Easterseals Iowa

Supported Day Camp 2019 Checklist

*****Please allow up to 2 weeks of processing of application once ALL paperwork from checklist below has been received to the Program and Support Specialist. Please send all items together, in one shipment, in order to begin the process of the application. Sending partial applications does not hold or reserve a spot for your camper.* *****

Ages 6 -12. Program is Monday—Friday, 8 am until 5 pm. Extended hours are available for this program. This program can be paid for with Waiver Services or Private Pay. Private Pay Cost: $200 per week, $250 if extended hours are needed. Waiver Code is T2037 at 180 units per week, with extended hours it will be 220 units per week.

As you complete the application, please check off the items from this list:

___ 2019 Application *(Signature on last page)*

___ All Release Forms *(Waiver of Liability, Photo Consent Form, Notice of Privacy Practices)*

___ Health History

___ Physical Form *(valid for 2 years)* + immunization records (*Signature required—we do not accept electronic signature)*

___ Current Individual Care Plan (ICP)/Consumer Comprehensive Service Plan (CCSP) and Release of Information *(Please contact your case manager)*

___ Financial Information Form

___ Registration Form/Extended Hours *(if extended hours are needed)*

___ $50 non-refundable deposit or authorized Waiver Funding (Waiver clients only—please contact your Case Manager) ***Please do NOT send deposit separately.***

You may send them to our Program and Support Specialist, by the following methods:

Email: campandrespite@eastersealsia.org

Mail or Drop Off: Easterseals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, IA 50313

Once we have registered you for camp, you will receive a letter via mail confirming the week(s) you are registered for. Please contact the Program and Support Specialist 515-309-2375 or campandrespite@eastersealsia.org if you have any questions. Thank you for choosing Easterseals Iowa!

Office use only:

Easterseals Iowa Camp Sunnyside
-Supported Day Camp Application 2019-

Are you privately paying? ☐ **YES** ☐ **NO**
If so, please attach $50 deposit.

Client Information	**(Please Print Legibly)**	
Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	
Social Security Number:		Medicaid ID:
Email:		Birthdate: / /

Gender ☐ Female ☐ Male Preferred Pronoun: ☐ He ☐ She ☐ Other If Other:_____

Preferred Language:

Marital Status: ☐ Single ☐ Married/Cohabitating ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ Asian American ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American
☐ Multiple Ethnicities ☐ Choose Not to Say ☐ Other: _____

Military Status : ☐ Active ☐ Member of Military/Vet Family ☐ National Guard/Reserve ☐ N/A ☐ Veteran

Waiver Designation:

☐ Brain Injury	☐ Brain Injury + DD	☐ Children's Mental Health
☐ $100% County Case Management	☐ DD Case Management	☐ Elderly
☐ Health and Disability	☐ Health and Disability + DD	☐ HIV/AIDS Waiver
☐ Intellectual Disability	☐ Physical Disability	☐ Physical Disability + DD

Client: Income / Employment	**(If Applicable)**
Monthly Income:	Source: ☐ Community Employment ☐ Other ☐ SSDI ☐ SSI
Notes:	

Employments	☐ Is Current?	
Employer:		Position:
Employer Contact Info		
Address:		
City/State:	County:	Zip Code:
Supervisor:	Phones:	Contact Hours:
Wage:	Start Date:	End Date:

Guardian Information

First Name:	Last Name:	Relationships:
Address:		
City/State:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: ☐ Yes ☐ No
Primary Language:	Preferred Method of Contact:	

Group Home (If Applicable)

Name of Home:	Address:	
City/State:	County:	Zip Code:
Phone:	Contact Person:	

Managed Care Information

Which Managed Care Organization (MCO) are you using?

