



Ranch Camp 2022 CAMPER Application

What? *Ranch Camp*
Who? Adults, 18+, with intellectual and developmental disabilities
Where? On 410 beautiful acres, 30 miles east of Austin, Texas: 20250 FM 619 Elgin, TX 78621
When? Eight sessions: June 5-10, June 12-17 and June 19-24, June 26-July 1, July 3-8, July 10-15, July 17-22 and July 24-29
How much? Each session will start on Sunday, 4pm and end Friday, 11am
\$50 non-refundable application fee must be submitted with your application or paid online (<http://www.downhomeranch.org/payforcamp>). If accepted, the application fee will be applied towards the cost of camp. Checks and money orders should be made payable to "Down Home Ranch."
(Early bird) Sept 1 – Nov 30: \$810 (Advanced) Dec 1 – Jan 18: \$855 (Regular) After Jan 19: \$900
(First time Camper) Sept 1 - July \$810

How to Apply: Please completely fill out the attached forms and mail them, along with a \$50 non-refundable application fee, to the address listed at the bottom of the page. If you paid online, attach a printout of the email. Application is complete only if signed in **ALL** places requested. Please note that there are limited spots available and applications will be evaluated in the order received. If accepted into camp, you will receive communication from Down Home Ranch with further instructions on payment amounts and deadlines. Failure to make full payments by the deadlines given will result in the Camper being moved to a waiting list.

How to Pay: Pay by check, money order or online with credit card (<http://www.downhomeranch.org/payforcamp>).
Option 1 - 100% at time of application
Option 2 - \$50.00 application fee then 50% 2nd Friday in February and 50% 2nd Friday in March
Option 3 - \$50.00 application fee then 50% 2nd Friday in April and 50% 2nd Friday in May
Option 4 - 3rd Party Payer, refer to page #9

Refund Policy: Camp payment may be refunded if a written request is received at least 30 days before the start of the particular session. If the Ranch cancels camp, you will receive a 100% refund.

Ranch Camp is best suited for Campers whose behavior is within reasonable limits. Please complete the Health and Behavioral Questionnaire on the following page to help us ensure that we can meet the Camper's needs.

Please Note: *Ranch Camp* is for Campers who enjoy group activities and the hustle and bustle of camp life. Campers who are disturbed by loud noise, crowds and disruptions in routine may not enjoy *Ranch Camp*. The terrain at Down Home Ranch is rough and primitive, and the Ranch is located a minimum of 45 minutes from emergency medical care. *Ranch Camp* cannot support Campers who are medically fragile, use G-tubes, feeding pumps or baclofen pumps. *Ranch Camp* does accept Campers who use wheelchairs for mobility, with the understanding that a few activities might not be accessible to the Camper.

Tobacco Policy: Down Home Ranch is a tobacco-free environment. There are no accommodations made for Campers who are smokers or tobacco users. Campers who cannot enjoy camp without tobacco should not apply.

DOWN HOME RANCH DOES NOT ACCEPT FAXED OR E-MAILED APPLICATIONS.

Please mail application and \$50 non-refundable application fee (or proof paid online) to:

Ranch Camp
Down Home Ranch
20250 FM 619
Elgin, TX 78621

EMAIL CAMP@DOWNHOMERANCH.ORG WITH QUESTIONS

Ranch Camp 2022

Last Name: _____, First Name: _____

HEALTH AND BEHAVIORAL QUESTIONNAIRE

Please answer the following questions fully and explain anything you believe will help us ensure that the Camper will enjoy a safe and fun week at camp. Use space provided to add information, explain or indicate current status. Please note that these questions are for evaluation to help assess a Camper's general ability to adapt to camp life and will not exclusively bar anyone from attending *Ranch Camp*.

Answers will be used to provide Campers with the best supports possible.

1. Has the camper ever deliberately run or wandered away from a group he or she was supposed to stay with?
 Yes No, explain _____
2. Has the camper ever experienced a significant eating disorder, such as refusal or inability to eat, bulimia (induced vomiting after binging) or foraging for or stealing food?
 Yes No, explain _____
3. Has the camper experienced emotional outbursts, rages, temper tantrums, willful destruction of property, etc. in the past five years?
 Yes No, explain _____
4. Has the camper ever exhibited aggressive behavior toward another person, such as shoving, fighting, hitting, scratching or biting?
 Yes No, explain _____
5. Has the camper ever exhibited self-injurious behavior, such as biting self, hitting self, head-banging, skin picking to injury or anal picking?
 Yes No, explain _____
6. Has the camper ever gone through periods when he or she was unable to sleep through the night?
 Yes No, explain _____
7. Has the camper ever walked in his/her sleep?
 Yes No, explain _____
8. Does the camper mostly sleep all day and stay up all night?
 Yes No, explain _____
9. Does the camper exhibit foul language and cursing more than occasionally?
 Yes No, explain _____
10. Has the camper ever exhibited extreme hypochondria to attract attention?
 Yes No, explain _____

Last Name: _____, First Name: _____

11. Is the camper incontinent for bowel or bladder?

Yes No, explain _____

12. Has the camper ever been sent home from a camp or similar situation due to behavior or general inability to adapt to camp life?

