



Camp Merry Heart

Camping & Recreation Application June 2018 to May 2019

Next application will be available on December 1st, 2018

21 O'Brien Rd · Hackettstown, NJ 07840
Phone (908) 852-3896 Fax (908) 852-9263 www.eastersealsnj.org/camp

Applications must be complete and submitted with full registration fee

Office Use only		Received:		Complete upon receipt: Y or N		Deposit Amount:		Participant ID#:	
Participant Information									
<input type="checkbox"/> New Participant <input type="checkbox"/> Returning Participant									
Last Name			First Name			Nickname			
Date of Birth (mm/dd/yy) / /		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Primary Phone - -			
Social Security Number - -		Marital Status	Tobacco User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Currently Employed <input type="checkbox"/> Full time Education		
Ethnic Origin: <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____									
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____									
Mailing Address									
Street					Email				
City		State			Zip		County		
Group Home Name (if applicable)			Contact Name		Phone - -		LIDDSO ONLY <input type="checkbox"/> Family Services <input type="checkbox"/> State House		
Residing Address (if different from above)									
Residence Type: <input type="checkbox"/> with Family <input type="checkbox"/> with Sponsor <input type="checkbox"/> Group Home (contact info required) <input type="checkbox"/> Independent <input type="checkbox"/> Other:									
Street					Email				
City		State			Zip		County		
New Jersey Division of Developmental Disability Contact Information (MUST be completed if participant receives services from DDD)									
DDD Case#		DDD Region			Case Worker		Phone - -		
Primary Contact (Responsible Party for Participant) Preferred contact via: <input type="checkbox"/> Email <input type="checkbox"/> Standard Mail									
Name		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -			Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -				
Relationship to Participant		Address			Email				
Legal Guardian (if different from above) Person Completing Application (if different)									
Name		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -			Name		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -		
Emergency Contact #1 (must be available during program)									
Name		Relationship to Participant		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -			Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -		
Emergency Contact #2 (must be available during program)									
Name		Relationship to Participant		Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -			Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell - -		
Referral Information (Friend, Caseworker or Support Coordinator who may be interested in services)									
Full Name					Address				
City		State			Zip		Email		
Important Program Funding Information - Please review prior to selecting program on page 2									
Camp Merry Heart Camp Merry Heart is an approved provider for DDD, Perform Care, DDD Self-Directed (RLC), Family Support Services (FSS) and Medicaid funding. ESNJ is able to provide third party camperships/scholarships to individuals or families who may require additional funding support and also meet the campership criteria.			Hotel Respite Hotel respites are New Jersey based programs designed to meet the requirements of DDD's Self-Directed Services (RLC) and Family Support Services (FSS) along with traditional self-pay and other third party sponsorships.			Travel Respite Travel respites are NOT eligible for state funding or Medicaid waiver program at this time. All participants within this program should be able to self-pay for these programs.			
Degree of Care Below (For Office Use Only)									
<input type="checkbox"/> Independent/Minimal: able to walk or operate power wheelchair around obstacles, over distances of 1/2 mile+ w/o support from staff, needing minimal personal care support. (1:5 Support Ratio) <input type="checkbox"/> Moderate needs 1:1 support from staff to meet behavioral or care support needs. Limited camp respite spaces are available at an additional \$175 per day. (Not available for Hotel & Travel Respite at this time)					<input type="checkbox"/> Mild Ambulatory: able to walk or operate power wheelchair around obstacles, over distances of 1/2 mile+ w/o support from staff. Camper requires assistance with personal care. (1:3 Support Ratio) <input type="checkbox"/> Mild Mobility Assistance: needs assistance from staff to walk, use assistive device (i.e. wheelchair), or support personal care needs on a frequent basis. Camper requires assistance with personal care. (1:3 Support Ratio)				

