



March 2021- May 2021

Respite Program Description

Easterseals provides exceptional services, education, outreach, and advocacy so that people with autism and other disabilities can live, learn, work and play in our communities. Participants with disabilities experience safe, healthy and success-oriented recreational opportunities. Our respite weekend program provides outdoor recreation, fun and friendship in addition to community inclusive activities for children and adults with disabilities. The weekend allows parents and caregivers a short interval of rest and relief from the 24-hour responsibility of direct care or service. Program activities vary by group, but may include arts and crafts, music, adventure activities.

The program is held at the Camp Fairlee, a 250-acre facility located on Maryland's Eastern Shore near historic Chestertown. Camp Fairlee is owned and operated by Easterseals Delaware and Maryland's Eastern Shore. It has been providing safe, healthy, fun, and success-oriented recreational opportunities for individuals with disabilities for over 65 years. Program participants reside in climate controlled sleeping quarters. Meals are prepared and served on-site in the Louisa D'A Carpenter Dining Hall.

A Fairlee staff member supervises each Respite Weekend program. Additional staff may include college students or individuals with an interest in working with persons with disabilities.

Easterseals Camp Fairlee
22242 Bay Shore Road
Chestertown, MD 21620
Phone (410) 778-0566
Fax (410) 778-0567
Email: fairlee@esdel.org
www.campfairlee.com

Respite Weekends Schedule

March 19-21, 2021

Ring in the Spring
(1:1 Only Weekend)

April 16-18, 2021

Party for the Plant Respite
(3:1 Only Weekend)

May 14-16, 2021

Spring MS Retreat

Respite: Check-in is on Friday evening between **6:00pm and 7:00pm**. Camp Fairlee cannot accept responsibility for participants before scheduled check-in time. **Check-out** will be Sunday afternoon between **2:00pm and 3:00pm**.

For further information contact Camp Fairlee at (410)410-778-0566 or email us at fairlee@esdel.org. You can also register online at www.campfairlee.com



Respite Weekend Program Fee

Program fees vary by the level of supervision required. The fee for participants on Maryland's Autism Waiver program is the equivalent of 32 waiver hours (you must submit a pre-approved plan of care with Easterseals Camp Fairlee listed as a provider). The fee covers accommodation, meals, programming costs, staff supervision and administrative costs.

Payment is due upon arrival to Easterseals Camp Fairlee. If a referring agency is paying the fee, payment may be received after the service has been provided. However, it is the responsibility of the participant to provide Camp Fairlee with written confirmation of the agency's intent to pay the fee. Participants cancelling within 72 hours of the start of the program will be charged a \$100 administration fee. Exception may be made for full refund if such cancellation is due to a medical reason, death in the family or inclement weather. A written document to verify the reason for cancellation such as doctor's note or record of hospitalization will be required.

Participants not picked up by 3:15pm on check-out day will be charged \$30 per half hour of additional supervision required.

Respite Program Eligibility

Participants must have the ability to:

1. Be compliant with staff directions
2. Participate without being disruptive to others
3. Sleep through the night in a group setting

Inappropriate behaviors, such as refusal of medication, running away/elopement, hitting, spitting, biting, kicking, hair pulling, setting fire and swearing directed at other participants and/or staff, are not acceptable. If such behavior occurs, the caregiver will be contacted. If the behavior continues, the caregiver will be contacted for an immediate pick up. Immediate pick up will be required at first occurrences for medication refusals, inappropriate sexual behaviors, inability to sleep for during the night or aggressive behaviors that cannot be redirected. Individuals with behavior plans must submit such plans to Camp Fairlee at the time of registration.

Every effort will be made to accommodate all applicants. A conditional acceptance may be made for those individuals whose eligibility is questionable.

Camp Fairlee reserves the right to accept or deny any application prior to attendance or arrival on-site. Availability is also based on staffing availability.

All new participants are required to have a pre-camp interview in person. (Other arrangements can be made by calling the camp if unable to interview in person.)

Health Forms & Medication Info

A current (within 12 months of attending program) completed health form is required at all times and must be turned in 2 weeks prior to camp date. This form **must be completed, signed and dated by the participant's physician. All prescribed medications must be in their original bottle or blister pack from pharmacy with the original script from the prescribing physician. All over the counter medications must be brought to camp in their original bottles. Any altered prescription label will not be accepted. The dosage and schedule on the pharmacy label must match the information on the health form signed by the physician. Camp Fairlee staff will not accept pre-poured medication or anything that does not match with the physician's order.**

If any changes are made to the participant's medication (e.g. dosage, time, route, etc.) after the health form has been submitted to Camp Fairlee, a new, signed physician's order must be presented at the time of check-in.

