

# Camp Independence 2010 Application Functional Status - Form A

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, 2010**. 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 ASST</u>	<u>NO ASST</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: \_\_\_\_\_