CAMP MERRY HEART					
Description	Dates	Registration Fee (Non-Refundable)	Balance (Due prior to respite)	Total Respite Cost	
Summer Older Adult Respite #1 **LIDDSO Transport (50 + years old)	June 10 – 15, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #2 **LIDDSO Transport (Age 18 and over)	June 17 – 28, 2018	\$295 +	\$1,905 =	\$2,200	
Summer Adult Respite #2A (Age 18 and over)	June 17 – 22, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #2B (Age 18 and over)	June 23 – 28, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #3 (Age 18 and over)	July 1 – 12, 2018	\$295 +	\$1,905 =	\$2,200	
Summer Young Adult Respite #4 (Young Adults Age 22 - 40)	August 19 - 24, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #5 (Age 18 and over)	August 26 – 31, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #6 **LIDDSO Transport (Age 18 - and over)	September 4 – 9, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #7 **LIDDSO Transport (Age 18 and over)	September 11 – 16, 2018	\$295 +	\$805 =	\$1,100	
Summer Adult Respite #8 (Age 18 and over)	September 17 - 20, 2018	\$295 +	\$505 =	\$800	
Summer Youth Respite #1 Youth Ages 6 - 21)	August 5 - 16, 2018	\$295 +	\$1,905 =	\$2,200	
Summer Youth Respite #1A Youth Ages 6 - 21)	August 5 - 10, 2018	\$295 +	\$805 =	\$1,100	
Summer Youth Respite #1B Youth Ages 6 - 21)	August 11 - 16, 2018	\$295 +	\$805 =	\$1,100	
Fall Youth Respite #1 (Age 6 - 21)	October 5 - 8, 2018	\$295 +	\$505 =	\$800	
Fall Youth Respite #2 (Age 6 - 21)	November 7 - 11, 2018	\$295 +	\$700 =	\$995	
Fall Youth Respite #3 (Age 6 - 21)	November 30 - December 2, 2018	\$295 +	\$280 =	\$575	
Fall Adult Respite #1 (Age 18 and over)	September 28 - October 3, 2018	\$295 +	\$805 =	\$1,100	
Fall Adult Respite #2 (Age 18 and over) **LIDDSO Transport	October 14 - 19, 2018	\$295 +	\$805 =	\$1,100	
Fall Adult Respite #3 (Age 18 and over)	November 11 - 16, 2018	\$295 +	\$805 =	\$1,100	
Fall Adult Respite #4 (Age 18 and over)	November 24 - 29, 2018	\$295 +	\$805 =	\$1,100	
Fall Adult Respite #5 (Age 18 and over)	December 2 - 7, 2018	\$295 +	\$805 =	\$1,100	
Winter Adult Respite #6 (Age 18 and over)	January 20 - 25, 2019	\$295 +	\$805 =	\$1,100	
Winter Adult Respite #7 (Age 18 and over)	February 10 - 15, 2019	\$295 +	\$805 =	\$1,100	
Winter Adult Respite #8 (Age 18 and over)	February 24 - March 1, 2019	\$295 +	\$805 =	\$1,100	
Spring Adult Respite #9 (Age 18 and over)	March 24 - 29, 2019	\$295 +	\$805 =	\$1,100	
Spring Adult Respite #10 (Age 18 and over)	April 12 - 17, 2019	\$295 +	\$805 =	\$1,100	
HOTEL RESPITES – Respites are based out of New Jersey Hotels and are currently eligible for STATE funding - Must be 18 and over					
Description	Dates	DDD Family Support Services Funded Program ONLY	Activity Fee (Non-Refundable)	Balance (Due prior to respite)	Total Respite Cost
Summer Hotel Respite 1: New Jersey Adventure	June 10-15, 2018		\$100 +	\$1,755 =	\$1,855
NEW Summer Hotel Respite 2: New Jersey Gardens & Arboretums	July 15 - 20, 2018		\$100 +	\$1,755 =	\$1,855
Summer Hotel Respite 3: New Jersey Zoo's & Aquariums	July 29 - August 3, 2018		\$100 +	\$1,755 =	\$1,855
Summer Hotel Respite : 4 Renaissance Faire	August 31 - September 4, 2018		\$100 +	\$1,500 =	\$1600
