

# Camp Independence Application Functional Status - Form A

**2008 Season**

\_\_\_\_ New Camper

\_\_\_\_ Former Camper

\_\_\_\_ Last Year At Camp

This information is confidential. Forms A, B & C must be returned before your application will be considered. Former Camper Application deadline is **April 15, 2008**. First come-first served basis after this date. All new campers must attend scheduled interviews.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Give **two** names / addresses / telephone numbers of persons to be contacted in case of emergency. These people must be reachable by telephone during the camp week.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone/Beeper: \_\_\_\_\_ Cell Phone/Beeper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**Please Circle Type of Device Used:**

For mobility, assistive device used:

Nothing    manual wheelchair    power wheelchair    scooter    cane    crutches    walker

Comments: \_\_\_\_\_

For bowel and bladder management, device used:

Toilet    urinal    depends    catheter

Comments: \_\_\_\_\_

**Campers must bring all needed devices to camp, none are provided.**

**Please Check Level Of Assistance Needed:**

	<u>TOTAL CARE</u>	<u>SOME ASSISTANCE</u>	<u>NONE</u>	<u>COMMENTS</u>
<u>Dressing</u>	_____	_____	_____	_____
<u>Showering</u>	_____	_____	_____	_____
<u>Feeding</u>	_____	_____	_____	_____
<u>Transferring</u>	_____	_____	_____	_____
<u>Mobility Short Distance</u>	_____	_____	_____	_____
<u>Mobility Long Distance</u>	_____	_____	_____	_____
<u>Bowel</u>	_____	_____	_____	_____
<u>Bladder</u>	_____	_____	_____	_____

Do you have any swallowing difficulties? No \_\_\_ Yes \_\_\_ or communication problems? No \_\_\_ Yes \_\_\_

If yes, please explain: \_\_\_\_\_