

APPLICATIONS: will be filled on a first-come, first-serve basis.

INTAKE INTERVIEW: All new clients are required to have a face-to-face (or phone) intake interview prior to acceptance into any recreational program. You will be called to schedule this interview.

PAYMENT: All accounts must be up to date prior to attendance. All third-party payers or outside funding sources must have prior authorizations in place prior to attendance. You will be required to sign a Payment and Cancellation Policy upon acceptance into any recreational program.

Please complete if applicable:

Does client receive support from a County Board of Developmental Disabilities: YES NO

If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: _____ Phone # _____

If camp costs will be funded through **IO Waivers** or **Level 1 Waivers**, please complete the following checklist:

_____ **YES**, camp costs will be funded through IO Waivers

_____ **YES**, camp costs will be funded through Level 1 Waivers

ISP or Behavior Plan must be received prior to attendance.

ISP Addendum or Behavior Plan that lists Camp Cheerful as the Service Provider, and the units/services being provided, must be received prior to attendance.

IEP (Individualized Education Plan).

(Please provide the most current copy. Updated copies may be forwarded at any time.)

Please check the appropriate box: Has a current IEP Does not have an IEP

Foster Care - If client is in foster care, please complete.

Case worker name: _____ Phone #: _____

Achievement Centers for Children Services

Check here if interested in receiving services and/or information about Outpatient Rehabilitation Services offered through the Achievement Centers for Children. Circle all that apply: OT PT ST MH/Counseling

Please sign below stating that you have read and understand the information listed in the application. If the application is not signed, it will not be processed.

Parent/Guardian/Client Signature

Date

**Return application packet to: Champ Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136
Direct any questions to the Camp Office at 440-238-6200**

Thank you for your interest in the **Achievement Centers for Children's Camp Cheerful!** Included is the 2011 **Champ Camp** application packet. Please complete all forms, signing and dating where applicable, and return to:

Camp Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136

*****OR*****

WE ENCOURAGE YOU TO streamline the process, save paper, postage, and the environment by registering on-line at our agency website: www.achievementcenters.org

ATTENTION CLIENTS

- **NO PRICE INCREASE FOR 2011!!!**
- **THERE WILL BE NO CAMP ON MONDAY, JULY 4TH.**

IMPORTANT INFORMATION

- The one-time, \$35.00 non-refundable application fee must accompany the application or it will NOT BE PROCESSED. This fee is NOT part of the camp costs.
- When registering, you may register for one session or multiple sessions. Applications will be accepted on a first-come, first-serve basis.
- **Payment Policy for 2011:** Payment in full for all sessions is due June 1st, unless you anticipate using outside agency funding. Outstanding accounts after this date are subject to losing their guaranteed slot. Late applications will be accepted per availability; however, payment will be DUE IN FULL WITH THE APPLICATION.
- **Cancellations:** Your signed application registers you for and commits you to attend camp unless a cancellation is made, IN WRITING, by June 1st. Late cancellations or "No Shows" will result in a charge of ½ the session fee.
- **IO Waiver and Level 1 Waiver Funding:** To utilize the waiver for funding an ISP or ISP Addendum listing Camp Cheerful as the service provider must be forwarded to the camp office prior to attendance. Contact your County Board Support Administrator for more information.
- **Outside Agency Funding:** If you have utilized other agency funding sources in the past, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Camp stating the amount of funding available and the session dates. Without this proof of funding, the client/family will be financially responsible for all camp costs prior to the start of the session.

After your application has been processed, forms requiring signatures will be mailed to you for completion.



The Achievement Centers for Children RECREATIONAL PROGRAMS Client Informational Form

Client Name _____

GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS

Primary Disability _____ No Disability

Secondary Disability (if applicable) _____

School or workshop currently attending _____ Grade _____ Age _____

Enrolled in special class? YES or NO What type? _____

Enrolled in therapy? YES or NO What type? _____

Does client need 1:1 supervision (in school, at home, at workshop, for field trips, etc.)? YES or NO

Explain _____

SPECIAL CONCERNS: Please check all that apply

- Shyness
- Divorced or separated parents
- Afraid of Heights
- Physical activity must be monitored or restricted (Explain) _____
- None/no special concerns

SOCIAL CONCERNS: Please check all that apply

- Reacts to frustration
 - Does not like group participation
 - Has poor peer relationships
 - Does not like supervision or authority
 - None/no concerns
- Explain _____