Fall Hotel Respite 1: Fall Festival	October 11 - 13, 2018	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$825 =	\$900
NEW Fall Hotel Respite 2: Bowling/Movies/Dining Out	October 23 - 25, 2018	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$825 =	\$900
Fall Hotel Respite 3: Jersey Fall Adventures	November 15 - 17, 2018	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$825 =	\$900
Winter Hotel Respite 4: Holiday Light Shows & Shopping	December 7 - 9, 2018	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$825 =	\$900
Spring Hotel Respite 5: Beautiful Pocono's	February 8 - 10, 2019	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$825 =	\$900
Spring Hotel Respite 6: Discover Broadway	March 1 - 3, 2019	DDD: No Activity Fee Required, Funding Voucher Required	\$75 +	\$900 =	\$975
TRAVEL RESPITES - Respites are based in hotels outside the state of NJ and are NOT currently eligible for STATE funding - Must be 18 and over					
Description	Dates	Registration Fee (Non-Refundable)	Balance (Due prior to respite)	Total Respite Cost	
NEW Summer Travel Respite 1: Morgans Wonderland, San Antonio, TX	June 17 - 28, 2018	\$500 +	\$2,700 =	\$3,200	
NEW Summer Travel Respite 2: Stadium Road Trip	July 1 - 12, 2018	\$300 +	\$2,700 =	\$3,000	
Summer Travel Respite 3: Explore Mystic Seaport, Ct	July 22 - 27, 2018	\$300 +	\$1,950 =	\$2,250	
NEW Summer Travel Respite 4: Show after show in Branson, Missouri	August 5 - 16, 2018	\$500 +	\$2,700 =	\$3,200	
Summer Travel Respite 5: Discover Savannah, Ga	August 19 - 27, 2018	\$300 +	\$2,350 =	\$2,650	
Summer Travel Respite 6: Walt Disney World & More	September 9 - 20, 2018	\$500 +	\$2,900 =	\$3,400	
NEW Fall Travel Respite : 1 BAHAMA CRUISE (Passport needed)	October 27 - November 3, 2018	\$1,000 +	\$2,600 =	\$3,600	
Fall Travel Respite 2: Sight & Sound Theatre Production, PA	December 11 - 13, 2018	\$100 +	\$800 =	\$900	
NEW Winter Travel Respite 3: Las Vegas Adventure (Air Travel)	March 5 - 10, 2019	\$1,000 +	\$2,500 =	\$3,500	
Spring Travel Respite 5: Cherry Blossoms and Washington, DC	April 2 - 6, 2019	\$300 +	\$1,800 =	\$2,100	
Spring Travel Respite 4: Disney World & Orlando, Florida	April 22 - May 3, 2019	\$500 +	\$2,900 =	\$3,400	
All medication must be received at camp two weeks in advance of the event. Medication must be packaged in multi-dose packaging by a licensed pharmacy. Continuous feed sealed pouches are preferred. Should your pharmacy be unable to comply, use one of the preferred pharmacies: Bald Eagle 973-728-4600; LTC Scripts 908-303-3766					
Full registration fee must be submitted at the time of application or requested respites programs cannot be confirmed.			Payment due three weeks prior to respite.		
Full deposits must be submitted at the time of application					
**Round trip transportation form Hauppauge, NY at a rate of \$115. Non-refundable. Limited programs - Transportation is available for those programs marked LIDDSO Transport		Total Registration & Activity Fee _____		Participant is: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Able to transfer to a regular seat <input type="checkbox"/> Must remain in Wheelchair	
		Total # Respites _____ X \$115 = _____			

