Easter Seals Iowa

Supported Day Camp 2017 Checklist

Ages 6-17. Hours are Monday through Friday, 8:00 am-5:00pm. Extended hours are available.
This program can be paid for with waiver services or private pay. Private Pay Cost: $200 per week.

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

___ 2017 Application

___ Health History Form

___ Physical Form *(valid for 2 years)* + immunization records

___ All Release Forms *(Notice of Privacy Practices, Waiver of Liability, Photo Consent Form)*
*****only needs signed if you are NEW to camp Sunnyside*****

___ Physical signatures on the required pages *(we do not accept electronic signatures)*

___ Financial Information Form

___ Summer Day Camp Camp Registration Form

___ $50 non-refundable deposit or authorized waiver funding *(waiver clients only - please contact your case manager)*

___ Current Individual Care Plan/Consumer Comprehensive Service Plan and Release of Information *(waiver clients only - please contact your case manager)*

We require all items on this list to be submitted in order to begin the registration process. Please send all items together, in one shipment.
You may send them to our Program and Support Specialist, by the following methods:

Email: campandrespite@eastersealsia.org
Mail or Drop Off: Easter Seals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, Ia 50313

If you are new to Camp Sunnyside Supported Day Camp…
Once you have turned in all of the items on the checklist, our outreach coordinator, Renee Bell, will contact you to set up an intake meeting. After you have done the intake, you will have the opportunity to be registered for camp. A new camper cannot attend camp until this process is complete. Once you have been registered, you will receive a confirmation letter in the mail.

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 campandrespire@eastersealsia.org if you have any questions. Thank you for choosing Easter Seals Iowa!

Easter Seals Iowa Camp Sunnyside
-Camp and Respite Application 2017-

What program are you interested in?

Supported Day Camp Resident Camp Weekend Respite

Are you privately paying? [ ] YES [ ] NO

If so, please include the $50 non-refundable deposit for summer camp or $583 full payment for respite.

Client Information		
Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Gender:
Social Security Number:		Medicaid ID:
Email:		Birthdate: / /

Ethnicity: O Asian American O African American O Caucasian O Hispanic O Native American O Other O Choose not to answer

Military Status: O Active Duty O National Guard/Reserve O Veteran O Member of Family/Spouse O Not Applicable

Primary Language: O English O Spanish O Other: ________________

Guardian Information		
Last Name:	First Name:	Relationship:
Address *(if different from above)*:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Work Phone:
Email:		
Primary Language: O English	O Spanish	O Other:

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? O United Healthcare Group O AmeriHealth Caritas O Amerigroup O HIPP		
Managed Care Policy Number:		
Case Manager:		Phone:
Agency:	Email:	
Address:	City/State:	Zip Code:

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:

Activities

Are you new to Camp Sunnyside? Yes [ ] No [ ]
Last Year Attended:

Current Age:

Please mark the activities that are **restricted**:

O Swimming	O Horseback Riding	O Arts and Crafts
O Boating	O Fishing	O Target Sports
O Sensory Room	O Basketball	O Volleyball
O Climbing Wall	O Dancing	O Adventure Tree Climbing
O Outdoor Camping	O Outdoor Cooking	O Zip Line

Please explain why these activities are restricted:

Health Information

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

What type?	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:

Do you use a safety helmet? Yes [ ] No [ ]

Dietary Information

Are you on a special diet? Yes [ ] No [ ] **(please mark all that apply)**

O Blended O Mechanical Soft O Pureed

O G-Tube If so, are you: O NPO?

O Fluid Restriction required per physician

O Diabetic If so, are you: O Medication Controlled? O Diet Controlled? O Carb Count? O Insulin Controlled?

