













# 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): Diploma, Certificate of Completion, GED, or dropped out.	Completion Year (if applicable)



# 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