Camp Fairlee will not accept a participant at check-in if any of the procedures listed above are not followed; participant will also not be accepted if they have an elevated temperature of 100.5 F or more and/or an untreated or unstable illness or condition.

For the safety of all participants and staff, NO exceptions will be made.



Suggested Items to Bring for a Weekend at Camp

- Linens (twin size), sheets and blanket
- Pillow
- Towel
- Soap/Deodorant
- Pajamas
- Pants
- Socks
- Jacket/Coat (weather appropriate)
- Winter hats/gloves (as necessary)
- Shoes (2 pair)
- Washcloth
- Toothbrush/toothpaste
- Comb/Brush
- Underwear
- Shirts
- Raincoat
- Glasses (as necessary)
- Diapers or adult undergarments (as necessary)
- Medication/medical supplies and equipment (as necessary)
- Specialized eating utensils (as necessary)
- Feminine hygiene products (as necessary)

1. Please do not bring any valuables, food or drink, unless required for a special diet.
2. All items must be marked with the participant's name.
3. Please pack enough clothing for the participant's stay. There will not be laundry service.
4. Easterseals Camp Fairlee will not be responsible for damaged, lost, or stolen items.



Easterseals Camp Fairlee Respite Weekend Procedures

Note to Campers and their families: In order to promote the safety of all campers and staff during this pandemic, Easterseals will limit attendance to those campers who are able to wear a mask and who are able to follow guidance for physical distancing. The following procedures are subject to change as we get new information about safe camping practices during the pandemic. We look forward to the time when we are able to safely serve all campers again. Thank you for your understanding.

Program period will be Friday from 6:00p to Sunday 2:00p for each participant

Screening expectations:

1. Participants

- a. Participants, family members and/or caregivers are expected to monitor the participant for signs of illness prior to coming to Camp Fairlee.
- b. The following are reasons that a participant should be kept at home:
 - i. Fever or chills
 - ii. New cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Sore Throat
 - vi. Headache, muscle aches or body aches
 - vii. Other symptoms that are not usual for the participant, such as: nausea, vomiting, diarrhea, loss of taste and/or smell
 - viii. Participant or anyone living in the participant's home has been around someone who has tested positive for Covid 19 within the last 14 days
 - ix. Waiting on Covid 19 test results

- c. The participant should have temperature checked prior to leaving home to ensure no fever is present. A participant cannot be accepted into the program with a temperature of 99.5 or above.

2. Staff will participate in daily screening process, which include a questionnaire and temperature check.

3. Transportation: Mask and Social Distancing in Required

- a. Easterseals Transportation: Participants are required to wear a mask and be seated at least 6 feet away from others. Participants who ride Easterseals transportation will have their temperature checked prior to boarding the Easterseals bus. If the temperature is elevated (99.5 degrees or more), the participant will not be able to board the bus nor attend the weekend program.

- b. Family/Caregiver/Group Home Transportation: Staff will meet the participant at the vehicle to take their temperature upon arrival before the caregiver leaves the premises. This will allow the opportunity for the participant to leave immediately if their temperature exceeds 99.5 degrees F.

Easterseals staff will be stationed outside the entrance to help ensure social distancing is maintained as participants disembark from buses or cars.

Once on Camp grounds:

1. Participants should arrive with a mask. If their mask is unsuitable for them to use at camp, Easterseals Camp Fairlee will provide them with a mask.
2. Participants will be asked to practice hand hygiene upon arrival, either by washing with soap/water or using hand sanitizer. Additionally, they will wash their hands settling into their cabin.
3. Participants will be escorted to their designated area for programming. Participants will be supervised by their counselor or assisting staff member at all times.
4. Participants will be distanced at least 6 feet within all program areas and in the dining hall. Tables and chairs have been designed to this end.
5. Luggage, personal belongings, etc., will be kept separate from those of other participants.
6. Participants will remain in their designated cabin group through the respite weekend in order to help minimize risk of exposure.
7. Personal care facilities and restrooms have been designated for each cabin group so that participants use their designated restroom/personal care room to help minimize risk of exposure. Bathrooms will be disinfected after each use by staff.

