



**CAMP**  
EGTI

# Camp Application

**Applications must be mailed to:**

**Erskine Green Training Institute  
c/o The Arc of Indiana Foundation  
Attn: Camp EGTI  
601 S. High Street  
Muncie, IN 47305**

**All material submitted will become property of  
Erskine Green Training Institute and will not be returned.**

**Contact us at (765) 381-8071, (877) 216-2479  
or [info@egti.org](mailto:info@egti.org).**

**Please note that application guidelines are subject to change  
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# Overview

The focus of Camp EGTI is *TRANSITION* - improving skills to assist with the transition from school to adulthood.

Instruction and activities during the weekdays will intentionally be designed with the goal of increasing skills related to community access, independent living, social communication, self-advocacy, and employment. Topics will include, but are not limited to:

- ◆ Medication, time, and money management
- ◆ Personal and pedestrian safety
- ◆ Dining etiquette
- ◆ Public transportation
- ◆ Social communication
- ◆ Work readiness
- ◆ Self-determination
- ◆ Career exploration

## Medication, Time, and Money Management

Campers will work towards increasing independence in the management of medication, time, and money. The use of supports will be taught and embedded into the natural flow of the camper's day to prompt the intake of medications and arrival/departure of scheduled activities.

Campers will receive a meal card in the form of a bank card through True Link Financial. EGTI staff will remain in control of the card dashboard to set guidelines on approved and disapproved merchants covered by the meal card. The specific focus of money handling will include tracking account balance to determine an appropriate spending limit and appropriately tipping at restaurants where one is expected.

## Personal and Pedestrian Safety

Campers will experience a variety of intersections throughout the duration of camp: roundabout, 4-way stop with stop signs, 4-way stop with stoplights, etc. While accessing the community as a pedestrian, campers will practice how to safely cross each of these intersections.

Campers will learn about and practice personal safety as it relates to encountering a panhandler. EGTI has developed relationships with individuals within the community who understand the goal of our teaching and activities. These individuals will serve as safe strangers to provide opportunities to practice these skills in a real-life scenario. This allows EGTI staff to better gauge the camper's present level as it relates to personal safety.

# Overview

## Personal and Pedestrian Safety (Continued)

Campers will also learn about and practice safety-related skills within their camp living environment, the Courtyard Muncie. Staff will teach appropriate use of door peepholes and identifying the knocker before opening access to personal space. Campers will learn about confidential and personal information that should be kept to oneself to protect safety. As noted previously, EGTI has developed relationships with individuals within the community who understand the goal of our teaching and activities. These individuals will serve as safe strangers to allow us to practice these skills in a real-life scenario.

## Dining Etiquette

Campers will be exposed to a variety of dining structures requiring different processes. Some dining locations are cafeteria-style where one walks through a large, open cafeteria to physically take what they want and proceed to a central cashier. Other locations require one to first communicate with a host prior to being seated. Some require payment before you receive your food while others require payment and a tip after your food has been consumed. Campers will be taught the proper protocol to follow in each of these environments.

## Public Transportation

Campers will have access to and learn about the Muncie Indiana Transit System (MITS) free of charge. Riding MITS will provide them access to activities throughout the community.

## Social Communication

Most day-to-day activities require some level of social communication skills. Whether it be at work, on public transportation, eating lunch in the community or the YMCA, or mall, communicating and interacting with others is required to some extent and doing so appropriately is extremely important. While at camp, campers will be in all these environments where EGTI staff can identify and target social communication skills that need enhanced to increase overall independence.

## Self-Determination

Learning how to speak for oneself is important as one works to increase their overall independence and build the life they want. While away from home, campers will naturally be in situations where they must advocate for themselves and make choices based on their wants rather than relying on others they have grown to depend on. For example, campers will have to order meals on their own whereas many have always been guided by adults in their life. Campers will get to choose what activities they want and do not want to participate in during evenings and weekends. During vocational rotations, campers will complete self-assessments after spending time learning and participating in hands-on activities related to each vocational area to better determine what job and environment they feel best matches their skills and interests. (Continues on next page)

# Overview

## Self-Determination (Continued)

Aside from the natural opportunities during camp where campers will be in situations where their choice matters, class time will focus on lessons and activities related to Charting the LifeCourse to keep discussion around their desires for life.

