



WIL-O-WAY SUMMER CAMPER APPLICATION

Deadline to Return: Tuesday, March 15th, 2022

- All areas must be filled out in order for applications to be processed.
- Applications must be mailed to Easterseals or dropped off at: 6737 W. Washington St. Suite 4205, West Allis, WI 53214.
- Faxed applications will **NOT** be accepted.

WIL-O-WAY SUMMER CAMPER APPLICATION

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Please attach one recent photo (2" x 3") It will be used for participant identification

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Attended Easterseals Respite camps before? YES _____ NO _____

Age of applicant at time of camp? _____ Primary language spoken in the home: _____

Disability

(indicate all that apply to the applicant)

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Rett Syndrome |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other: _____ |

Degree of Disability Mild Moderate Severe

Physical Limitation:

(Check all that apply)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Prothesis | <input type="checkbox"/> None |
| <input type="checkbox"/> Sight | |

Heritage:

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other: _____

Household Income:

Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources.

- \$0 - \$20,000
- \$20,001 - \$29,000
- \$30,000 - \$39,000
- \$40,000 - \$49,000
- \$50,000 - \$59,000
- More than \$60,000

Are any of the applicant's immediate family on active duty for any branch of the military (including the National Guard and Reserve): Yes No

Number of people in your family: 1 2 3 4 5 6 7+

GUARDIAN/CAREGIVER CONTACT INFORMATION

Relationship: Parent/legal guardian _____ Group home manager, caseworker, etc. Other _____ Name: _____

Group Home Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Contact 1 : Name: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

Contact 2 : Name: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

Parent or Guardian Consent

Applicant's Name: _____

Please read and check the appropriate boxes for each area.

The Care Information form is complete to my knowledge, and the applicant listed has permission to engage in all recreational activities and field trips, except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the recreation supervisor, or by his/her designated staff, to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

_____ Yes _____ No

I understand that Milwaukee County Office for Persons with Disabilities and Easterseals Southeast Wisconsin are not responsible for lost, stolen or damaged personal articles brought to the camp sites. I understand that Easterseals of Southeast Wisconsin is not responsible for injury to participants, while at summer camp programming.

_____ Yes _____ No

Photo Release: I grant permission to Easterseals Southeast Wisconsin to photograph and videotape me/my ward engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials may be released to the general public.

_____ Yes _____ No

I consent that the applicant can use the following supervised pools at their campsite or on an outing. **These pools are pools at your preferred camp site or potential field trip locations.**

_____ Wil-O-Way Grant/Underwood Wading Pool

I hereby give consent to Easterseals Southeast Wisconsin staff to:

- Use cleansing tissues and/or powder or lotion when changing diapers _____ Yes _____ No
- Apply sunscreen/bug spray that is sent with camper on a daily basis _____ Yes _____ No
- Administer medications according to physician's instructions _____ Yes _____ No
- Perform special medical care (g-tube feeding, catheterization) as I have instructed _____ Yes _____ No

A signature indicates agreement of the above statement. Any applicant age 18 or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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CARE INFORMATION

Please fill in all areas completely!

Applicant's Name: _____

Applicant lives with: _____ Goes to school/work at: _____

Please indicate any allergies here: _____

Seizure Disorders:

Does Not Apply Non-convulsive (Petit mal)
 Nocturnal Tonic/Clonic (Grand mal)
 Psychomotor Mixed

Seizure Frequency: _____ Length of seizure: _____

Date of seizure: _____

How are seizures handled at home? _____

Eating:

Normal appetite: Large Medium Small

Diet: Standard Chopped Food Blended/Pureed

G-tube Gluten-Free Dairy

Other: _____

Is applicant able to indicate the amount of food and liquid intake he/she needs? Yes No

Eating accommodations:

Needs total assistance

Straw

Clothing protector

Adaptive utensils

Applicant able to feed self with:

No help

Some assistance

Explain _____

Special Instructions (attach separate paper if necessary): _____

Attach the feeding schedule so we can contact you with any questions prior to attending camp.

Mobility:

(indicate all that apply to the camper)

Ambulatory
 Walker/crutches
 Stroller
 Cane
 Braces
 Prothesis
 Manual Wheelchair
 Power Wheelchair

Additional Comments: _____

Transfer Information:

Independent
 Standby Assistance
 Pivot (1 person)
 Two-person

Other/comments: _____

Assistive Devices:

Helmet
 Glasses
 Braces
 Shunt
 Dentures
 Other: _____

Continued on the next page

CARE INFORMATION

Toileting: Please bring all needed supplies/equipment, (e.g. briefs, wipes, etc.) to each camp session.