Participant Information			
Last Name		First Name	
Age		Height	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Weight	
Name of Person Completing Skills Assessment		Contact Number	
		Date Completed	
Disability Information (check all that apply)			
DSM 5 Codes (Diagnostic and Statistical manual of Mental Health Disorders) <input type="checkbox"/> Academic or Educational Problems (Z55.9) <input type="checkbox"/> Adjustment Disorder (F43.20) <input type="checkbox"/> Antisocial Personality Disorder (F60.2) <input type="checkbox"/> Anxiety Disorder (F06.4) <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder (F90.2) <input type="checkbox"/> Autistic Disorder (F84.0) <input type="checkbox"/> Bipolar Disorder (F31.9) <input type="checkbox"/> Borderline Intellectually Functioning (R41.83) <input type="checkbox"/> Developmental Coordination Disorder (F82) <input type="checkbox"/> Housing or Economic Problems (Z59.9) <input type="checkbox"/> Major Depressive Disorder (F33.9) <input type="checkbox"/> Obsessive Compulsive Disorder (F42) <input type="checkbox"/> Occupational Problems (Z56.9) <input type="checkbox"/> Other Problems Related to Psychosocial Circumstances (Z65.8) <input type="checkbox"/> Other Specified Bipolar and Related Disorder (F31.89) <input type="checkbox"/> Overweight or Obesity (E66.9)		DSM 5 Codes (Diagnostic and Statistical manual of Mental Health Disorders) <input type="checkbox"/> Personal History of Self-Harm (Z91.5) <input type="checkbox"/> Personality Disorder (F60.9) <input type="checkbox"/> Pica, Adult Eating Disorder (F50.8) <input type="checkbox"/> Pica, in children (F98.3) <input type="checkbox"/> Problems Related to Social Environment (Z60.9) <input type="checkbox"/> Sibling Relational Problems (Z62.891) <input type="checkbox"/> Social Phobia (F40.10) <input type="checkbox"/> Tourette's Disorder (F95.2) <input type="checkbox"/> Unavailability or Inaccessibility of Health Care Facilities (Z75.3) <input type="checkbox"/> Wandering Associated with Mental Disorder (Z91.83) DSM 5 Codes (Diagnostic and Statistical manual of Mental Health Disorders) <input type="checkbox"/> Learning/Developmental Delay <input type="checkbox"/> Mild (F70) <input type="checkbox"/> Moderate (F71) <input type="checkbox"/> Severe (F72) <input type="checkbox"/> Profound (F73) <input type="checkbox"/> Severity Unspecified (F79) Unlisted DSM 5 or ICD10 Codes <input type="checkbox"/> Other Disabilities (please list):	
		ICD 10 Codes (Associated Codes – International Classification of Diseases) <input type="checkbox"/> Adult Behavior/Personality Disorder (F69) <input type="checkbox"/> Asperger's Disorder (F84.5) <input type="checkbox"/> Birth Injury to Spinal Cord (P11.5) <input type="checkbox"/> Cerebral Palsy (G80.9) <input type="checkbox"/> Cystic Fibrosis (E84.9) <input type="checkbox"/> Disorder of Autonomic Nervous System (G90.9) <input type="checkbox"/> Down's Syndrome (Q90.9) <input type="checkbox"/> Epilepsy/Seizure Disorder (G40.89) <input type="checkbox"/> Hearing Impaired (H91.90) <input type="checkbox"/> Heart and Circulatory Dysfunction (Z87.74) <input type="checkbox"/> Muscular Dystrophy (G71.0) <input type="checkbox"/> Pervasive Developmental Disorder (F84.9) <input type="checkbox"/> Psychosis (F29) <input type="checkbox"/> Respiratory Dysfunction (Z87.75) <input type="checkbox"/> Skin and Tissue Disorder (L98.9) <input type="checkbox"/> Speech-language/Voice Dysfunction (F80.9) <input type="checkbox"/> Spina Bifida (Q05.9) <input type="checkbox"/> Stroke (G46.3) <input type="checkbox"/> Trigeminal Nerve Disorder (G50.8) <input type="checkbox"/> Type 1 Diabetes (E10.9) <input type="checkbox"/> Type 2 Diabetes (E11.9) <input type="checkbox"/> Unspecified Injury to Spinal Cord (S34.139A) <input type="checkbox"/> Visually Impaired (H54.7) <input type="checkbox"/> Youth Behavior/Personality Disorder (F98.9)	