O Other: ______________________________

Food Allergies:	Reaction:
Other Non-food Allergies:	Reaction:

Epi Pen? O Yes O No If yes, please explain:

Eating: O No Assistance O Monitor Portions O Help Cutting Up Food O Total Assist

Please explain:

Daily Living

Do you use a wheelchair? Yes [ ] No [ ]
If yes, what kind? Manual [ ] Electric [ ]

Assistance with your manual chair:
O No Assistance O Assistance on Rough Ground O Assistance for Distances O Total Assist

Do you have a visual impairment? Yes [ ] No [ ] Additional support needed:

Assistance with Transferring:
O No Assistance O Stand & Pivot Transfer O 1 Person Lift O Hoyer Lift
Weight: **Hoyer Lifts are required for campers over 100 pounds**

Uses the Following:
O Walker O Hospital Bed O Bed Rails O Gait Belt O CPAP O BiPap
It is your responsibility to bring all assistive devices you need while attending sessions including electronic Hoyer Lifts, walkers, and wheelchairs

Dressing and Personal Hygiene

Assistance with dressing: [ ] None [ ] Verbal Direction [ ] Some Assistance [ ] Total Assistance

Additional Information:

Assistance with hygiene: [ ] None [ ] Verbal Direction [ ] Some Assistance [ ] Total Assistance
(brushing teeth, toileting, shower, etc)
Additional Information:

Do you wear Attends/Briefs/Diapers? [ ] Yes [ ] No If yes, how often? [ ] All day [ ] At Night

Do you wear or use any of the following items? *(check all that apply)*
[ ] Colostomy Appliances [ ] Ileo Appliances
[ ] Digital Stimulation [ ] Urinary Catheter
[ ] In-dwelling Catheter [ ] Intermittent Catheterization
[ ] Supra Pubic Catheter [ ] Shunt

Other: ___________________ Do you need assistance with any of these items? [ ] Yes [ ] No

Level of Assistance Needed:

Nighttime Assistance

Do you sleep through the night consistently? [ ] Yes [ ] No

If no, please explain:

What is your preferred bedtime? [ ] pm

How can we help you fall asleep if you need assistance?

Communication Needs

How do you communicate? [ ] Verbally [ ] Non-verbally [ ] Both

Alternative Communication Format? [ ] Sign [ ] Communication Device [ ] PEC Cards

Please bring all communication devices with you and label with your first and last name

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

Client Behavior Support

Easter Seals Iowa recognizes that some clients have interfering behaviors. Our intent is to understand the history of the interfering behavior and successful strategies for supporting clients so they can get the most out of their camp and recreational experience. Therefore, this section must be completed in detail in order for the application to be processed. Disclosure of interfering behavior will not exclude you from attending. Failure to disclose interfering behaviors may result in program discharge.

Verbal and Physical Aggression *(towards self, others, property, etc.)*

[ ] Not aggressive [ ] May strike or swear occasionally [ ] Regularly strikes or swears

Please explain:

Tips to redirect:

Elopement:

[ ] Stays with group [ ] Wanders away [ ] Hides [ ] Actively leaves group [ ] N/A

Please explain:

Tips to redirect:

Over-Stimulation

[ ] Large group situations [ ] Noises [ ] Smells [ ] N/A [ ] Other: _________________

Please explain:

Tips to redirect:

History of Sexual Aggression

[ ] Not sexually aggressive [ ] Unsolicited sexual comments/touching

[ ] Documented sexual aggression

Please explain:

Tips to redirect:

History of Sexual Abuse

Victim of Abuse? [ ] Yes [ ] No

Please explain:

Support Recommendations:

Lifestyle

Are you seeking a health or wellness goal? ○ Yes ○ No ○ N/A

Height:

Weight:

Are you [ ] Employed [ ] Not in Labor Force [ ] Seeking Employment [ ] Unemployed

Not in Labor Force Due to [ ] Client Choice [ ] Guardian Choice [ ] Over 65
[ ] Skills/Train Edu (Ex Workshops) [ ] Under 16

Signatures

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

Completed by: __________________________ Date: ________________________

Relationship: ___________________________

Signature of Legal Guardian (*if applicable*): ____

If you have a CCSP or ICP, please attach it

Easter Seals 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 Easter Seals Iowa to contact the following individuals: *(please list contacts in the order you would like them to be contacted)*