LANGUAGE AND COMMUNICATION: Please check all that apply

- Uses sign language
 - Uses Communication Device
 - Picture exchange
 - Has difficulty speaking
 - Has difficulty being understood
 - Understands verbal instructions
 - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: _____

EQUIPMENT: Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Able to walk alone | <input type="checkbox"/> Uses hearing aid |
| <input type="checkbox"/> Uses crutches or cane | <input type="checkbox"/> PE Tubes |
| <input type="checkbox"/> Uses walker | <input type="checkbox"/> Eyeglasses |
| <input type="checkbox"/> Uses wheelchair/manual | <input type="checkbox"/> AFO's |
| <input type="checkbox"/> Needs assistance pushing wheelchair | <input type="checkbox"/> None/no equipment |
| <input type="checkbox"/> Uses wheelchair/power | |

Will any equipment accompany client to the program? YES or NO Explain _____

COORDINATION: Please check all that apply

- Right Arm/Hand Use Good Fair Poor
- Left Arm/Hand Use Good Fair Poor
- Right Leg/Foot Use Good Fair Poor
- Left Leg/Foot Use Good Fair Poor
- Balance Good Fair Poor

SENSORY ISSUES: Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns and/or strategies: _____

BEHAVIORS: Has client ever displayed the following? Please check a response for each:

- Hitting Current Past Never
- Pinching Current Past Never
- Hair Pulling Current Past Never
- Biting Current Past Never
- Kicking Current Past Never
- Spitting Current Past Never
- Scratching Current Past Never
- Bullying Current Past Never
- Stealing Current Past Never
- Lying Current Past Never
- Swearing Current Past Never
- Wandering Current Past Never
- Withdrawal Current Past Never
- Impulsivity Current Past Never
- Non-compliance Current Past Never
- Mood Swings Current Past Never
- Verbal Threats Current Past Never
- Throwing Objects Current Past Never
- Oral Stimulation (biting, chewing) Current Past Never
- Hand Flapping Current Past Never
- Head Banging Current Past Never
- Rocking Current Past Never
- Inflicts self injury Current Past Never
- Disrobing Current Past Never
- Anxiety/depression Current Past Never
- Sexual acting out Current Past Never
- Genital stimulation Current Past Never
- Suicidal Ideation Current Past Never
- Enuresis (urination accidents) Current Past Never
- Encopresis (bowel accidents) Current Past Never

Please describe any behaviors or behavior strategies: _____

SPECIAL INTERESTS OR SKILLS _____

FOR CLIENTS ATTENDING WEEKEND RESPITE or RESIDENT CAMP PROGRAMS ONLY

Has client ever attended an overnight camp before? YES NO

Where and When _____

HYGIENE:

Does camper brush teeth independently? YES NO
Does camper shower independently? YES NO
Does camper avoid showering, bathing or brushing teeth? YES NO

If you answered yes to any of the above questions, please provide suggestions of special techniques used at home _____

SLEEPING HABITS: Please check all that apply

- Sleep walks (where, how long, etc.)
- Needs special positioning (explain)
- Needs to be turned (how often)
- Wets bed (how is it handled)
- Talks in sleep/snores
- No sleeping concerns
- Other sleeping concerns (explain)

Please provide any necessary description or explanation for the items you checked on the above questions _____

SPECIAL CONCERNS: Please check all that apply

- First time away from home
- Homesickness
- None

FOR CLIENTS PARTICIPATING IN THERAPEUTIC HORSEMANSHIP

Weight: _____ **Height:** _____

TRUNK CONTROL: Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

Can client walk independently YES NO
Can client climb stairs YES NO
Can client hold their head up independently YES NO
While standing, can client bend their knees into a squat position YES NO
Can the client wear a helmet? YES NO

Has client ever attended a therapeutic riding program before? YES NO

Where and When _____

FOR CLIENTS ATTENDING WEEKEND RESPITE, RESIDENT CAMP, DAY CAMP, CHAMP CAMP or SENSATIONAL DAY PROGRAM

EATING HABITS: Please check all that apply

- Needs to be fed
- Needs food cut
- Needs food blended
- Needs help drinking (special cup, straw, etc.)
- Difficulty swallowing (how is it handled)
- Special positioning (explain)
- Special equipment (explain how to use)
- Special diet or food restrictions (explain)
- Food allergies (what food and how is it handled)
- Eats independently/No concerns

Please provide any necessary description or explanation for the items you checked on the above questions _____

PERSONAL CARE:

- Does camper need toilet reminders? YES NO
- Does camper need lifted onto the toilet? YES NO
- Does camper have bowel control? YES NO
- Does camper have constipation problems? YES NO
- Does camper have bladder control? YES NO
- Does camper have a catheter? YES NO
- If yes, camper can self catheter OR camper needs assistance with catheter
- Does camper dress independently? YES NO

PLEASE READ CAREFULLY: I give consent for myself or my child/client to participate in the activities of the Achievement Centers for Children's Camping and Recreational Programs.