General Background (check all that apply)			
Communication: <input type="checkbox"/> Verbal and can be clearly understood by others <input type="checkbox"/> Verbal but may be difficult to understand <input type="checkbox"/> Limited verbal vocabulary <input type="checkbox"/> Uses communication board/device <input type="checkbox"/> Uses sign language in addition to other mediums of communication <input type="checkbox"/> Uses sign language exclusively <input type="checkbox"/> Gestures <input type="checkbox"/> No form of communication <input type="checkbox"/> Other:		Vision: <input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss in: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Severe/total Loss in: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wears corrective lenses: <input type="checkbox"/> Y <input type="checkbox"/> N Hearing: <input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss in: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Severe/total Loss in: <input type="checkbox"/> R <input type="checkbox"/> L Wears hearing aids: <input type="checkbox"/> Y <input type="checkbox"/> N	
General Health: Medication: <input type="checkbox"/> Routine Prescription Medication <input type="checkbox"/> Routine Over-the-Counter <input type="checkbox"/> None History of Seizures: <input type="checkbox"/> Y <input type="checkbox"/> N Controlled by medication <input type="checkbox"/> Y <input type="checkbox"/> N Last Occurrence: Duration: Recent Illness or Injury: <input type="checkbox"/> Y <input type="checkbox"/> N Description: Chronic Conditions: <input type="checkbox"/> Diabetic (Insulin Dependent) <input type="checkbox"/> Diabetic (Medication Controlled) <input type="checkbox"/> Diabetic (Diet Controlled) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure Asthma: <input type="checkbox"/> Chronic <input type="checkbox"/> Exercise Induced <input type="checkbox"/> Seasonal/Allergy Related		Cognitive: <input type="checkbox"/> No Impairment <input type="checkbox"/> Mild Impairment <input type="checkbox"/> Moderate Impairment <input type="checkbox"/> Severe Impairment Ability to follow directions: <input type="checkbox"/> No Concerns <input type="checkbox"/> Needs time to process/act <input type="checkbox"/> Needs reminders/Cues <input type="checkbox"/> Cannot process directions <input type="checkbox"/> Does not follow directions Comments: Allergies: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Food: <input type="checkbox"/> Medication: <input type="checkbox"/> Seasonal: <input type="checkbox"/> Environmental:	
		Mobility: <input type="checkbox"/> Independent/Unaffected <input type="checkbox"/> Independent but ability affected <input type="checkbox"/> Walks short distances with cane, crutches, Ambulation: <input type="checkbox"/> Walks with direct staff support <input type="checkbox"/> Uses wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Uses AFOs Type of AFO: Transfer Assistance: <input type="checkbox"/> Independent <input type="checkbox"/> 1-person <input type="checkbox"/> 2-person <input type="checkbox"/> 3+ person <input type="checkbox"/> Mechanical Lift/Hoist Only Comments:	
		Behavioral: Behavioral Support Plan <input type="checkbox"/> Y <input type="checkbox"/> N (Please attach and send copy) History of: <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Physical Aggression Toward Others Self-Harm: <input type="checkbox"/> Picking/Scratching <input type="checkbox"/> Head Banging <input type="checkbox"/> PICA Explain: <input type="checkbox"/> Rectal Digging <input type="checkbox"/> Biting <input type="checkbox"/> Wandering Last occurrence: Description: Triggers: Intervention: Adaptive equipment ie: Helmet etc:	

