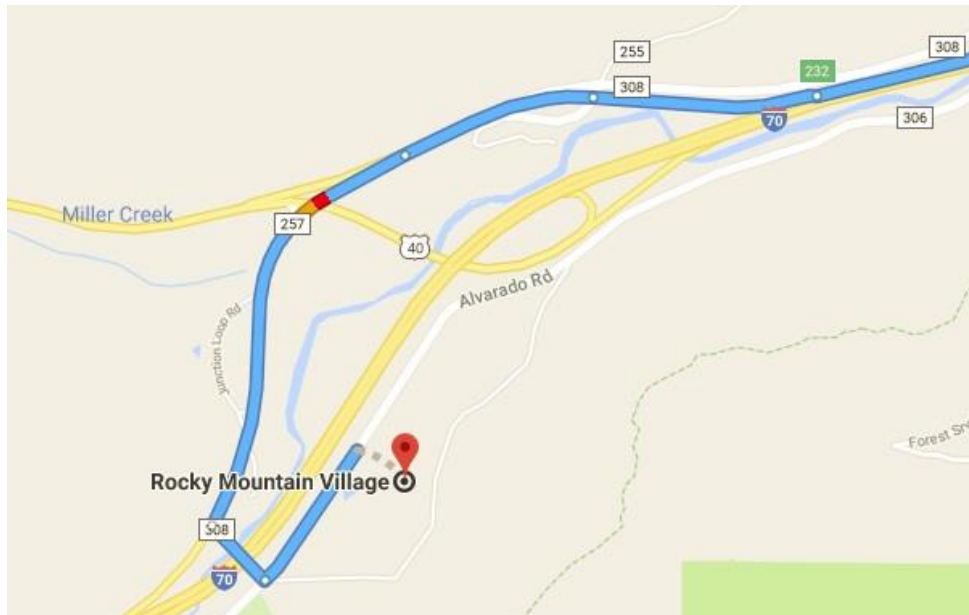
Suggested Packing List

- Warm, comfortable clothing (layers are best)
- Rain or winter coat (depending on season)
- Comfortable shoes (winter boots Oct. – Apr.)
- Sleeping bag or twin sheet set
- Pillow or pillowcase
- Phone and charger
- Musical instruments
- Flashlight
- Sunscreen
- Toiletries
- Pajamas
- Towel and wash cloth
- Hat and/or sunglasses
- Medications
- Camera

Driving Directions

Physical Address: 2644 Alvarado Rd. Georgetown, CO

(NOTE: Map apps sometimes struggle to find our location, so we suggest bringing these directions with you)



West Bound (from Denver): Take I-70 until exit 232 (Empire, Winter Park, Granby exit). The exit will fork – take the left fork. Follow the Easter Seals Camp Signs along the exit. The left fork will lead you to a stop sign, cross HWY 40, continue straight through the second stop sign and take the first left that you can (to cross the overpass). Directly across from the overpass is the main entrance to our camp. It has a big front gate, welcome sign and Rocky Mountain Village Sign.

East Bound (from Silverthorne): Take exit 232 (Empire, Winter Park, Granby exit), follow for $\frac{3}{4}$ mile, and take a left at the bottom of the hill. Continue on this frontage road and turn left at the overpass to cross I-70. Continue straight ahead to the entrance of Rocky Mountain Village.

Coming Up for Air Respite 2019

Vision: (please circle)

Normal Impaired Total Loss Uses Glasses/Contacts Uses Patch

Which eye(s) impacted/special instructions: _____

Speech/Expressions:

Verbal Nonverbal Gestures* Sign Language*

Vocalizations/Sounds Pictures/Word Cards Communication Board

Adaptive Communication Device (please label device with first and last name)

Special Instructions: _____

*If camper uses unique signs or gestures to communicate, please list and describe key signs above.

Comprehension: (please circle)

Understands short phrases Understands full sentences Understands Sign Language Able to Read

Special Instructions: _____

Toileting Needs: (please circle)

Bladder: Independent Needs Reminders Toilet Chair Incontinent

Bowel: Independent Needs Reminders Toilet Chair Incontinent

Typical bowel movements are:

Independent/Unknown Loose Soft Hard Frequent Constipation

How often is the camper reminded to use bathroom or changed? _____

Typical frequency of bowel movements: _____

Supportive Equipment: Urinal Briefs/Diapers Custom Briefs

Ostomy Supra Public Catheter (Mitrafanoff)

Catheter(type/frequency): _____

Other: _____

Special Instructions/Behavioral Support:

Coming Up for Air Respite 2019

Social and Behavioral Needs:

Has this applicant ever been sent home from or denied admission to a camp or social program? YES NO

If yes, please explain: _____

Has this applicant ever been away from his/ her parent/ primary caregiver? YES NO

When and where: _____

What hobbies/ activities does this applicant enjoy? _____

Do they dislike certain activities? _____

List any special behavior challenges: _____

Does this applicant have aggressive outbursts? NO YES

If yes, when do they occur (list triggers) and what forms of aggression appear? _____

Describe effective methods, tools and phrases to support challenging behaviors (includes key phrases):

Is this applicant prone to wandering or running away? YES NO

If yes, when is it likely to occur? _____

Is this camper bringing a service dog to the program? YES NO

Food Restrictions: Are there any foods that this camper cannot have? Any other considerations?

Coming Up for Air Respites 2019

Respiratory Concerns:

Asthma/Reactive Airway Disease: NO YES

If yes, does camper carry a rescue inhaler? NO YES

Respiratory Devices: Bi-PAP/C-PAP Nasal Cannula Mask
Nebulizer

Oxygen Use: NO YES (prescription from healthcare provider must be on file)

If special delivery required for oxygen, arrange in advance with program coordinators

O₂ Flow Rate/Flow Range: _____

Pulse Oximeter? YES NO (parameters _____ to _____)

Special Instructions/Additional Notes: _____

Seizures: NO YES

Type of seizure: _____

Frequency: _____ Typical Length: _____

Date of last seizure: _____

What occurs prior to seizures: _____

During a seizure: _____

Following a seizure: _____

Special Instructions: _____

Is there any additional information regarding the care of this camper not covered on this form that is important for us to know?

Information covered in the Camper Care portion of this application form is mandatory and used to determine if the participants' needs (physical, developmental and emotional) may be safely met by the Easterseals Colorado program to which they are applying.

All important information relative to the participant's health and well-being should be included. DO NOT rely solely on verbal instructions at the time of registration to communicate important information about your camper. The information provided is accurate and true to the best of my knowledge.

Signature of Parent/Legal Guardian

Date