During the Respite Weekend:

1. Participants and staff will wear face masks throughout the day. There will be opportunities for breaks from mask wearing when outside and physically distanced more than 6 feet from others.
2. Social distancing, 6 feet or more will be maintained whenever possible.
3. If social distancing cannot be maintained, all parties must be wearing a mask.
4. When social distancing cannot be maintained for reasons such as personal care, meal assistance etc., additional PPE may be utilized (acrylic shields or face shields), and social distancing and mask wearing will be re-implemented as soon as possible after interaction.
5. Participants will be encouraged to participate in activities that minimize physical interaction and exposure to others. The majority of programming will be in small group and held outside as much as possible, weather dependent.
6. Some activities that are discouraged include the following:
 - a. Any activity which requires sharing equipment/materials. Campers will be provided with supplies and materials that only they will use during their weekend at Camp.
 - b. Any activity that requires passing something from one person to another such as a ball or paint bottle
 - c. Physical contact, such as hugging and high-fives. Alternative gestures will be encouraged, such as: air hugs, clapping, fist pumps, signing, air-high fives, so that the positive and enthusiastic atmosphere of camp is maintained.

7. Some activities can only occur when outside with physical distancing, or when the Activity Center's gym with greater than 6 feet of physical distancing and while wearing a mask:

- a. Singing
- b. Dancing
- c. Exercising

8. Participants will be assisted to washing their hands using soap and water or hand sanitizer throughout the day, but more specifically:

- a. Upon arrival
- b. Before and after meals
- c. After program activities
- d. Before leaving the program

9. Meals will be eaten at the table where the participant is assigned:

- a. Staff will assist each participant with hand washing with soap and water prior to eating
- b. Camp Fairlee will not serve buffet or family style food service. Food will be served in the condition that it will be consumed, by plate.
- c. If the participant requires assistance with eating, staff will wear a face shield along with a face mask. Gloves may be worn if needed.
- d. Water fountains are not available but there will be bottled water available at all times.

10. Sleeping Arrangements

- a. Participants and staff will have assigned beds with more than a six feet distance between each bed, sleeping head to toe in configuration. Additionally, occupancy of the cabins will be significantly reduced.
- b. Each bed will be labeled with the participant's name
- c. There will be assigned shower and oral care/tooth brushing times to limit the number of people in the bathroom. Staff will assist campers and monitor the schedule.
- d. Cabin air ventilation will be controlled and monitored throughout the weekend. Filters will be changed routinely on a scheduled basis. HEPA filters are used in each cabin.
- e. Beds frames and mattresses will be disinfected prior to and after the weekend event.
- f. Participant's personal belongings will be kept at least a 6 foot distance from other participants.

At the end of the Respite Experience:

1. Participants will remain with their assigned group until their transportation has arrived.
2. Participants will disinfect their hands prior to leaving
3. Staff will assist participants with the exit process to ensure social distancing is maintained.
4. Staff will assist participants with luggage and personal belongings.

Enhanced Cleaning Protocols:

1. Easterseals has enhanced our disinfecting protocols in response to the pandemic.
2. Daily wipe downs of all areas will be completed. Frequent cleaning of high touch surfaces such table tops, under the table, chairs, including armrests, light switches, door knobs and other frequently touch surfaces are thoroughly cleaned.
3. Additionally, staff will be responsible for cleaning the restrooms after each use.
4. Easterseals has purchased electrostatic disinfectant sprayers which will be used throughout all camp facilities prior to and after each respite weekend.

10/2020



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410.778.0566 | Toll Free 800.677.3800 | contact@esdel.org
www.campfairlee.com

Registration Check List Instructions

To ensure a successful registration process please make sure you have completed all sections. Everything in **RED** is required for processing your application. The application will NOT be processed until it is completed in its entirety. Thank you.

Section 1

- Participant Information
- Emergency Contacts
- Choose Sessions and Dates
- Payment Information
- Waiver and Release signed and dated
- Participant Health Information
- Additional Information
- Letter of Intent (if agency is paying)

Section 2

- Participant Information
- Health Insurance
- Health History Sections 4-9
- Immunization History
- Date of last Tetanus
- Permission to Treat signed and dated

Please mail back entire application book intact. DO NOT TAKE APART. Thank you



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E-mail: Fairlee@esdel.org
Web: www.de.easterseals.com/fairlee

RESPITE REGISTRATION FORM

PART 1: Application

Before sending the registration form, please ensure you have included the following:

- Must complete section 1 and 2 (application will not be processed until all parts are complete)
 - Signed Waiver and Release (page 3)
 - Letter of Intent (if funding to be provided by organization/agency/group)
 - \$100 deposit to process the registration

Participant Information (Please print clearly or type)

First Name:	Last Name:	<input type="checkbox"/> New Participant	<input type="checkbox"/> Returning Participant
Physical Address:			
City:	State:	Zip:	County:
Mailing Address: (if different than above)			
City:	State:	Zip:	County:
Birthdate: Age:			
Male/Female:	Height:	Weight:	
Ethnic Origin: (optional-please check one) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			

Parent Guardian Care Provider Case Manger Information (please check one)

Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
E-mail:		
Best form of contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail		Are you in or have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts (please provide all three)

Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

2021 Respite Weekend Dates

Please select session(s) the participant wishes to attend. Slots are available on a first come first served basis.

