

Camp Millhouse  
Mini Respite Weekend

Welcome to the Mini Respite Weekends at Camp Millhouse! We are so excited to offer this program. Please read through all the enclosed material and fill out the registration form completely.

Please check the weekend you are interested in.

- Aug. 22-24 Boys
- Sept. 5-7 Girls
- Sept. 19-20 Boys
- Oct. 10-12 Girls

- ❖ Enrollment is limited; applicants are registered on a first come first serve basis. The application and fees are due at the time you register. We are asking that you register for no more than 2 weekends at first, if there are openings later we will let you know. We will not accept requests over the phone or by fax.
- ❖ The medication form must be signed by your physician and must include prescription and over the counter medications and vitamins. If you are coming for more than 1 weekend you will need a medication form for EACH weekend!

Name of Camper \_\_\_\_\_ Sex \_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Relation \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (Mom) (\_\_\_\_) \_\_\_\_\_  
Work phone (Dad) (\_\_\_\_) \_\_\_\_\_

Camper Physician \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Is the camper his or her own guardian? Yes \_\_\_\_ No \_\_\_\_

- **Emergency Information**
- **Must be filled out completely**
- **We need two contacts not of the same household**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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**Insurance Information (Enclose a copy of the card)**

Circle one: Medicare    Medicaid    Private Company – Name \_\_\_\_\_  
Policy Number(s) \_\_\_\_\_

**Physical Assessment (please check all that apply)**

**Mobility:** ( ) walks with out assistance    ( ) needs assistance  
Camper uses ( ) Wheel chair    ( ) Electric wheelchair    ( ) Walker    ( ) Braces    ( ) other \_\_\_\_\_

What is the camper's disability? \_\_\_\_\_

Does your camper have seizures? Yes \_\_\_ No \_\_\_ What is the normal duration of the seizure?

Is there medication/magnet used to stop the activity? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

**Communication (please circle all that apply)**

Verbal    Non verbal    Uses communication assistance    Uses sign language    Understands short phrases  
Understands normal conversation    Speaks with difficulty    Speaks clearly  
Anything else you think we should know? \_\_\_\_\_

**Personal Care (please circle all that apply)**

Does your camper need assistance in the following areas?

**Feeding:** Eats independently    Needs food cut    Hand over hand    Total assistance

**Personal Care:** Can shower self    Needs verbal prompting    Assistance with hair care    Total assistance

**Oral Care:** Can brush own teeth    Hand over hand    Total Assistance

**Restroom:** Independent with toileting needs    Needs verbal reminding    Total care

Toileting schedule \_\_\_\_\_ Uses attends or other undergarments

Needs hand washing reminders    Needs assistance with cleaning

**Dressing:** Independent    Needs reminders    Total care

**Shaving:** Can shave self    Needs assistance

Please let us know if there is anything else you think we should know. \_\_\_\_\_

**Dietary Needs (please circle all that apply)**

**Special Diet:** Puree    Diabetic    Low Cal

Will you be providing your own food for the weekend? Yes    No    Please know that you do not need to.

**Eating aids:** does not use any    needs a straw    will be bringing own (It is best to bring your own)

Food Allergies: \_\_\_\_\_

Food likes: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Favorite Restaurant: \_\_\_\_\_

**Please provide us a list of activities that your camper enjoys doing. We are planning to do activities off the camp so this will be very helpful in planning them! Thank you!**

_____	_____
_____	_____
_____	_____
_____	_____

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Please answer all of the questions **HONESTLY** to ensure your camper has a safe and fun week at camp. **Your answers will assist our staff to better understand your camper's needs.** Read the following questions and answer appropriately. Thank you We do understand that these questions may seem forward, however we feel that it is for your camper's well being that we ask.

Behavior	Usually	At times	Never	Explain
Feels safe in new situations				
Needs reassurance				
Able to control emotions				
Participates in group activities				
Displays good sportsmanship				
Shouts at others or for no reason				
Attempts leadership				
Uses appropriate language				
Shares with others				
Takes items from other without asking				
Has temper tantrums				
Gets frustrated easily				
Destructive to property				
Throws items at others				
Hit, slap, scratch, spits or kick others				
Is defiant towards others				
Will stay with group				
Will return when prompted				
Aware of personal space of others				
Touches others inappropriately				
Needs close supervision around others				
Fixates on items/objects				
Fixates on male/female				
Fixates on fictional characters				
Fixates on celebrities				
Is self abusive				
Self stimulates				
Gets along with housemates?				
Obsessive in conversation				
Likes to be alone				
Waits patiently				
Sees self as a good person				
Takes pride in accomplishments				
Appears detached and disengaged				
Discourages others				
Needs structure				

Are there any known sexual issues such as history of sexual abuse or masturbation?

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History of physical or emotional abuse?

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How/ what do you do to redirect unwanted behavior?

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How do you prompt the camper back to the group?

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Uses a chart or behavior support plan? Please explain and attach a copy.

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How would you characterize camper's relationship with adults and care givers?

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How would you characterize camper's relationship with peers?

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Does camper prefer adult attention or peer attention?

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What other activities, programs or workshops does the camper attend outside of camp?

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Are there any areas that you are working on at home (goals, toileting, behaviors etc.)

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**Seizures:**

Does camper have seizures? \_\_\_\_\_ What does a typical seizure look like? (Body parts involved twitching, stiffness, abnormal breathing, eye movement)

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What is the normal duration of seizures? \_\_\_\_\_ Can they tell you in advance? \_\_\_\_\_

Date of last seizure? \_\_\_\_\_ Times when more prone to seizures?

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Activity before/after seizure?

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Does camper have/ use VNS?

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Welcome to the Camp Millhouse Respite program. We are excited that you are interested in participating with us. Enclosed you will find the application for the Respite Weekend. Here are a few things that you may find helpful...

- A payment of \$175 is due at the time of registration. There is no financial aid available for the respite weekends.
- The medication sheet** must be signed by the physician and please pay close attention to how the sample is filled out. There is only to be one medication per spot, if you need additional sheets please ask! Please **DO NOT** write across the days of the week, that area is for the Camp Medical Staff. Please list times as they pertain to your medication in the time area on the medication sheet. You will need a medication sheet for each weekend you are attending. Also, the medication sheet must be in our office 2 weeks prior to the respite program.
- The Health form may be used for the Respite Weekend and the Camp Week. This also must be signed by the physician and in the office 2 weeks prior to the Respite Week-end or camp week which ever comes first.
- The Respite Weekend starts at **6:00pm on Friday** and concludes on Sunday at **12:00pm South Bend Time**. Please be sure your camper has had dinner and has received any medication required before 6pm.

Should you have any further questions please feel free to contact us Monday – Friday 9:00am – 3:00pm at (574) 233 -2202.

Sincerely,

Lea A. Pitcher  
Executive Director  
Camp Millhouse