Camping and Recreation Services

Skills Assessment

Activities of Daily Living/Personal Care (check all that apply and provide description if assistance is needed)

	Independent	Prompts/ Reminders	Some Physical Assistance	Requires Total Assistance	Description of Needed Assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Needs shower chair
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Campers must provide all of their own personal care supplies including toothbrushes, toothpaste, shower soap & shampoo, etc.

	Independent	Prompts/ Reminders	Some Physical Assistance	Requires Total Assistance	Description of Needed Assistance
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aids used	<input type="checkbox"/> Briefs (Diapers) or Liners	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Urinal	<input type="checkbox"/> Toilet Chair	<input type="checkbox"/> Other:
Bowel Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Bowel Routine:
Bladder Control	<input type="checkbox"/> Continent	<input type="checkbox"/> Accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Catheter & type:	

Campers must provide all of their own personal care supplies including correctly sized briefs (diapers), wipes, urinals, bed pans, etc.

	Independent	Prompts/ Reminders	Some Physical Assistance	Requires Total Assistance	Description of Needed Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Utensils/Dinnerware

- ☐ Conventional
Adaptive (must bring own)
☐ Plate
☐ Cup
☐ Fork/Spoon
☐ Metal utensils only
☐ Plastic Cups only

Dietary Concerns

- ☐ Food cut into bite sized pieces
☐ ¾ inch ☐ ½ inch ☐ ¼ inch
☐ Mechanically ground only
☐ Pureed foods only
 Thicken Liquids to Consistency
☐ Nectar
☐ Honey
☐ Other:

- ☐ Food Allergies
 Specify:
☐ No Added Sugar
☐ Low Sugar
☐ No Caffeine
☐ Low Sodium
☐ Low Cholesterol
☐ Low Calorie
 Specify:

If campers require any adaptive plates, cups, forks/spoons, terry cloths, etc. they are responsible for providing them. Also, if campers have any specific dietary or allergy needs that the camp cannot support, food may need to be provided.

Night Routine (Camp Merry Heart cannot provide 24hr attendant/nursing care)

- | | | |
|---|--|---|
| Hour of Sleep: pm
Hour of Wake: am
<input type="checkbox"/> No Concerns, sleeps
<input type="checkbox"/> Wakes to toilet independent | <input type="checkbox"/> Wakes to toilet with assistance
<input type="checkbox"/> May become disoriented at night
<input type="checkbox"/> Wanders at night
<input type="checkbox"/> Does not sleep | <input type="checkbox"/> Bedrails or high-sided mattress required.
<input type="checkbox"/> Requires frequent adjustments/changing throughout the night (every 2hrs)
<input type="checkbox"/> Requires 24 hour attendant/nursing care |
|---|--|---|

Interests and Activities (Please check all that apply. Activities are not inclusive to all activities that may be provided)

Activities Appropriate for Participant Participation

- ☐ Arts & Crafts
☐ Sports & Games
☐ Swimming
☐ High Ropes Course
☐ Low Ropes Elements
☐ Archery
☐ Canoeing/Kayaking
☐ Fishing
☐ Nature & Science
☐ Dance & Drama
☐ Karaoke
☐ Movies
☐ Hiking / Walking
☐ Outdoor Camping
☐ Animal Interactions
☐ Other:

Other Likes:

Other Dislikes:

Methods to engage campers into the programs / activities :

Camping and Recreation Services

Terms & Conditions

Payment Information (Registration/Activity Fees are due at time of application for ALL participants)

<input type="checkbox"/>	Self/Private Pay: Payment due billed to participant/guardian. Party to be billed: <input type="checkbox"/> I wish to make payment by Visa or MasterCard (You will be contacted for credit card information and authorization)
<input type="checkbox"/>	DDD: Family Support Services (Support Coordinator information <u>MUST</u> be completed on page 1). Family Support Services advises that all participants applying for respite be able to pay full fee as funding is based on yearly fiscal availability.
<input type="checkbox"/>	DDD: Real Life Choices/Self Directed Services (Registration fee <u>MUST</u> be paid at time of application by participant/family) Case Coordinator Name: Address: (Street, City/State, Zip) Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<input type="checkbox"/>	Other Third-Party Sponsorship (Registration fee <u>MUST</u> be paid at time of application by participant/family. Letter of Intent-to-Pay must be received from ALL Third-Party Sponsors.) Contact Name: Address: (Street, City/State, Zip) Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<input type="checkbox"/>	Camping and Recreation Campership (Campership Application must be submitted with Respite Application. Download and print application online at www.eastersealsnj.org/camp or call our office if you do not have internet access)

Referral Information: How did you hear about us?