March 19-21, 2021	Ring in the Spring	All ages	<input type="checkbox"/> 1:1 \$800 Only weekend
April 16-18, 2021	Party for the Planet	All ages	<input type="checkbox"/> 3:1 \$650 Only weekend
May 14-16, 2021	MS Spring Retreat	Adults	<input type="checkbox"/> 1:1 <input type="checkbox"/> 3:1

(Each weekend will have available 1:1 openings. You must call for approval before registering.) Acceptance is based upon staff availability. Participants that use Maryland Autism Waiver Program will need 32 hours per weekend added to their Plan of Care. (You must contact your Service Coordinator and have the Plan of Care submitted to Camp prior to coming.) The Plan can be faxed or emailed to camp separate from the registration.



Referral Information (Please complete, even if you are a returning participant)

Name of Teacher/Caseworker/Coordinator:

Agency:

Address:

Phone:

How did you hear about us? Print ad Internet Resource Fair Social Media Friend Past Camper

PAYMENT INFORMATION AND OPTIONS (MUST be completed and signed. Please check all that apply)

- Choice 1: Full payment enclosed
- Choice 2: \$100.00 deposit enclosed (for each session choice)
- Choice 3: Paying by credit card (Visa/MasterCard/Discover/American Express—Please call with card information.)
- Choice 4: Paying balance monthly
- Choice 5: Autism Waiver (A copy of your Plan of Care must be submitted to Camp with the number of hours needed.)

Amount Enclosed: \$ _____ Balance left to be paid: \$ _____

Signature of individual responsible for payments/balance: _____

We encourage you to contact clubs, businesses, organizations and agencies for funding assistance. Please note: If a funding source is paying your deposit and/or balance, a completed **Letter of Intent** must be completed and on file (page 9).

- Choice 6: Balance to be paid by an agency or organization. (Please complete information below.) \$ _____
- Choice 7: Deposit and balance to be paid by an agency or organization. (Please complete information below.) \$ _____

Agency/Organization Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

WAIVER AND RELEASE (MUST have a signature in order to process the application)

This document must be signed by either the participant and/or the parent or legal guardian if applicable. All references to the participant include the parent or legal guardian.

As a condition of participation in the summer camp program, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted, including swimming, challenge course and waterfront. Participant acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program. Participant assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware and Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the participant in the program. In the event the program staff determine that the participant cannot meet the program eligibility requirements, the participant may be dismissed. Supervision and transportation resulting from dismissal of such participant are the responsibility of the participant.

Participant understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the participant.

Participant is liable for any damage to the property of Easterseals resulting from the acts of the participant.

Participant consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The participant waives all claims of compensation for such use.

Permission is granted for participant to attend all program field trips. Participant acknowledges that transportation may be provided for program related purposes in a vehicle provided by Easterseals and its representatives. It is the participant's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Participant represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Participant further recognizes that Easterseals and its representatives reserve the right to reject any participant in the event of the failure or refusal of the participant to accurately complete and sign all of the required documents.

I have read and fully understand the program details, waiver and release.

Signature of Parent/Guardian:

Date:

Signature of Participant (if over 18 years of age):

Date:

PARTICIPANT INFORMATION

Participant Information (Please print clearly or type)

Name:	Last Name:	Nickname:
Disability Information (Please check the primary and <u>underline</u> all that apply)		
<input type="checkbox"/> Speech-language	<input type="checkbox"/> Neurological Condition(s) at Birth	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Orthopedic Impairments at Birth
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Postural Disorders
<input type="checkbox"/>	<input type="checkbox"/> Spinal Bifida	<input type="checkbox"/> Heart, Circulatory, Respiratory
<input type="checkbox"/> Peripheral Nerve Injury/Disorder	<input type="checkbox"/> Social/Psychological	<input type="checkbox"/> Asthma
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Autism	<input type="checkbox"/> Skin and Cellular Tissue Disorder
<input type="checkbox"/> Central Nervous System Injury/Disorder	<input type="checkbox"/> Behavior	<input type="checkbox"/> Allergic/Metabolic/Nutritional
<input type="checkbox"/> Stroke	<input type="checkbox"/> Alcohol/Drug Disorders	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Learning/Developmental Delay	<input type="checkbox"/> Geriatric Aging
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Other Disabilities (please list)
<input type="checkbox"/> Spinal Cord Injury		
Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe/ Pro-		

