

Healing Farms Camp ABILITY

Healing Farms is a local non-profit that provides adult day services and supports to individuals with intellectual disabilities and their families. Camp ABILITY is a summer day camp designed for individuals with intellectual disabilities ages 17 to 26. It provides the opportunity for your young adult to not only have fun and form new friendships, but also the opportunity to stretch, grow, and build life skills resulting in a greater level of independence. Camp ABILITY offers a variety of fun activities both on our urban farm and out in the community.

Camp Sessions & Themes - * *Camp times are 9:00 am - 4:00 pm daily.*

Session 1: 6/11/18 – 6/15/18 *Cooking* - Explore your community and build life skills through cooking and food, prepare simple meals independently and as a group, tour a bakery, and more.

Session 2: 6/18/18 – 6/22/18 *Arts/Crafts/Building* - Explore and create with a variety of activities ranging from clay and paint to a repurposed build project.

Session 3: 6/25/18 – 6/29/18 *Movement/Team Games* - Fun, teamwork, and social skills are the main objectives. Activities and games may include Frisbee golf, table tennis, kickball, water games, swimming, and nature walks.

Camp Fees & Hours

Your young adult may attend one week or join us for them all. Registration fees include all activities, daily snacks, and Healing Farms t-shirt. Enrollment for each week is limited to 24 campers. Campers must bring water bottle and their own lunch each day.

- \$175 per camper. \$20 EARLY BIRD DISCOUNT for registrations BEFORE May 4th!
- Camp hours are 9:00 am - 4:00 pm. Extended stay is available.

Multiple-Week Campers

Campers who sign up for two or more weeks will receive a discount of \$10 off each additional week.

Extended Stay

Extended care is available from 8:00 am –9:00 a.m. and 4:00 pm - 5:00pm for an additional \$15 per week for either or \$25 per week for both sessions.

Cancellations

Cancellations must be submitted in writing no later than two weeks prior to camp date to receive a refund minus a \$50 nonrefundable deposit. No refunds will be given for cancellations within 2 weeks of the camp date.

Eligibility

Participants must be able to cooperate in-group activities and have manageable behavior and health care needs to the level of the staff's training. Participants must be able to feed and toilet themselves and express their basic needs either verbally or non verbally.

If you have any questions about Camp ABILITY please contact Tron Severe at 843-971-9300 or tron@healingfarms.com.

Healing Farms Camp ABILITY Participant Application

*Completing and submitting an application does not mean that the participant is automatically enrolled

PARTICIPANT INFORMATION

Participant's Name

First and Last

Participant's Age

Gender

- Male
- Female

Date of Birth

MM/DD/YYYY

Street Address, City, State, Zip

County

Best Contact Phone

Email Address

Primary Diagnosis

Secondary Diagnosis

ADDITIONAL CONTACT INFORMATION

NAME

Relationship to Participant

Address, City, State, Zip

Best Contact Number

Alternate Contact Number

Email Address

How did you hear about Healing Farms

- Someone invited me to a Healing Farms event
- Teacher
- Internet
- Other:

Why do you want your young adult to attend Healing Farms?

What other day programs is your young adult currently participating?

- None
- Other:

EMERGENCY CONTACT INFORMATION

Please list contacts other than those listed above.

Contact Name 1 *

First and Last

Contact Phone *

Address (City, State, Zip) *

Contact Name 2 *

First and Last

Contact Phone *

Address (City, State, Zip) *

PARTICIPANT HEALTH HISTORY

Please check all that apply. Give date of diagnosis and current management below, if appropriate.

Conditions

- Frequent Ear Infections
- Heart Defect/Disease
- Seizure Disorder
- Diabetes
- Bleeding/Clotting Disorder
- High Blood Pressure
- Lung Disease
- Asthma
- Kidney Disease
- Cancer
- Visual Impairment
- Hearing Impairment
- Other:

Allergies

- Hay Fever
- Insect Stings
- Penicillin
- Other Drugs
- Food allergies
- Other:

Does the participant use:

- Hearing Aids
- Glasses
- Walker
- Wheelchair
- Other:

Date of Diagnosis and Current Management

Current Medications *

Are immunizations up to date?

Name of Insurance Carrier

Please be sure to attach/send in copies of insurance cards and/or Medicaid or Medicare

Policy or Group #

Medicaid #

Medicare #

Name of Primary Doctor and Contact Phone

Educational History

Last School Attended or current school

Name, City, State

Dates Attended

MM/YYYY to MM/YYYY

Placement Setting

Self-contained, mainstream, resource, other

Teachers, Therapists, Specialists who could provide additional information if necessary

Name, Title, Contact Information

PERSONAL CARE

Does the participant require 1:1 care or supervision?

- Yes
- No

Does the participant feed independently?

- Yes
- No

Does the participant have a specialized diet?

If yes, please explain

Does the participant have any food allergies? *

- Yes
- No

Food allergy details:

Participants food preferences:

Please describe any mobility issues: Help transferring in/out of wheelchair, etc

PERSONAL HYGIENE

Does the participant have complete bladder control?

- Yes
- No

Does the participant have complete bowel control?

- Yes
- No

Does the participant require any bathroom assistance?

- Yes
- No

If yes, please explain.

COMMUNICATION NEEDS

Is the participant able to understand and follow simple 1-2 step directions?

- Yes
- No

Is the participant able to make their needs/wants known to a familiar adult?

- Yes
- No

How does the participant primarily communicate

- Verbal
- Signs
- Gestures
- Communication Device/Board
- Other:

Is the participant easily understood by others?