☐ United Healthcare Group ☐ Amerigroup ☐ HIPP/IME

Managed Care Policy Number:		
Case Manager:	Phone:	Fax:
Agency:	Email:	
Address:	City/State:	Zip Code:

Healthcare Provider

Regular Physician:		
Address:	City/State:	Zip/Code:
Daytime Phone:	Fax Number:	
Client Height:	Client Weight:	

Preferred Hospital (In the event of an emergency)

☐ Broadlawns ☐ Mercy Medical ☐ Unity Point—Lutheran ☐ Unity Point—Methodist

☐ Unity Point Blank Children's ☐ Other_____

Communication

Communication Device ☐ Yes ☐ No	Braille ☐ Yes ☐ No
Non Verbal ☐ Yes ☐ No	Large Font ☐ Yes ☐ No
Visual Impairment ☐ Yes ☐ No	Verbal ☐ Yes ☐ No
	ASL ☐ Yes ☐ No

Other Communication Needs:

Personal Hygiene (Brushing teeth, shower etc.)

Level of Assistance Needed: ☐ Independent ☐ Some Assistance ☐ Total Assistance ☐ Verbal Prompt

Detail of level of Assistance:

Toileting

Do you wear Attends/Briefs/Diapers? ☐ Yes ☐ No If yes, when? ☐ All Day ☐ Night Only

Bathroom Assistance:
☐ Independent ☐ Some Assistance ☐ Total Assistance ☐ Assistance with cleaning after BM

Monitor BM?
☐ Yes
☐ No

Uses the following:

☐ Colostomy Appliance	☐ Digital Stimulation	☐ In-Dwelling Catheter
☐ Suprapubic Catheter	☐ Ileto Appliances	☐ Urinary Catheter
☐ Intermittent Catheterization	☐ Urinal	☐ Other

Do you need assistance with the above? ☐ Yes ☐ No

Detail Level of Assistance:

Dressing

Level of Assistance Needed:
☐ Independent ☐ Some Assistance ☐ Total Assistance ☐ Verbal Prompts

Detail Level of Assistance:

Dietary Information (Please mark all that apply)

Are you on a special diet? ☐ YES ☐ NO

☐ G-Tube If so, are you NPO? ☐ Yes ☐ No
☐ Mechanical Soft
☐ Pureed
☐ Fluid Restriction required per Physician
☐ Other _____

Are you Diabetic? ☐ Yes ☐ No
☐ Medication Controlled
☐ Diet Controlled
☐ Carb Count
☐ Insulin Controlled

Eating: ☐ Eats Independently ☐ Total Assistance
☐ Monitor Portions
☐ Help Cutting Up Food

Notes:

Assistive Technology

(Select all that apply - underlined items are supplied by camp**)**

☐ AFO/KAFO ☐ Aug/Alt Communication Device ☐ **Bed Rails** ☐ Eye Glasses ☐ Hearing Aid ☐ TTY ☐ **Shower Chair**

☐ Other Bathing Aid ☐ Gait Belt ☐ **Grab Bars** ☐ **Hospital Bed** ☐ Hoyer Lift /Sling ☐ Crutches ☐ Cane

☐ Walker ☐ Manual Wheel Chair ☐ Electric Wheelchair ☐ Activities of Daily Living Devices ☐ Plate Guard

☐ Modified Utensils ☐ Tray ☐ Slip Mat ☐ Specialized Cup ☐ Specialized plate ☐ Other_____

Ambulation and Care

Assistance Needed with Manual Wheelchair:

☐ No Assistance ☐ Assist on Rough Ground ☐ Assist for Distances ☐ Total Assist ☐ N/A

Assistance with Transferring: Current Weight_____

☐ No Assistance ☐ Stand and Pivot Transfer ☐ 2 Person Lift (must be 80 lbs or less)

Other Ambulation Needs: ☐ Some Support on Certain Surfaces ☐ Support for long distances ☐ Support due to vision

Elopement

(Select All that Apply)

☐ Stays with the Group ☐ Wanders Away ☐ Actively Leaves Group ☐ Hides ☐ Declines to Participate

Please Explain:

Tips to Redirect:

Seizures

Do you have a seizure disorder? Yes ☐ No ☐ **(if yes, please fill out the rest of this section)**
VNS: ☐ Yes ☐ No

What type of Seizures?	Date of Last Seizure:
Frequency:	Seizure Time/Length:

Known Triggers:

Behavior / Aura Prior to Seizure:

Type of Behavior During Seizure:

Recovery Time / Behavior After Seizure:

Medical Intervention Plan: Rescue Med ☐ Yes ☐ No

Do you use a safety helmet? Yes ☐ No ☐

Verbal and Physical Aggression (towards self, others or property)

☐ Not Aggressive ☐ May Strike or Swear Occasionally ☐ Regularly Strikes or Swears

Type: ☐ Physical ☐ Verbal ☐ Self-Injurious Behaviors

Please Explain:

Staff Supports:

Client Coping Strategies:

Known Triggers:

Medical Diagnosis

Primary: (please circle)

Mental Disorders ☐	*Cerebral Palsy* ☐	*Scoliosis* ☐
Autism ☐	*Epilepsy* ☐	*Spina Bifida* ☐
Alcoholism/Drug Abuse ☐	*Heart Disease* ☐	*Cleft Palate* ☐
Other Psychological Disorders ☐	*Asthma* ☐	*Down's Syndrome* ☐
ADD/ADHD ☐	*COPD* ☐	*Speech, Language & Voice Dysfunction* ☐
Developmental Delays ☐	*Diseases of the skin & tissue* ☐	*Spinal Cord Injury* ☐
Intellectual Disability ☐	*Arthritis* ☐	*Head Injury* ☐

Secondary:

Other:

Allergies

Does the Camper need an Epi Pen?	☐ Yes ☐ No If yes, please explain:
Food Allergies:	
Reactions:	
Other Notes:	
Other Non-Food Allergies:	
Reactions:	
Other Notes:	

*****Please send a list of all medications, dosages and instructions and attach to application.*****

Does the camper need assistance in the event of a fire, tornado, flood, or bomb threat? ☐ Yes ☐ No

Transitions

☐ Transitions Well ☐ 5 Minute Warning ☐ Visual of Transition ☐ Struggles with Transitions

Support Recommendations:

Over-Stimulation

Causes: ☐ Large Groups Situations ☐ Noises ☐ Smells ☐ Other:_____

Explain:

Support Recommendations:

History of Sexual Behavior

☐ No Sexual behavior observed ☐ Unsolicited sexual comments ☐ Unsolicited sexual touching ☐ Masturbation

History of Sexual Abuse

☐ YES ☐ NO

Support Recommendations:

By signing here, you give our healthcare staff the permission to provide routine healthcare, dispense medications, and seek emergency treatments.

Application Completed By: _____ **Date:** _____

(Print)

Relationship: _____

Signature of Legal Guardian: _____

(Must have guardian signature.. If camper is their own guardian camper must sign.)

-WAIVER OF LIABILITY-

Signature Required

Client Name:_____ Program Name:_____

With the understanding that Easterseals Iowa (hereafter known as ESI) will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following:

The undersigned, individually or as a parent or natural guardian, in partial recognition of services rendered claims, demands, or actions, causes of action or suits of whatsoever kind or nature for damages sustained by the normal client or accruing to the undersigned in consequence of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of ESI and regardless of whether the named client is not on the premises of said ESI, and is engaged in any venture or solely on his or her own behalf.

I give permission for the applicant to attend ESI sponsored programs and to ride in vehicles operated or leased by ESI.

I agree to not send this applicant to an ESI program if he or she has been exposed to contagious disease within three weeks of the starting date of the program and to notify Easterseals Iowa Camping, Recreation, and Respite services immediately if this situation arises.

The-applicant has permission to engage in all prescribed activities except those noted by an examining physician or physician assistant and me. In the case of an emergency or ill health, I herby give permission to the physician selected by ESI to order x-rays, routine test, and treatments. In the event I cannot be reached in an emergency, I herby give my permission to the physician selected by ESI to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for the named participant.

