

Elks Camp Grassick
PO Box F
Dawson, ND 58428
701-327-4251

Adult Camp Application

Date of Application: _____ Date Received at ECG: _____

Note: All applicants will be screened, and applicants will be notified if they are accepted or not accepted for this year's session (even if he or she has attended before). The number of individuals accepted to Adult Camp is dependent upon staffing and our ability to appropriately care for the campers. Please do not send payment to camp until you have received notification of acceptance.

IDENTIFYING INFORMATION

Name: _____ Gender: Male Female

Nickname or Preferred Name: _____

Date of Birth: _____ Age as of Camp Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Name of Parent(s) or Guardian(s), if applicable: _____

Emergency Contact:

Contact Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name and Address of Agency or Case Manager, if Applicable:

Agency and/or Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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GENERAL INFORMATION

Diagnosis: _____

Applicant Lives: Independently with Family Group Home Nursing Home

Other: _____

Activities of Daily Living:

Please give a brief evaluation of the applicant's ability in the area of daily living skills. (How independent is he/she?)

Does this person use any of the following?

Glasses Hearing Aids Walker Wheelchair Orthotics

Does he/she use any other type of adaptive equipment? _____ If yes, please explain:

Level of Assistance or Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does he/she have bowel/bladder control? _____

Does he/she wear an incontinence product at any time? _____

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GENERAL INFORMATION CONTINUED

Does he/she have any special dietary needs? _____

Describe this person's swimming abilities: non-swimmer Beginner
 Intermediate Advanced

Does this person require a life jacket? (all people will wear lifejackets on boats and in deep water) yes no

Does this person require earplugs? yes no

SOCIAL STUDY

1. Personal Traits: Please describe this person's maturity level, self-esteem and level of independence in the home environment.

2. Social Adjustment: How does this person get along with others in the home and community?

3. Does this person have any repetitive behaviors, stims or tics? If yes, please describe.

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SOCIAL STUDY CONTINUED

4. Does this person have any behavior problems or physical outbursts? If yes, please answer the following questions.
 - a. What sets off his or her behavior? Is there anything that escalates the behavior?

 - b. What does the behavior look like?

 - c. How long does a behavior typically last?

 - d. How often does he/she exhibit these behaviors?

 - e. Is there anything that deescalates the behavior? What calms him or her down?

5. Are there any behavior plans or therapeutic practices that work with this individual that we should continue at camp? If a behavior plan is in place, please attach.

6. Please list a few interests or hobbies of this person.

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SOCIAL STUDY CONTINUED

7. Is this person afraid of anything? Does he/she have nightmares? Please describe. Is there anything that comforts him or her?

8. Has this person ever attended a summer camp before? Yes No

Has attended Elks Camp Grassick Has attended _____

If not, do you feel that he/she could adjust to being away from home and in a camp environment?

Please attach any additional, pertinent information about this individual.