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:

____ ____________

____ ____________

____ ____________

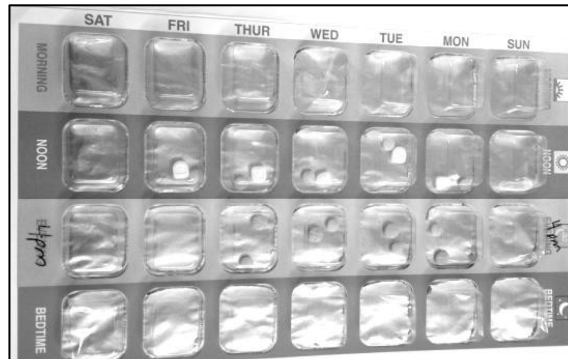
Name of Person Completing Form:__________________________

Date:____________ Contact Number:___________________

Medication Information

For Summer Resident Camp:

- All medication must be in a 7 day compliance unit-dose bubble pack. Do not send medication in original bottles, envelopes or at-home containers.



7 day compliance unit dose bubble pack

- We require medications sent to us **three weeks prior to your camp session.**

- Clearly identify your medication package with the dates of your camp session, first and last name, and date of birth.

- Due to the significant volume of medications administered here at camp, please consider leaving all non-essential topical crèmes, ointments, and other PRNS's at home.

- Any questions regarding medication, please contact our health center at 515-309-2378.

All medication can be sent to:

Easter Seals Iowa
Attn: Patty Gilmore
401 NE 66th Ave
Des Moines, IA 50313

For Weekend Respite and Supported Day Camp:

- All medication can be brought with the camper to check-in.

- 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.

Easter Seals 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 is cleared to participate in an adapted active recreational program.			
The applicant can participate in the following adapted activities: Swimming, horseback riding, zip-line, rock wall, 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:**___________

-WAIVER OF LIABILITY-

Signature Required

Client Name:____________________ Program Name:__________________

With the understanding that Easter Seals 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 Easter Seals 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):

Print Name:____________________________ Date:___________________________

Sign Name:____________________________ Relationship:____________________

- -

Witness:______________________________ Date:___________________________

-Photo Consent Form-

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 Easter Seals Iowa may be used by Easter Seals Iowa, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easter Seals Iowa and that these materials may be released to the general public. I assign to Easter Seals Iowa all of my rights to these materials. All photographs and other media which include your image are the sole property of Easter Seals 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 Easter Seals 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 Easter Seals 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, Easter Seals Iowa will use only the first name and the location of the Easter Seals Iowa organization where a minor receives services. Easter Seals Iowa does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals Iowa may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals 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 Easter Seals 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 Easter Seals Iowa to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals Iowa in writing by sending my revocation to Easter Seals Iowa Intake/Marketing Coordinator. I understand and agree that once Easter Seals 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 ol 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.

______________________________ __________________
Consumer Signature Date

______________________________ __________________
Guardian Signature Date

______________________________ __________________
Witness for Easter Seals Iowa Date

ACKNOWLEDGEMENT OF RECEIPT OF THE EASTER SEALS IOWA INCORPORATED NOTICE OF PRIVACY PRACTICES

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

______________________________________ ______________________
Signature of Client/Guardian/Representative Date Signed

____
If Guardian/Representative - State relationship to client

______________________________________ ______________________
Signature of Witness Date Signed

Easter Seals Iowa Camp Sunnyside

-Financial Form-

this form is required for summer 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 Easter Seals Iowa)*

Amount Enclosed: $_______________

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

Amount Authorized: $_____________

Card Number:____________________________________

Expiration Date:______ 3 Digit Code *(on back of card)*:______

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

☐ Requesting Campship

(not guaranteed – resident camp only)

Clients are eligible to receive one Campship per season, not to exceed $550. Residents of group homes, nursing homes, and other facilities are eligible for a maximum Campship of $250.

Amount Requested: $________________________

$50 deposit required

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**

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, also provided by your case manager, is also required for registration.