- Yes
- No

SOCIAL/BEHAVIORAL

How does the participant participate in most activities?

- Independently
- With assistance
- Hand over hand
- Parallel participation
- Observation only

Explain if necessary.

Any concerns with participant wandering from the group?

- Yes
- No

Is the participant aware of potential dangers in their environment?

- Yes
- No

Does the participant show any aggressive behaviors?

- Hitting
- Kicking
- Biting

Explain if necessary

Does the participant show any self-injurious behaviors?

- Yes
- No

Explain if necessary

Does the participant feel comfortable in the community?

- Yes
- No

Explain if necessary

Does the participant have any emotional problems?

- Yes
- No

Explain if necessary

Does the participant transition easily between activities?

- Yes
- No

If not please explain how we can help with transitions

Is the participant prone to emotional upset or exhibit tantrums?

- Yes
- No

Please explain triggers

What is the best way to help calm the participant if they become upset?

Please use the space below to provide any information about the participant that would help our staff and volunteers. (likes, dislikes, fears, interests, gifts and talents)

Signatures

I hereby request that attend programs offered by Healing Farms Inc. I have completed this entire application and represent to the best of my knowledge , that the information provided by me is complete, accurate and up to date. I have familiarized myself with Healing Farm Inc programs and activities. I have been given the opportunity to ask questions regarding the program, rules, safety procedures and activities and agree to abide by all the requirements of my child's participation. I will update the staff of Healing Farm Inc anytime any information on this application changes.

Parent/Guardian Name _____

Signature: _____ **Date:** _____

MM/DD/YYYY

Participant Signature _____

Date: _____

MM/DD/YYYY

HEALING FARMS INC. ENROLLMENT AGREEMENT - Camp ABILITY

Name of Participant (First, Middle, Last) _____
Age: _____ Gender: _____ Date of Birth: _____
Participant Address: _____
Parent/Guardian Name: _____

Please indicate the session(s) you would like your participant to attend:

_____ SESSION 1 - 06/11/18 to 6/15/18 -- Cooking _____ SESSION 1 -- EXTENDED CARE _____ AM _____ PM _____ BOTH AM & PM
_____ SESSION 2 - 06/18/18 to 6/22/18 - Arts/Crafts/Building _____ SESSION 2 -- EXTENDED CARE _____ AM _____ PM _____ BOTH AM & PM
_____ SESSION 3 - 06/25/18 to 6/29/18 -- Movement/Team Games _____ SESSION 3 -- EXTENDED CARE _____ AM _____ PM _____ BOTH AM & PM

POLICIES AND PROCEDURE

- CHARGES AND PROCEDURE FOR LATE PICK-UP:** I understand that if I fail to pick up my participant child by the scheduled ending time of 4pm I may be charged for after are fees of \$25 per week.
- RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.
- ILLNESS:** I understand that I will be notified should my participant become ill during the day, and that I will pick up my participant promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify Healing Farms Inc. and I understand that my child will be re-admitted according to the Re-admission Criteria.
- CANCELLATIONS:** Cancellations must be submitted in writing no later than two weeks prior to camp date to receive a refund minus a \$50 nonrefundable deposit. No refunds will be given for cancellations within 2 weeks of the camp date.
- EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is Healing Farms Inc's intention to be open and provide services as scheduled, but that inclement weather, natural/national disaster or major building issue may disrupt service unexpectedly. I will contact Healing Farms Inc. to ensure that it is open during inclement weather/natural disaster.
- ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my participant, my family members, authorized agents and I are bound by state regulations and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my participant attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.
- ACTIVITIES/TRANSPORTATION:** I understand that my participant at Healing Farms will participate in activities both on site and out in the community and that various modes of transportation may be used to access the community. (ex: walking to and from, riding public transportation, or riding in Healing Farms vehicles)
- NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

Parent/Guardian _____

(print name)

(signature)

____/____/____ Date Signed

Teaching Farms _____

Representative (print name)

(signature)

____/____/____ Date Signed

RELEASE FOR MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

The undersigned hereby grants permission to any licensed healthcare professional (physician, physician's assistant, or nurse) in case of emergency, to transport me to the necessary medical facilities and provide treatment as deemed necessary by treating healthcare professional(s).

Name _____
(print name)

(signature)

____/____/____ Date Signed

CONFIDENTIALITY: The information received from this form shall be maintained as Confidential under HIPAA regulations. It shall not be distributed outside the organization except in the case of a medical emergency, and only then to healthcare professionals.

Healing Farms Release of Liability - 2018

I, the undersigned, hereby fully release the owners, staff, volunteers, board members, officers, directors, employees, agents, successors, assigns, and all other participating parties employed by, volunteering or in association with Healing Farms, Inc from any and all liability for any and all claims, demands, injuries, loss, damages, costs, expenses, actions or causes of action of any nature for personal injury, sickness, physical or mental injuries or property damages of any kind arising in any way or form by my participation with Healing Farms, Inc or any activities associated with this group and its operations or events.

Name _____
(print name)

(signature)

____/____/____ Date Signed

Healing Farms Photographic Image Release - 2018

I, the undersigned, hereby grant permission and consent to use by Healing Farms, Inc of the name, photograph, videotape or likeness of myself to promote and publicize the mission of Healing Farms, Inc including but not limited to newspaper, website, television, brochures, social media, and for other purposes of trade, and waive the right to approve such uses. Permission is granted to make reasonable and tasteful alterations to such photograph(s), picture(s), or the likeness for the purposes mentioned above and I release Healing Farms, Inc from any and all liability should any occur.

Name _____
(print name)

(signature)

____/____/____ Date Signed