## Work Readiness

Scheduled class time will be embedded into the day for a variety of topics to be introduced and taught. Topics will include, but are not limited to:

- ◆ Components of a resume and what is required for each of these
- ◆ Components of a job application and the meaning of certain terms used
- ◆ Review of common interview questions, formulating answers to these questions, and practice interviews

## Career Exploration

EGTI has access to employers where a variety of vocational areas can be explored: Courtyard by Marriott Muncie, 625 TapHouse, YMCA of Muncie, Horizon Convention Center, and IU Health Ball Memorial Hospital. Students will have opportunities to observe nine different jobs and perform job requirements for each. While students are executing a few of the job requirements during each job rotation, EGTI staff will score them based on their performance. These scores will be converted to a percentage and documented on a vocational assessment that the camper receives.

## Staffing

Staff to camper ratio will be 1:5 during the days and evenings. There will be one staff overnight hours should any support be needed.

A nurse is available should a student get hurt or sick and will consult with EGTI staff to provide recommendations on necessary steps.

## Visitors

The focus of Camp EGTI is to grow each camper's independence; therefore, campers are expected to remain at camp for the full three weeks. Exceptions to go home for the weekend may be made in emergency cases. Should a student need an item that cannot be mailed, a family member may drop items off but is expected to leave as soon as the drop-off has occurred.

# Camper Requirements

Individuals submitting an application to Camp EGTI are not automatically accepted. All application material will be reviewed, and a decision will be made according to space availability and the applicant's skill readiness level required for the environment of Camp EGTI. Once an application is reviewed, selected applicants will participate in a video interview as part of the selection process. Campers will be notified of their acceptance status through the mail. The parents/guardians of accepted campers will be required to participate in a meeting with EGTI staff over the phone prior to the start of camp.

Please review the Camp EGTI requirements below to ensure the camp is a good fit. Individuals who meet the noted requirements are encouraged to move forward with submitting an application.

- ◆ Camper is between the ages of 18 - 22.
- ◆ Camper has/had an Individualized Education Program (IEP).
- ◆ Camper is able to perform hygiene routine independently (e.g. shower, dress, toilet, etc.).
- ◆ Camper does not require constant one-on-one supervision.
- ◆ Camper does not exhibit disruptive behavior or behavior that poses a safety concern (e.g. physical aggression, property destruction, non-compliance, elopement, etc.).
- ◆ Camper displays a willingness to participate in activities.
- ◆ Camper can commit to the full camp duration without scheduling conflicts. Exceptions may be applied to family emergencies; however, the financial policies will still be applied.

## Housing

Campers reside within the Courtyard Muncie where EGTI is housed. On the camp application, campers have the option to select a single room or roommate. If a roommate cannot be secured due to an odd number of female or male campers desiring a roommate, the camper will be given the option to withdraw their attendance or pay the fee associated with a single room.

## Camp Dates

Campers will move into the Courtyard Muncie on 7/5/20 at 5:00pm EST. Parents/guardians are invited to attend a closing program on 7/24/20 at 11:00am EST. Campers will be expected to pack their belongings and move out immediately following the program.

# Camp Cost

| 20 Days / 19 Nights      |             |          |
|--------------------------|-------------|----------|
|                          | Single Room | Roommate |
| Wellness                 | \$120       | \$120    |
| Community Living Support | \$495       | \$495    |
| Room and Board           | \$2460      | \$1465   |
| Tuition                  | \$2280      | \$2280   |
| Materials                | \$100       | \$100    |
| Total                    | \$5455      | \$4460   |

## Payment Policy

A remittance of 50% is due by 6/5/20. The remaining 50% is due by 7/10/20. Please review the **Withdrawal and Refund Policies** below. Credit card payments will be subject to an additional processing fee of 2.5%. Should you have questions regarding this invoice, please contact The Arc of Indiana Foundation's Accounting Department at 317-977-2375.

## Withdrawal and Refund Policies

To withdraw from Camp EGTI, the camper or parents/guardians must fill out and turn in a **Withdrawal Request Form** to the director. Should a camper be terminated or withdraw for any reason, all refunds will be made according to EGTI's refund policies.

- ◆ If a camper withdraws or is terminated during the first two weeks of the camp, the camper is responsible for paying.
  - ◆ 100% of camp costs for weeks one and two depending on when termination occurs or a **Withdrawal Request Form** is received.
  - ◆ 100% of materials fee.
  - ◆ 50% of tuition, community and living support and wellness for the remaining camp weeks.
- ◆ If a camper withdraws or is terminated after the first two weeks of camp, the camper is responsible for paying 100% of all camp costs except for room and board if they had a single room. If they had a roommate, they will be required to pay the remaining room and board amount.