I understand that the participant is responsible for his/her own medical coverage and associated cost.

This release may be revoked in writing except to the extent action has been taken in reliance upon the release.

I understand and agree to the above section.

Signature of legally responsible person (parent, guardian, or applicant if own guardian):

Print Name:_____ Date:_____

Sign Name:_____ Relationship:_____

-Photo Consent Form

Select 1 box and Signature Required

Client Name:_____ Program Name:_____

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easterseals Iowa may be used by Easterseals Iowa, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals Iowa and that these materials may be released to the general public. I assign to Easterseals Iowa all of my rights to these materials. All photographs and other media which include your image are the sole property of Easterseals Iowa. Such photos may be used at various times unless you revoke this photo consent in writing. Any revocation is valid from the date it is received by Easterseals Iowa and will not apply to photos that have been used prior to the revocation in any publication or other media.

I understand that these materials may be published on Easterseals Iowa's network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easterseals Iowa will use only the first name and the location of the Easterseals Iowa organization where a minor receives services. Easterseals Iowa does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals Iowa may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals Iowa on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals Iowa will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Iowa to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals Iowa in writing by sending my revocation to Easterseals Iowa Intake/Marketing Coordinator. I understand and agree that once Easterseals Iowa, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

☐ **Yes -** please take and/or use my picture.

☐ **No -** please do not take and/or use my picture.

I fully understand the contents of this release and authorization.

_____ _____

Camper Signature Date

_____ _____

Guardian Signature Date

ACKNOWLEDGEMENT OF RECEIPT OF THE EASTERSEALS IOWA INCORPORATED NOTICE OF PRIVACY PRACTICES

Signature Required

I,_____, acknowledge that I have received a copy of The Easterseals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easterseals Iowa and states my rights with respect to my health information. I understand Easterseals Iowa has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easterseals Iowa revises its information practices, a revised Notice will be posted at each Easterseals Iowa location and that I may obtain a current Notice of Privacy Practices at any time from the Easterseals Iowa State Office or the website at www.eastersealsia.org.

_____ _____

Signature of Client/Guardian/Representative Date Signed

_____

If Guardian/Representative - State relationship to client

Easterseals Iowa

-Health History Form-

Client Name: _____ Birthdate: _____

please complete all fields and return this form

In the event of an emergency, I give permission for Easterseals Iowa to contact the following ***three*** individuals: (Please list contacts in the order you would like them to be contacted). In the event of an early discharge please have a plan in place within an hour.

Name:_____ Relationship:_____

Work Phone: _____Home Phone: _____Cell Phone: _____

Name:_____ Relationship:_____

Work Phone: _____Home Phone:_____Cell Phone:_____

Name:_____ Relationship:_____

Work Phone: _____Home Phone:_____Cell Phone:_____

Regular Physician: _____ Daytime Phone: _____

Preferred Hospital: _____ Medicaid ID: _____

Insurance Carrier: _____ Policy #: _____

Please List all allergies and reactions:_____

_____

Do you carry an Epi Pen? ☐ Yes ☐ No ****If so, please bring your Epi Pen with you to your sessions****

Any recent surgery or illness?_____

Any Chronic or recurring illness?_____

Any other information?_____

Does this person have a seizure disorder? ☐ Yes ☐ No Date of last Seizure:_____

Scheduled, PRN (as needed) and Non-Prescription Medications: Dosage:

_____ _____

_____ _____

_____ _____

Name of Person Completing Form:_____

Date:_____ **Contact Number:** _____

Medication Information

-**Please bring medication(s) to the Health Center after you check-in your camper Monday morning.**

-It must be in a medication bottle with the correct prescription on it. If it is not, the nurse will not be allowed to administer it and your camper may not be allowed to stay at camp.

-Please only bring the amount needed for each day of camp with one (1) additional dose.