Signature of Parent/Guardian/Client

Date

Camp Cheerful is operated by The Achievement Centers for Children and is accredited by the American Camp Association and NARHA (North American Riding for the Handicapped Association).

Statistical Form

PLEASE NOTE: The following information is **CONFIDENTIAL**. It is used for statistical reporting needed for potential funding sources.

Number of adults 18 & over living at home _____

Number of dependents 18 & under living at home _____

Total number of persons living in home _____

Total annual income (client + parent/guardian) \$ _____

Do you anticipate using an outside funding source(s)? Please check [✓] all that apply:

- [] ARC [] County Board of DD [] CMR [] Easter Seals [] ESY(extended school year)
[] IDEA [] MCCD [] PEP [] Achievement Centers Award (for Day Camp,
Champ Camp or Resident Camp only)

[] OTHER _____

Ethnic Background (optional): Please Circle One:

African American Caucasian Asian Other _____
Hispanic Biracial/Multiracial Native American

How did you hear about the Achievement Centers for Children? Please Circle One:

Physician Social Service Agency Government Agency Media/Newspaper
Friend/Relative Community Event Web School System
Returner Other _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

PRINT Client Name

Date

Client Signature (if own legal guardian)

Date

Parent/Guardian Signature

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FINANCIAL AID PACKET-2011

Families seeking financial assistance with summer camping costs may be eligible for funding from one or more of the following sources. Please read carefully and follow instructions to apply:

- ◆ **ESY (Extended School Year)** – A child’s IEP (Individual Education Plan) will identify if he/she is eligible for extended school year services. If eligible, the school system may elect to have camp provide those services. It is the family’s responsibility to contact the school’s special education department. The family should request that a letter of intent to pay or purchase order be forwarded to the camp by June 1, 2011 in order to secure the camper slots.
- ◆ **OUTSIDE AGENCY FUNDING** – Various outside agencies may provide assistance with camping costs. Possible sources include:
 - Local county boards of Developmental Disabilities
 - CMR (Center for Mental Retardation)
 - I.D.E.A. (Individuals Devoted to Educational Advocacy)
 - Easter Seals

It is the family’s responsibility to contact the agency. The family should request that a letter of intent to pay or purchase order be forwarded to the camp by June 1, 2011 in order to secure the camper slots.

- ◆ **CCBDD** – The **CUYAHOGA COUNTY BOARD of DEVELOPMENTAL DISABILITIES (CCBDD)** may have limited camping assistance for the summer of 2011 for eligible families on a first-come, first-serve basis. Assistance is limited to a maximum of **\$600.00** per eligible child or adult. Please complete the enclosed “Request for CCBDD Funding” form in this packet and return with the camp application. This form will allow Camp Cheerful to request CCBDD summer camp funding on your behalf.
- ◆ **I.O. Waivers or Level I Funding** – Camp Cheerful is a provider for I.O. Waiver and Level I services. If eligible for County Board of Developmental Disabilities’ services, you may be eligible for this state-assisted funding. Please be in contact with your Support Administrator to check on eligibility or to process the necessary paperwork. **The Support Administrator must forward to camp an ISP or ISP Addendum listing Camp Cheerful as the service provider in order for camping costs to be paid through these waivers. This documentation must be received prior to attendance.**
- ◆ **The Achievement Centers for Children Camperships** – The Achievement Centers for Children offers financial assistance for summer camping costs based on total family income and need. A sliding fee scale is used. Please complete the enclosed “Request for Achievement Centers for Children Campership” form, provide income verification and return with the camp application. Achievement Centers camperships are awarded on a first-come, first-serve basis after all other funding sources have been utilized. One campership will be awarded per individual, per summer. Camperships will be considered for those special needs campers living at home or independently, but not those in a group home setting. Achievement Centers camperships are available for Day Camp, Champ Camp and Resident Camp, but not available for the Sensational Day Program.