# Application Checklist

In addition to the completion of this application, please see below for additional documentation required. An application is not considered complete until all documents have been received.

- Diagnosis documentation**
- Individualized Education Program (IEP)**
- Legal guardianship documentation, if applicable**
- A copy of behavior support plan if using waiver services for a behavior consultant**

# Camper Information

|                |            |               |        |
|----------------|------------|---------------|--------|
| Last Name      | First Name | MI            |        |
| Primary Phone  |            | Gender        |        |
| Street Address |            |               |        |
| City           | State      | Zip Code      | County |
| Birthdate      | Age        | Email Address |        |

## Education and Training

| School's Name | City, State | Years Attended | Reason for Leaving (if applicable):<br>Diploma, Certificate of Completion,<br>GED, or dropped out. | Completion Year<br>(if applicable) |
|---------------|-------------|----------------|--|------------------------------------|
|               |             |                |  |                                    |
|               |             |                |  |                                    |
|               |             |                |  |                                    |

## Room Arrangements

What room arrangements does the camper prefer?

- Roommate
- Single room

# Camper Information

## Support Services

Camper currently receives support from (check all that apply):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Aged and Disabled Waiver (A&D)                      |
| <input type="checkbox"/> | Community Integration and Habilitation Waiver (CIH) |
| <input type="checkbox"/> | Family Support Waiver (FSW)                         |
| <input type="checkbox"/> | Traumatic Brain Injury Waiver (TBI)                 |
| <input type="checkbox"/> | Social Security Disability Insurance                |
| <input type="checkbox"/> | Supplemental Security Income                        |
| <input type="checkbox"/> | Medicare  |
| <input type="checkbox"/> | Vocational Rehabilitation Services                  |
| <input type="checkbox"/> | Mental Health/Psychological Services                |
| <input type="checkbox"/> | Other: <input type="text"/>                         |

Please list adaptive equipment or assistive technology the camper utilizes on a daily basis (e.g. wheelchair, gait trainer, augmentative communication devices, etc.).

Please list any services currently being received.

| Service (waiver support, counseling, VR, etc.) | Hours per Week/Day |
|--|--------------------|
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |

# Camper Information

**Does the camper have a legal guardian?**

(If yes, this means you have gone to court, and a court has declared that the camper is a protected person. If yes, documentation is required.)

Yes  
 No

If yes, please fill out the guardian(s) information below

|                |            |          |
|----------------|------------|----------|
| Last Name      | First Name | MI       |
| Primary Phone  |            |          |
| Street Address |            |          |
| City           | State      | Zip Code |
| Email Address  |            |          |

|                |            |          |
|----------------|------------|----------|
| Last Name      | First Name | MI       |
| Primary Phone  |            |          |
| Street Address |            |          |
| City           | State      | Zip Code |
| Email Address  |            |          |

# Camper Information

## Parent/Guardian

Same as guardian information noted on page 10.

|                |            |          |
|----------------|------------|----------|
| Last Name      | First Name | MI       |
| Primary Phone  |            |          |
| Street Address |            |          |
| City           | State      | Zip Code |
| Email Address  |            |          |

## Parent/Guardian

Same as guardian information noted on page 10.

|                |            |          |
|----------------|------------|----------|
| Last Name      | First Name | MI       |
| Primary Phone  |            |          |
| Street Address |            |          |
| City           | State      | Zip Code |
| Email Address  |            |          |

# Camper Information

## Medical Information

This document will be filed securely in the health station within EGTI. Please fill out any medications taken and insurance information to be used in the case of a medical emergency.

Please note that the EGTI nurse will not be on duty full-time. The nurse will be contacted in the event that a camper gets sick or hurt.