Easterseals Iowa

-Physical Examination Form-

Client Name:_____ **Birthdate:**_____

This form is to be completed by a licensed physician or by a physician's assistant.
Other exam forms will not be accepted.

Height:_____ **Weight:**_____

BP:_____ **Pulse:**_____

	Normal	Abnormal
EENT		
Heart		
Lungs		
Resp.		
GI		
Abdomen		

State the most recent date of occurrence:

[ ] Chicken pox_____

[ ] Measles_____

[ ] German Measles_____

[ ] Mumps_____

[ ] Hepatitis carrier_____

[ ] Rheumatic Fever_____

Known allergies and reaction:_____

Epi-Pen? [ ] Yes [ ] No

	Yes	No	Please Explain
The applicant is under the care of a physician for a medical diagnosis/disability.			
The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, adventure tree climbing, and other outdoor activities			
The applicant has received a Tetanus Booster within the last ten years.			
Date of most recent Tetanus Booster: _____ **please attach all immunization records**			

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as may be noted above, and is free of communicable or contagious disease.

_____ _____

Signature of examining physician or physician's assistant Please print name

Fax:_____ Telephone:_____

Date of Exam: _____ **Date Form Completed:**_____

Easterseals Iowa Camp Sunnyside

-2019 Financial Form-

This form is required for Resident Camp registration

Client Name: _____ **Birthdate:**_____

Are you privately paying? ☐ Yes ☐ No

If yes, please fill out this section only

Where would you like us to send the invoice?

Name:_____ Phone:_____

Address:_____ City, State, Zip:_____

☐ I prefer electronic billing statements Email Address for billing:_____

Method of Payment:

☐ **Check** *(Make payable to Easterseals Iowa)*

Amount Enclosed: $_____

☐ **Credit Card** ☐ Visa ☐ MasterCard ☐ Discover

Amount Authorized: $_____

Card Number:_____

Expiration Date:_____ 3 Digit Code: _____

Name on Card: _____

Signature:_____

$50 Deposit Required

Would you like us to charge your card for the remaining balance the Wednesday before the session? ☐ Yes ☐ No

Please note:

- The non-refundable $50 deposit must be sent with the application. **Please do not send the deposit separately**. It will be applied to the first camp session.
- Any application turned in **after July 1st will require the camp payment to be made in full** before the camper can be registered.

Are you paying with a waiver? ☐ Yes ☐ No

If yes, please fill out this section only

Managed Care Organization (MCO):

☐ United Healthcare Plan

☐ Amerigroup Iowa

☐ HIPP/IME

MCO ID Number:_____

Medicaid ID Number:_____

Please contact your case manager before sending in the Application and Registration forms to ensure the proper funding is in place. A current care plan, provided by your case manager, is required by registration. Resident Camp waiver code T2036 at $1.24 a unit, 484 units total per week.

Case Manager Name:_____

Case Manager Phone Number:_____

Case Manager Email:_____

Easterseals Iowa Camp Sunnyside

- Supported Day Camp -

Registration 2019

Private Pay Cost: $200 per week Waiver Rate: $1.11 per unit, 180 units per week

Extended Hours: $1.11 per unit, 220 units per week

Client Name: _____ Today's Date:_____

Medicaid:_____ Date of Birth:_____

Guardian Name:_____ Guardian Email:_____

Guardian Home Number:_____ Guardian Cell Number:_____

Check in is Monday—Friday 8 am until 5 pm. Extended hours are available, 7 am until 6 pm. All applications are completed in the order received so please allow two weeks to process. **If your camper has never attended Easterseals Camp before, an Intake Process will need to occur before you will be registered and may result in a delay in processing your application. If your camper needs 1:1 assistance, please go to www.easterseals.com/ia/camp for more information regarding the registration process.**

Client Age:_____

(When attending camp)