<input type="checkbox"/> Prior Attendance	<input type="checkbox"/> NJ Family Magazine	<input type="checkbox"/> Friend Referral
<input type="checkbox"/> Easter Seals Website	<input type="checkbox"/> NJ Family Website	<input type="checkbox"/> Agency Referral
<input type="checkbox"/> American Camp Association Website	<input type="checkbox"/> Camp Fair / Expo	<input type="checkbox"/> Other:

Camper Eligibility and Supervision, Payment Policies, Activity & Media Waiver and Release (Page 1 of 2)

This document must be signed by participant, parent/legal guardian or appointed representative of said participant. All references to the participant include the parent, legal guardian or appointed representative. Easterseals New Jersey Camping and Recreation and associated programs will hereby be referred to as ESNJ. Terms are non-negotiable.

Participant Eligibility and Supervision: Participant understands that all following criteria must be met for attendance:

1. Participant has no outstanding balances for past programs.
2. Participant has completed an interview with ESNJ staff or has been in program attendance within the past 3 years.
3. Participant has a diagnosis of a physical, developmental, or other disability appropriate to respite program.
4. Participant is able to interact with others, must be cognitively aware of participation in the respite program and activities and must be able to respond to staff.
5. Participant is free of inappropriate sexual behavior, physically aggressive assaultive behaviors and emotional outbursts that may represent a threat to themselves, staff, or others, and other behaviors as defined in the Participant Code of Conduct.
6. Participant is able to adapt to supervision ratio of 1:3 staff to participant. 1:1 support available on limited basis. Contact office for availability and current rate.
7. Participant is free of medical conditions that, in the opinion of our staff nurses and camp director, may represent a danger to self or others. Participants are evaluated on individual basis through medical information and evaluation. Participant is not considered a candidate for camp if participant has medical conditions associated with a high-risk of complication, infection or injury.
8. Participant does not require 24 hour awake support and supervision for medical or behavioral concerns, including but not limited to: wandering, frequent changes of diapers or repositioning during night hours (10 pm to 6 am). ESNJ is unable to provide nursing level care for any respite program.
9. Participant is continent or regularly diapered (all diapers and wipes must be provided).
10. Participant must be on stable medication regime and not in process of changing medications or altering doses of medications for at least 30 days before entering camp.
11. Participant understands the following items are prohibited: knives, martial arts equipment, illegal drugs, alcohol, explosives or explosive devices, and/or any item that may be considered a threat to the health and/or safety of others.

Payment and Cancellation:

Easterseals New Jersey adheres to the following policy in regard to cancellations, payments, and refunds.

1. Registration/Activity Fee for all programs due at time of application. Registration/Activity Fees will be applied to final balance due, Registration/Activity Fee is considered non-refundable once program reservation is made and will only be refunded if no space is available at the time of reservation. Registration/Activity Fee is non-refundable when a reservation is held pending third-party funding.
2. Payment of balance due or letter of 3rd party intent is due no less than 45 days prior to start date for each event or by designated due date indicated on statement, whichever comes first.
3. Non-payment/non-receipt of letter of intent will result in loss of reservation and forfeiture of registration/activity fee and payments made.
4. Refunds (minus registration/activity fee and incurred expenses) may be issued by ESNJ only when written notice to cancel with cause is received no less than 30 days prior to the event.
5. Third Party Payment: In the event that a third party, including but not limited to the Division of Developmental Disabilities (FSS or RLC) and other financially supportive entities, is unable to pay a bill related to attendance at an ESNJ event, participant is ultimately responsible for payment of any outstanding balance and will make payment to Easterseals New Jersey within 15 days of notification.
6. Participant is responsible for any unpaid portions of attended events and cannot attend future programs until balance is paid. In case of dismissal for cause, illness or voluntary departure, there will be no refund of camp fees for the unused portion of respite.