Is applicant independent in toileting? No Assist Partial Assist Total Assist
Schedule (please check designated times): 10:00 10:30 11:00 11:30 12:00
 12:30 1:00 1:30 2:00 2:30
Maintains Bladder Control: Always Sometimes Never Needs Reminder
Maintains Bowel Control: Always Sometimes Never Needs Reminder
Aids Used: None Urinal Toilet Chair Briefs Pull-Ups
 G-Tube Catheter Type: (_____)

Toileting instructions or other accommodations: _____

Personal Hygiene:

Washing Hands: No Assist Some Assist Total Assist Needs Reminder Supervision Dressing: No Assist Some Assist Total Assist Needs Reminder Supervision Menstrual Care: No Assist Some Assist Total Assist Needs Reminder Supervision

Communication:

Verbal Does the camper understand/respond to questions? Yes No
 Non-Verbal Does the camper communicate his/her needs and wants? Yes No
 Sign-language Does the camper read/write? Yes No If yes, at what level? _____
 Gestures Additional Instructions: _____
Communication device used? _____

BUS TRANSPORTATION

Transportation provided for Milwaukee County residents only. Central drop-off and pick-up locations will be determined prior to your camper attending camp. Additional, door-to-door transportation services are available. Please refer the letter for the main contact personnel regarding any transportation questions, concerns, and/or address changes.

Transportation Options:

- We will provide our own transportation for our camper.
- We will utilize included transportation services; meeting at central drop-off and pick-up locations (to be determined).
- We request transportation door-to-door both to and from camp.
 - Check if camper requires wheelchair-accessible bus.
 - Check if camper requires harness on bus.

BEHAVIOR INFORMATION

Applicant's Name:

Nickname: _____

Gender: Male Female

Height: _____' _____"

Weight: _____ lbs

Behavior: *If the camper has a behavior plan or IEP available, include a copy.
If the camper becomes upset, you may see...(mark all that apply):

Generally Easy-Going/Happy

Wanders/Needs Continuous Direction

Shy/Withdrawn

Shouting

Unsure of New Situations

Swearing

Helpful

Self-Abusive Behaviors

Verbally Aggressive/Demanding

Tendency to Withdraw

Physically Aggressive Behaviors

Other: _____

Describe applicant on their best day: _____

Describe applicant on their worst day: _____

Swimming Skills: (check all that apply)

Has taken swimming lessons Can float (with or without device) Likes water Doesn't like water

Provide additional instructions or explanations for our staff: _____

Please check all the activities the camper enjoys:

Art & Crafts

Bowling

Gardening

Sports & Games

Board Games

Basketball

Cookouts

Movies

Swimming

Fishing

Baseball

Dancing

Music

Volleyball

Nature Hikes

Other: _____

Describe the best way(s) to engage camper: _____

Please write any other information you feel our staff would benefit from knowing (likes, dislikes, fears or habits):
PLEASE BE AS DESCRIPTIVE AS POSSIBLE!

FOR TEACHERS AND/OR OTHER CAREGIVERS: Please write any other information you feel our staff would benefit from knowing: **PLEASE BE AS DESCRIPTIVE AS POSSIBLE!**

WIL-O-WAY REGISTRATION

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Check appropriate circles and fill in the amount for each session you are attending.

Applicant's Name: _____

Guardian's Name: _____

Address: _____

Date of Birth: _____

GRANT
 207 S. Lake Drive
 South Milwaukee, WI 53172

UNDERWOOD
 10602 Underwood Parkway
 Wauwatosa, WI 53226

Wil-O-Way Camp Sessions - Campers ages 7-21			Sessions	Amount
Session ONE	<input type="radio"/> June 20 - June 24	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri	Session One Milwaukee Non- Resident County Resident \$400 \$650	\$ _____
	<input type="radio"/> June 27 - July 1	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri		
Session TWO	<input type="radio"/> July 18 - July 22	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri	Session Two Milwaukee Non- Resident County Resident \$400 \$650	\$ _____
	<input type="radio"/> July 25 - July 29	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri		
Session THREE	<input type="radio"/> August 1 - August 5	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri	Session Three Milwaukee Non- Resident County Resident \$400 \$650	\$ _____
	<input type="radio"/> August 8 - August 12	Day Camp - Full Day 8:30am - 2:30pm, Mon - Fri		

T-Shirt Size one t-shirt included please circle size	Child: 6/8 10/12 14/16
	Adult: Sm Med Lg XL 2XL 3XL

TOTAL \$ _____

PAYMENT

If you do not currently have funding through Family Care, Children's Long Term Support Waiver, county funds or other 3rd party program, please contact Lauren Daniels 414-550-3807 laurend@eastersealswise.com prior to submission of application to discuss payment options.

Payment through county funds, family care services, Children's Long Term Support Waiver, or another third party programs

Other/Third Party Payer Contact Information Below:

Case Manager Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

*Camper will not be able to attend Camp if service authorization is not received by Easterseals Business Office prior to June 1st, 2022.

*Contact the Business office to receive authorization updates at 414-963-5941.

Private Pay Only

If you do not receive funding through a third party funding source, please provide the following information. Once submitted, expect to receive formal private pay documents through e-mail, or at the required camp assessment from the Recreation Supervisor.

*Payment plans available on an individual basis.

Name: _____ Email: _____

Phone: _____ Fax: _____