Please mark only the session(s) you want to be registered

Week 1: June 10-14	Ages 6-12	☐ D1 Western Week
Week 2: June 17-21	Ages 6-12	☐ D2 Around the World
Week 3: June 24-28	Ages 6-12	☐ D3 Under the Sea
Week 4: July 1-5	Ages 6-12	☐ D4 Stars and Stripes
Week 5: July 8-12	Ages 6-12	☐ D5 Wizards of Camp Sunnyside
Week 6: July 15-19	Ages 6-12	☐ D6 Rock and Roll
Week 7: July 22-26	Ages 6-12	☐ D7 Challenge Week
Week 8: July 29-Aug 2	Ages 6-12	☐ D8 Mad Science
Week 9: Aug 5-Aug 9	Ages 6-12	☐ D9 Nature Unleashed
Week 10: Aug 12-Aug 16	Ages 6-12	☐ D10 No Place Like Camp!

If you need to cancel a week or make changes please contact the Program and Support Specialist at least a week in advance. Failure to notify the Program Support Specialist of your cancellation could mean cancellation of future registrations.

-2019 Extended Hours-
Supported Day Camp

Name: _____ Date: _____

Normal check-in and check-out times for Day Camp are 8:00 am—9:00 am and 4:00 pm—5:00 pm.

Extended hours run from 7:00 am—8:00 am and 5:00 pm—6:00 pm.
If You chose to utilize these hours, you must fill out and turn in this form.

Private Pay Clients: Extended hours are available for an additional fee of $50 per week. This payment must be paid in full before the session starts.

Waiver Clients: Payment for extended hours will need to be reflected in the Notice of Decision (NOD) provided by your case manager. The units for one week of camp will need to increase from 180 units to 220 units to accommodate extended hour services. Please make prior arrangements with your case manager. We must have an NOD with the additional units before the session starts.

Please check each week that you will be using extended hours and if they will be between 7-8 am, between 5-6 pm or both times.

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
D1– June 10-14	☐	☐	☐
D2– June 17-21	☐	☐	☐
D3– June 24-28	☐	☐	☐
D4– July 1-5	☐	☐	☐
D5– July 8-12	☐	☐	☐
D6– July 15-19	☐	☐	☐
D7– July 22-26	☐	☐	☐
D8– July 29-Aug 2	☐	☐	☐
D9– Aug 5-9	☐	☐	☐
D10– Aug 12-16	☐	☐	☐

Late Fees

The Day Camp Programs will maintain strict adherence to the 6:00 pm closure time. If a client is not picked up by the appropriate designee by this time, a late charge will be enforced.

For private pay clients: There will be a late charge of $10 due at the time of pick-up if a parent comes for a client between 6:00 pm—6:10 pm. After 6:10 pm there is an additional charge to $1 per minute.

For waiver clients: NOD hours will be utilized for services provided on 15 minute increments.

Important!

If you are **Privately Paying:**

- A non-refundable $50 deposit is required to register a camper. The camper cannot be registered until we have received this and we do not reserve or hold spots. The $50 will be applied to the first camp session. Please send the deposit with the application to our program and Support Specialist at:

  Easterseals Iowa
  Attn: Camp and Respite
  401 NE 66th Ave
  Des Moines, IA 50313

- **Full payment is due three weeks before the client attends his/her camp session.** Failure to pay in advance may result in a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to out Accounting Department at:

  Easterseals Iowa
  Attn: Accounting
  401 NE 66th Ave
  Des Moines, IA 50313

- The entire amount is required to be paid even if the camper will not attend the entire week of camp.

- Any application turned in after July 1st, 2019 will require the camp payment to be made in full before the camper can be registered.

- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Financial Form being charged for the Full camp session.

- Failure to cancel registration could lead to cancellation of future registered weeks.

- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 pm closure time. There will be a late charge of $10 due at the time of pick-up if a parent comes for a client between 6:00 pm – 6:10 pm. After 6:10 pm, there is an additional charge of $1 per minute.

Important!