Managed Care Organization (MCO):

[ ] United Healthcare Plan of the River Valley, Inc.

[ ] AmeriHealth Caritas Iowa, Inc.

[ ] Amerigroup Iowa, Inc.

MCO ID Number:_____________________

Medicaid ID Number:__________________

Case Manager Name:_______________________

Case Manager Phone Number:_________________

Case Manager Email:________________________

Easter Seals Iowa Camp Sunnyside

- SUPPORTED DAY CAMP -

Registration 2017

Private Pay Cost: $200 per week   Waiver Rate: $1.11 per unit, 180 units per week (220 for extended hours)

Client Name: ____ Today's Date: ______________

Medicaid or Social Security Number: _____________________ Date of Birth: ______________

Is the client new to Easter Seals Summer Camp? [ ] Yes [ ] No

Guardian Name: __________________________ Guardian Email: ________________________

Guardian Home Number: ___________________ Guardian Cell Number: ___________________

Check in is weekdays 8-9 am. Check out is weekdays 4-5 pm. Extended hours are available.
Camp registration closes the Wednesday before the desired camp.

D1	☐	June 12-June 16	Superheroes/Fantsayland
D2	☐	June 19-June 23	Western Week
D3	☐	June 26-June 30	Rock and Roll Daze
D4	☐	July 3-July 7	Stars and Stripes
D5	☐	July 10-July 14	Camp Explore
D6	☐	July 17-July 21	Movin & Groovin/Music Through the Decades
D7	☐	July 24-July 28	Under the Sea
D8	☐	July 31-Aug 4	Choose your own Adventure
D9	☐	Aug 7-Aug 11	To the X-treme: Sunnyside Style
D10	☐	Aug 14-Aug 18	Mission Impossible
D11	☐	Aug 21-Aug 25	Anything Goes

Please list any alternative sessions you can attend in case your first choices are full.

1. ______________________________ 2. _________________________________

-Extended Hours-

for 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 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 hours 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 7-8am, between 5-6pm, or both times.

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 12-June 16			
2- June 19-June 23			
3- June 26-June 30			
4- July 3-July 7			
5- July 10-July 14			
6- July 17-July 21			
7- July 24-July 28			
8- July 31-Aug 4			
9 -Aug 7-Aug 11			
10-Aug 14-Aug 18			
11-Aug 21-Aug 25			

__**LATE FEES**__

The Day Camp Programs will maintain strict adherence to the 6:00 p.m. 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 of $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:

  Easter Seals 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 our Accounting Department at:

  Easter Seals 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 camp.

- Any application turned in after July 1st, 2017 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.

How to Apply for a Campship:

Easter Seals Iowa receives funding from a variety of sources, including private donations, government agencies, and fee-for-service. To make our services accessible to as many people as possible, Easter Seals Iowa also relies on contributions. Public contributions help cover the difference between actual program costs and for those who are unable to pay for all or part of the service. Each camper is supported by donors who participate in the Annual Fund Campaign. The Annual Fund raiser donated funds for these financial gaps. Campships are scholarships that are gifts from the Pony Express Riders of Iowa, the Annual Campaign, foundations, organizations, and individuals.

- To apply, please fill out the Campship request section on the 2017 Financial Information page.
- If applying for a Campship, we still require the non-refundable $50 deposit. Deposits are not covered under a Campship. Please send the deposit with your application.
- If awarded a Campship, you will receive a statement reflecting that it has been applied to your balance due.
- Clients are eligible to receive one Campship per season, not to exceed $550. Residents of group homes, nursing homes, and other facilities are eligible for a maximum Campship of $250.
- **There are limited Campships and we reward them on a first come, first serve basis.** If you are interested in receiving one, we strongly encourage you to turn in all the required documents for camp as soon as possible.

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:

  Easter Seals 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.
- Due to Medicaid transitioning to Managed Care, we may need to make some adjustments to the registration process. We will communicate those updates as more information becomes available.