Please plan to arrange any medication refills needed during your child's time at camp. EGTI staff can assist with travel arrangements to pick up the medication utilizing MITS.

| MEDICATION INFORMATION  |         |                     |               |                     |
|---|---------|---------------------|---------------|---------------------|
| Camper Name:  |         |                     |               |                     |
| Medication Name   | Purpose | Dosage              | Frequency     | Are Refills Needed? |
|   |         |                     |               |                     |
|   |         |                     |               |                     |
|   |         |                     |               |                     |
|   |         |                     |               |                     |
|   |         |                     |               |                     |
|   |         |                     |               |                     |
| Allergies (*please note what happens if the camper has an allergic reaction): |         |                     |               |                     |
| Insurance Provider:   |         |                     | Group Number: |                     |
|   |         |                     | Rx Bin:       |                     |
|   |         |                     | Rx PCN:       |                     |
| Primary Care Physican #:  |         | Preferred Hospital: |               |                     |

Does the camper use any machines while sleeping? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

What organization system does the camper use for his/her medications? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Level of Support Questionnaire

## Must Be Completed by a Parent or Guardian

Name of person completing the questionnaire:

Relationship to camper:

Rate the camper in the areas below:

| Independent Living  | Full Assistance | Moderate Assistance | Minimal Assistance | Independent | I Don't Know | Not Applicable |
|---|-----------------|---------------------|--------------------|-------------|--------------|----------------|
| Can manage time   |                 |                     |                    |             |              |                |
| Can perform entire hygiene routine (e.g., shower, dress, brush teeth) |                 |                     |                    |             |              |                |
| Maintains proper hygiene (e.g., clean nails, hair, face)              |                 |                     |                    |             |              |                |
| Can do laundry  |                 |                     |                    |             |              |                |
| Can order from a menu   |                 |                     |                    |             |              |                |
| Can stay within a budget  |                 |                     |                    |             |              |                |
| Can be alone for a long period of time without supervision            |                 |                     |                    |             |              |                |
| Displays self-regulation strategies                                   |                 |                     |                    |             |              |                |
| Knowledgeable about basic over-the-counter medications                |                 |                     |                    |             |              |                |
| Can manage medications  |                 |                     |                    |             |              |                |
| Can manage dietary needs  |                 |                     |                    |             |              |                |
| Understands allergies and takes precautions                           |                 |                     |                    |             |              |                |
| Can manage personal belongings  |                 |                     |                    |             |              |                |

# Level of Support Questionnaire

**Rate the camper in the areas below:**

| <b>Social Communication</b>                           | Full Assistance | Moderate Assistance | Minimal Assistance | Independent | I Don't Know | Not Applicable |
|---|-----------------|---------------------|--------------------|-------------|--------------|----------------|
| Asks clarifying questions                             |                 |                     |                    |             |              |                |
| Understands the difference in friends and strangers   |                 |                     |                    |             |              |                |
| Can appropriately handle conflict with another person |                 |                     |                    |             |              |                |
| Can communicate needs                                 |                 |                     |                    |             |              |                |
| Uses a personal email account                         |                 |                     |                    |             |              |                |
| Hangs out with friends                                |                 |                     |                    |             |              |                |
| Can communicate personal identification               |                 |                     |                    |             |              |                |
| Follows written and verbal directions                 |                 |                     |                    |             |              |                |
| Sets up social activities with friends                |                 |                     |                    |             |              |                |
| Can communicate through phone and/or text             |                 |                     |                    |             |              |                |

| <b>Community Access</b>   | Full Assistance | Moderate Assistance | Minimal Assistance | Independent | I Don't Know | Not Applicable |
|---|-----------------|---------------------|--------------------|-------------|--------------|----------------|
| Uses pedestrian safety skills   |                 |                     |                    |             |              |                |
| Uses good judgement in an emergency (i.e. fire alarm, tornado sirens, etc.)           |                 |                     |                    |             |              |                |
| Navigates stores in search of needed items  |                 |                     |                    |             |              |                |
| Able to utilize public transportation independently                                   |                 |                     |                    |             |              |                |
| Can orient themselves to and from nearby locations by walking/operating a wheelchair. |                 |                     |                    |             |              |                |

# Level of Support Questionnaire

**Rate the camper in the areas below:**

| Learning                                   | Full Assistance | Moderate Assistance | Minimal Assistance | Independent | I Don't Know | Not Applicable |
|--|-----------------|---------------------|--------------------|-------------|--------------|----------------|
| Can use a calculator                       |                 |                     |                    |             |              |                |
| Can count bills/change                     |                 |                     |                    |             |              |                |
| Can use a debit/credit card                |                 |                     |                    |             |              |                |
| Can read and comprehend basic instructions |                 |                     |                    |             |              |                |
| Can navigate the internet                  |                 |                     |                    |             |              |                |

Please describe the camper's math abilities:

Please describe the camper's reading abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the camper's writing/composition abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the camper's communication abilities (include any assistive technology that is used on a daily/regular basis):



# CAMP

EGTI