General Background (Please check all that apply)

Communication	Vision	Mobility
<input type="checkbox"/> Speaks clearly	<input type="checkbox"/> normal <input type="checkbox"/> mild/moderate loss	<input type="checkbox"/> Walks independently
<input type="checkbox"/> Uses sign language	<input type="checkbox"/> severe/total loss	<input type="checkbox"/> Walks with assistance
<input type="checkbox"/> Speaks, but may be difficult to understand	Does participant wear corrective lenses? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Walks with cane/crutches/walker
<input type="checkbox"/> Uses communication board		<input type="checkbox"/> Walking ability affected, but walks independently
<input type="checkbox"/> Gestures	Hearing	<input type="checkbox"/> Uses wheelchair
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Normal <input type="checkbox"/> Mild/Moderate Loss	<input type="checkbox"/> manual <input type="checkbox"/> power
Language Spoken/Understood _____	<input type="checkbox"/> Severe/Total Loss	<input type="checkbox"/> uses AFOs <input type="checkbox"/> bed rails
	Does participant wear hearing aids? <input type="checkbox"/> Y <input type="checkbox"/> N	

Personal Care (Please check all that apply and provide a complete description if participant requires assistance)

Task	Independent	Requires Some Assistance	Requires TOTAL Assistance	Description of Assistance Needed		
Dressing						
Showering						
Toileting						
Teeth Brushing						
Shaving						
Transferring						
Menstruation						
Aids used (check all that apply)	<input type="checkbox"/> Diapers	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Urinal	<input type="checkbox"/> Toilet chair		
Bladder control	<input type="checkbox"/> Normal	<input type="checkbox"/> Has accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Wets bed		
Bowel control	<input type="checkbox"/> Normal	<input type="checkbox"/> Has accidents	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Colostomy		
Eating assistance	<input type="checkbox"/> No assistance	<input type="checkbox"/> Partial assistance	<input type="checkbox"/> Total assistance	<input type="checkbox"/> Can feed self finger foods	<input type="checkbox"/> G-Tube	<input type="checkbox"/> Uses Straw
What adaptive devices are used for eating? (must be sent to camp) _____						
Does participant have difficulties swallowing? <input type="checkbox"/> Solids <input type="checkbox"/> Liquids						
Does participant have any known food allergies or problems with foods? _____						

Additional Information

Has the participant previously attended a residential camp? Yes No

If yes, what camp: _____

If yes, was it a positive experience? Yes No

If no, please explain: _____

Does the participant follow direction? Yes No Occasionally

If no or occasionally, please explain: _____

Does the participant have any behaviors of which the staff need to be aware of? Yes No

If yes, please explain: _____

Are there key actions, words, or phrases used to stop behavior and redirect? Yes No

If yes, please explain: _____

Is a behavior management plan currently being used with the participant? Yes No

If yes, please send a copy with the application. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow plans within agency policies.

Does the participant sleep through the night? Yes No

If no, please explain: _____

Please list any strong fears the participant may have: _____

Please list any activities the participant especially dislikes: _____

Please list any activities the participant especially enjoys: _____

Please use this space for any other information you feel would be helpful in providing the best experience for the Participant: _____

PROGRAM INFORMATION

Horseback Riding: The program is held at Worthmore Farms, a KART riding center accredited by the Professional Association of Therapeutic Horsemanship (PATH). Instruction is provided under the direction of a PATH certified therapeutic riding instructor. All riders use a leader and side walkers.

Swimming: Swimming is a lifeguard supervised activity. All lifeguards are American Red Cross certified on a yearly basis that covers CPR, First Aid & AED and Lifeguard certification. Participants who are unable to swim wear life jackets and all campers must pass a swim test to be able to swim in the deep end.

Challenge Course: A Challenge Course program is accredited through ACA and the ACCT. Inspections are conducted annually on all equipment and the tower. Staff participate in yearly training. Participants are required to have trunk and head control to participate. Our challenge course is based on freedom of choice and is a universal climbing program for all abilities.