PLEASE TURN OVER – SIGNATURE REQUIRED ➔

Activity Release

I, as a participant, parent, guardian, or appointed representative of the participant, understand that Easterseals New Jersey, henceforth referred to as "ESNJ", take reasonable efforts to operate and conduct activities in a safe and responsible manner. These recreational activities include, but are not limited to: arts and crafts, music, games, high and low ropes course elements, climbing wall, sports, hiking, swimming, boating, fishing, vehicular transportation, amusement parks, field trips, and/or exposure to nature. I understand that these activities and the actions/or inactions of other program participants involve certain inherent risks. I recognize these risks and agree to assume all liability for these risks by allowing the participant to attend ESNJ's camp-based respites, hotel and travel respites, and other activities/programs and participate in such programs and/or activities. I hereby release, indemnify and hold harmless ESNJ, its officers, agents, employees and all others from all liability and damages for injury, illness and/or death sustained by the participant relating to or deriving in any way from participation in aforementioned programs and/or activities, whether arising from an act of omission to the fullest extent permitted by law. By signing below I acknowledge that I have read and understand the above statement.

Media Release – PLEASE CHOOSE OPTION

- ☐ I **DO NOT** give Easterseals New Jersey, a non-profit organization, permission to use my name and/or image, narrative, testimonial, or personal story for any purpose.
- ☐ I **DO** hereby give Easterseals New Jersey, a non-profit organization, permission to use my name and/or image, narrative, testimonial, or personal story.

They may be used in any form (including but not limited to, printed materials, visual displays and videos) for any fundraising, grant application, educational, internal communication, promotional, advertising, or any other materials for **the purpose of supporting the non-commercial mission of Easterseals New Jersey to provide services to people with disabilities and their families.**

I understand the following terms:

- That signing this release does not guarantee publication of my name and/or likeness.
- That my name and/or likeness, once published with your consent, may continue to appear in the above mentioned materials for an indefinite period of time.
- That I may request to discontinue future use and publication of my name and/or likeness, narrative, testimonial, or personal story by submitting a dated request, in writing, to Easterseals at the address above. I understand, however, that this request will not apply to materials published, printed, distributed and in circulation prior to the date request.
- That upon discharge or separation from Easterseals services, no further images or statements shall be obtained without your consent.

For any questions I am able to contact the Director of Camping & Recreation at 21 O'Brien Road, Hackettstown, NJ 07840 or by phone at 908-852-3896. The Director of Camping & Recreation will be the main contact person for any Camping & Recreation media release information.

Participant Dismissal from Services:

Participants and caregivers understand that ESNJ reserves the right to dismiss any participant from further participation in the program if the participant cannot meet the program eligibility requirements as determined by the camp director. Supervision and transportation resulting from dismissal are the responsibility of the participant.

Application Acceptance: Participant understands applications must be submitted by mail or via our online enrollment portal only, are accepted on a first-come, first-serve basis and must be submitted with a full registration fee and all information completed. Incomplete, faxed, or emailed applications cannot be accepted and no reservation will be made.

By signing below I indicate that I have read, understand and agree to the two pages of policies and waivers including the Participant Eligibility and Supervision, Payment and Cancellation, Activity Release, Media Release, Participants Dismissal from Services and Application Acceptance categories.

Signature:

Date: / /

Print Name:

Relationship to Participant:

Note to Participants & Caregivers

Complete and send this form back to Easterseals New Jersey Camping and Recreation, 21 O'Brien Road, Hackettstown, NJ 07840 as soon as possible. Upon receipt, applications will be processed within three business days, in the order in which they have been received. It is recommended that you mark your 1st, 2nd and 3rd program choice in the event that your desired program has reached its maximum capacity. It is advised that you photocopy this form for your records in the event that it is lost in the mail. To add an additional program once your application has been submitted, please provide a written request to the camp. Confirmation & pending funding packets will be sent to the camper's mailing address provided on page one.