For Eligible Cuyahoga County Residents Only

REQUEST FOR CCBDD FUNDING **For Summer 2011 Camping Costs**

The **CUYAHOGA COUNTY BOARD of DEVELOPMENTAL DISABILITIES (CCBDD)** may have limited camping assistance for the summer of 2011 for eligible families on a first-come, first-serve basis. Assistance is limited to a maximum of **\$600.00** per eligible child or adult.

THE ACHIEVEMENT CENTERS FOR CHILDREN'S CAMP CHEERFUL WILL DIRECTLY PROCESS THIS REQUEST ON YOUR BEHALF. The CCBDD funding may be applied to any Camp Cheerful summer program (Day Camp, Resident Camp, SENSATIONAl Day Program, or Champ Camp.)

Please check to request funding:

YES, I/my child is enrolled in the CCBDD and I want available support funds from the CCBDD to be used toward the cost of camp services.

Camper Name _____
Eligible Member (please print)

By signing and dating below, I certify that the information provided is, to the best of my knowledge, true and correct.

DATE

PARENT/CAMPER/GUARDIAN SIGNATURE

**Please return to:
CAMP CHEERFUL
15000 CHEERFUL LANE
STRONGSVILLE, OH 44136**

Camp Cheerful will notify families of the award made by the CCBDD. Funding is available for actual camp costs only and cannot be used for any application fees.



REQUEST FOR ACHIEVEMENT CENTERS FOR CHILDREN CAMPERSHIP - SUMMER 2011

Financial assistance from the Achievement Centers for Children is available based on total family income and need and is available for Day Camp, Champ Camp, or Resident Camp. (The Sensational Day Program is excluded.)

Financial assistance in the form of Camperships is provided through contributions from individuals, corporations, foundations, and service organizations. Camperships will be considered for those special needs campers living at home or independently, but not those in a group home setting.

CAMP CHEERFUL and CHAMP CAMP are operated by The Achievement Centers for Children; it is the policy of the Achievement Centers that acceptance into, and participation in a program of the Agency shall be made regardless of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability.

A campership CANNOT be awarded unless verification of total family income is enclosed with this request. Only one Achievement Centers for Children Campership will be awarded per individual, per summer.

Please provide a copy of the following:

- 2009 or 2010 Federal Income Tax Return with copies of W-2's attached
- Copies of Social Security or SSI for parents and campers, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment

(Worksheet – Copies of all income must be provided)

INCOME	MOTHER	FATHER	CAMPER
Salary/wages			
Child Support			
Alimony			
Pension/Social Security			
ADC/SSI/SSDI			
Self-employment			
Unemployment			
Other			

TOTAL FAMILY SIZE: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

Camper's Signature if over 18 years of age

Date

Parent/Guardian Signature if under 18 years of age

Camp Cheerful will notify families of their Campership award.

See your camper in action using... eCamp® Services

Sign up for an account today with Champ Westlake!

GETTING STARTED

1. Go to: <http://champwestlake.ecamp.net>

2. You may login using your email address and password created during online registration.

-OR-

If you did not register for camp online you may create an account by selecting the 'create an account' button.

A one time use 'login code' is necessary for security.

Our 2011 login code: **champw2011**

3. Follow the instructions on site to complete.

Here is your package*

Membership
Full Access +
\$10 Photo Coupon
\$10.00

*A credit card is required for purchases. A 24 Hour trial-period is available should you wish to preview the service before purchasing. Packages are on a per camper basis.

ONLINE PHOTOS



- Browse photos from camp:
 - o 1 per page
 - o 50 per page
 - o by viewing thumbnails
 - o using our slideshow feature
- Save photos to personal photo albums
- Purchase photo prints and gift items
- Share by inviting family and friends

INVITE FRIENDS AND FAMILY



Camp families typically invite Grandparents, Aunts and Uncles, and other family and friends to share in this fun experience. Once you have created or updated your account, login and click on the invite button on the left hand side.

FREQUENTLY ASKED QUESTIONS

For more FAQ's please visit:
http://champwestlake.ecamp.net/tech_support.php

What do I do if I forgot my password?

On the login page, click on the link under "I forgot my password, what do I do?" and follow the on site instructions.

I'd like to view the site on my computer at work. Do I need to create a second account?

No, this is not necessary. You will be able to login using the same username and password despite which computer you use.

What are packages?

Packages contain items that will grant you access to the site and allow you to use the products available. Package availability may vary depending on your camp.

NEED HELP? HAVE QUESTIONS?

Please contact eCamp Customer Service by visiting:

<http://champwestlake.ecamp.net/cs.php>

You can also reach us directly at: **866-517-0759**