If you are using **Waiver Funding:**

- **Please contact your case manager before sending in the application.** We ask that you discuss with them how many camps you are interested in, what type (s), and what dates the camps occur on to ensure the proper funding is in place.
- **A camper cannot be registered without the correct waiver funding in place** and we cannot register outside of what the funding authorizes. We also do not reserve or hold spots.
- Please send all funding and billing information with the application to our Program and Support Specialist:

Easterseals Iowa
Attn: Camp and Respite
401 Ne 66th Ave
Des Moines, IA 50313

- Please also have the case manager send the client's Individual Care Plan/Consumer Comprehensive Service Plan (ICP/CCSP) with the application. This document is also required for registration.
- The entire unit amount per camp is required to be authorized by the waiver, even if the camper will not attend the entire camp.
- Below are our waiver rates:

Supported Day Camp: T2037

$1.11/unit

180 units a week

(220 units per week for extended hours)

Resident Camp: T2036

$1.24/unit

484 units per week

Weekend Respite Non CMH: T2036

$3.16/unit

184 units per weekend

or

Weekend Respite CMH: T2036

$3.34/unit

184 units per weekend

Please Note:

- The CMH waiver (Children's Mental Health Waiver) can only be used on our weekend respite Camps.
- All other waivers (such as the Intellectual Disabilities Waiver, the Ill and Handicapped Waiver, and the Brain Injury Waiver) are eligible for both weekend respite camps and our summer resident and supported day camps.
- Failure to call in to cancel registration could lead to cancellation of future registered weeks.

Supported Day Camp Theme Descriptions

D1 Western Week: Yeehaw! It's back again for another time around the barrel! Enjoy a rodeo, horse-back riding, and lots of Country Western Music during this honky-tonk week. We will also turn camp into the Wild West with demonstrations from the Pony Express Riders of Iowa. Costumes and Western wear are encouraged!

D2 Around the World: This summer, join us for the unique opportunity to travel around the globe while explore the many cultures and countries of our summer camp counselors! Grab your passport to fun and experience the many new foods, activities, dances, games, and more! From Australia to Europe, to South America and Asia – come and see what our counselor have in store!

D3 Under the Sea: Mermaids, Sharks, and Sea Creatures Oh MY! This week is all about funfilled water activities! Get ready to spend countless hours at Lake Cheerio, search for the Lochness monster, and get wet and wild as we go on an adventure under the sea.

D4 Stars and Stripes: Celebrate our great Nation this week with our Fourth of July celebration! This week will be filled with many fun, patriotic activities – including a Parade! Come wearing your red, white, and blue.

D5 Wizards of Camp Sunnyside: Do you like Harry Potter? How about wizardry? Attend potions and magic class, cast spells and embrace the mystery. Can you save camp from the dark forces? Can you solve the mysteries?

D6 Rock and Roll: If you like to rock and roll, this camp is for you! With music blaring all week long on the patio and a live performance by a cover band, this week totally ROCKS! We also encourage our campers' creativity by making music and instruments of our own.

D7 Challenge Week: This week is all about overcoming obstacles and trying new things. Can your cabin succeed? Color Wars, Olympics, Team Initiatives, Capture the Flag, and many more activities will challenge you to push past your limits and achieve greatness.

D8 Mad Science: Whaahaahaahaa! Do you like science experiments? Do you like exploding things? How about rocket ships and bubbles, and mixing ingredients? Then this week is for you! Come and take part in science experiments and activities, explode watermelons and make magnetic slime!

D9 Nature Unleashed: Do you like outdoors? Come learn about the wilderness, wildlife, shelter building, and cooking food over a campfire. This week is dedicated to all things nature! Come join us and embrace the elements as we learn about nature, wildlife, and survival techniques.

D10 Oh There's No Place Like Camp For the Holidays: Come celebrate the holidays with us this week! Join us for Christmas, Thanksgiving, St. Patrick's Day, May Day, and many more fun filled celebrations! Go sledding in the middle of summer, make ornaments, an Easter Egg Hunt, and enjoy May Day baskets. Like celebrations? This week is definitely for you!