Canoeing: Supervised by CPR, First Aid certified lifeguards and , canoeing instructors. Participants must have trunk and head control to participate.

Transportation: Camp Fairlee transports all participants by bus to waterfront and horseback riding activities. All buses are inspected on a routine bases.

Hiking: The trails at Camp Fairlee are flat and not strenuous: It is a 1 mile hike, and appropriate shoes are required. All hiking activities supervised.

Hayrides and Campfires are weekly program activities. All participants have the option of participating in.

Activity Restrictions (All activities are accessible for people with disabilities.)

A wide variety of programs are offered at Camp Fairlee, including those listed below. Please indicate which activities the participant should or should not engage in.

ACTIVITY	Ok To Participate	CANNOT Participate	ACTIVITY	Ok To Participate	CANNOT Participate
Horseback Riding			Transportation		
Swimming			Hayrides		
Challenge Course			Hiking		
Canoeing/Kayak			Campfire		

Please list any other activities which you feel the participant “not” engaged in or “can” engage in:

Ratio Descriptions

1:1 Ratio

This ratio applies to participants who need constant supervision and individual assistance, such as:

- Verbal prompts
- Reminders, gestures, schedules
- Hand-over-hand assistance during their daily schedule meals and morning/night routines
- Participants can be ambulatory or use a wheelchair.
- They may bear weight or need full assistance from the staff, such as a 1/2/3 person transfer or Hoyer lift.
- Total assistance with bathing, toileting and brushing teeth
- Poor balance

This also applies to a participant that has a history or current history of disruptive behaviors:

- Elopement
- Non-compliance
- Inappropriateness
- Sleeping issues or any other behavior that could be considered disruptive to self or others.
- Participants who do not attend planned camp activities on a regular basis

This ratio also applies to participants who require hourly health services such as:

- Tube feedings
- Overnight tube feedings or other health treatments that must be given by a nurse periodically throughout the day.

3:1 + Ratio

This ratio applies to participants who are typically independent or need minimal assistance from staff such as:

- Verbal prompts
- Reminders, or gestures during their daily camp schedule
- Participants can be ambulatory and/or use a wheelchair
- Must be able to transfer independently or with minimal assistance.
- Participants must also follow directions from their assigned staff on a regular basis
- They must participate in activities on a regular basis with no disruptive behaviors.
- No assistance with bathing, toileting and brushing teeth

LETTER OF INTENT FOR FUNDING



INSTRUCTIONS FOR FAMILIES AND CARE PROVIDERS

If you are requesting funding from an agency or organization, this form must be completed and returned to the administrative coordinator at Easterseals Camp Fairlee as soon as possible, in order to secure a place and official enrollment at camp.

Complete **Section One** and contact your community agency/organization/community navigator providing funding towards your fee, before sending this form to the appropriate contact person, who will complete **Section Two**.

Your agency/organization may return the form to you or send it directly to camp. If it is returned to you, please ensure you send the form back to the administrative coordinator at Easterseals Camp Fairlee.

SECTION ONE (to be completed by family/care provider)

Name of participant requesting funding:			
Address:			
Camp session dates:		Funding requested:	\$
PLEASE NOTE: THE DEPOSIT OR ANY REMAINING BALANCE OF THE OVERALL FEE, WHICH WILL NOT BE COVERED BY THE AGENCY/ORGANIZATION, MUST BE PAID <u>NO LATER THAN JUNE 1ST</u>. FAILURE TO PAY THE REMAINING BALANCE (IF ANY) WILL RESULT IN THE LOSS OF YOUR PLACE AT CAMP.			

INSTRUCTIONS FOR AGENCIES AND ORGANIZATIONS

In order for the participant to secure a place and official enrollment at camp, this form must be completed. By doing so, your agency or organization is agreeing to provide funding for the participant named above, who is scheduled to attend Easterseals Camp Fairlee during the time frame listed.

SECTION TWO (to be completed by agency/organization authorizing payment)

Agency/Organization:		Funding authorized:	\$
Address:			
Contact person:		Phone:	
Signature		Date:	

PLEASE NOTE: PAYMENT FROM THE AGENCY/ORGANIZATION MAY BE RECEIVED AFTER THE SERVICE, PROVIDED THAT THE LETTER OF INTENT FOR FUNDING IS ON FILE. THIS MUST BE COMPLETED AND SIGNED AS AN AUTHORIZATION OF PAYMENT.

Payment is enclosed Please send invoice before session Please send invoice after session

Checks can be made payable to:
Easterseals of Delaware and Maryland's Eastern Shore