Yes No, explain _____

14. Does the camper currently use tobacco products?

Yes No, explain _____

15. Has the camper ever been hospitalized, arrested or detained in a mental health facility because of concern for injury toward self or others?

Yes No, explain _____

Ranch Camp is designed for Campers whose behavior is within acceptable limits. If your camper has exhibited any of the behaviors listed below, please ensure that explanations are included in your answers above:

Wandering, running away
Refusal/inability to eat
Throwing objects
Emotional outbursts
Biting, scratching, kicking

Fighting
Self-injurious behavior
Refusal/inability to sleep
Tantrums
General inability to adjust to camp life

Foul language, cursing
Extreme hypochondria
Incontinence of bowel/bladder
Willful destruction of property

I affirm by signature below that the health and behavioral considerations describe are true and accurate for this camper.

If misrepresentation is made as to this camper's health or behavior, or if this camper becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from *Ranch Camp*.

I understand that if this camper is dismissed due to health or behavior considerations, it is my sole responsibility to pick up this camper on the day I am notified. I further understand that no refund will be made for dismissal for either health reasons or behavioral reasons.

In the case this camper must leave because of illness, prior to Wednesday at noon of the week attended, *Ranch Camp* will attempt to fit him or her into a subsequent camp session at no extra charge.

Signature: _____ Date: _____
Camper or Legal Authorized Representative

Signature: _____ Date: _____
Responsible Party

Last Name: _____, First Name: _____

CAMPER DEMOGRAPHIC

CAMPER INFORMATION

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

Date of Birth: _____ Age at Camp: _____

Primary Diagnosis/Disability: _____ Height: _____ Weight: _____

Adult Shirt Size: XS S M L XL XX XXXL

Gender: Male Female Fill in the Blank: _____

Race: American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American White

Ethnicity: Not Specified Hispanic or Latino Not Hispanic or Latino

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ E-Mail: _____

EMERGENCY CONTACT PERSON #1 (THIS PERSON MUST BE REACHABLE THE WEEK OF CAMP)

Same as Parent/ Legal Authorized Representative? Yes No

If no, please complete below:

Name: _____ Relation to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ E-Mail: _____

EMERGENCY CONTACT PERSON #2 (THIS PERSON MUST BE REACHABLE THE WEEK OF CAMP)

Name: _____ Relation to Camper: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ E-Mail: _____

**Attach
Photo
Here
(Required)**

CAMP CONSENT AGREEMENT AND DISCLOSURES

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED

Please **initial** your agreement or disagreement with the following items:

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | Barn programs, includes interacting and working with Ranch livestock such as horses, miniature horses, chickens, etc. It does not include horseback riding, but might include ground training for horses and donkeys, grooming, etc. All animals, stock and domesticated, are vaccinated. Initial NO if you do not wish your Camper to interact with Ranch animals. |
| _____ | _____ | The medical or designated staff at Down Home Ranch may give my Camper routine medications and over-the-counter medications, monitor health status and provide first aid and routine care. |
| _____ | _____ | For non-emergency purposes, my Camper may ride in a properly insured Ranch or privately owned vehicle with medical staff to the hospital for lab tests, x-rays or treatment. All drivers will have undergone appropriate screenings for background and driving record. |
| _____ | _____ | I authorize Down Home Ranch staff and volunteers to share, without restriction, my Camper's health information and medical records with any person (whether or not affiliated with Down Home Ranch) as may be reasonably necessary in order to facilitate the care of my Camper. |
| _____ | _____ | If emergency treatment is deemed necessary, I give permission for my Camper to be taken to the nearest emergency room by ambulance, helicopter or other means. |
| _____ | _____ | I authorize staff to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests and/or x-rays if necessary. I accept personal responsibility for payment for anything not covered by insurance. |
| _____ | _____ | Parents/guardians may call and check the health status of their Camper or speak with appropriate staff, but Campers cannot make or receive phone calls. Campers may receive e-mails at camp@downhomeranch.org . Please put the Camper's name in subject line of email. |
| _____ | _____ | I give Down Home Ranch permission to use my Camper's name, photograph or video image for marketing purposes and for the creation of memory videos. |
| _____ | _____ | I agree to not hold Down Home Ranch responsible, financially or otherwise, for the theft, loss or damage of any item brought by the Camper to <i>Ranch Camp</i> . I further agree to not hold Down Home Ranch responsible for items left behind at Camp. |

Prescription medication must be brought to camp and dispensed from the original container in which it was prescribed. The medication, purpose for which it was prescribed, date of prescription, prescribing physician, dosage, route and frequency of administration must be listed on the original container.

Administration of the medication will be exactly as prescribed and no exceptions will be made.

I understand that in the event of a medical emergency affecting my Camper, emergency medical may be called and the Camper may undergo hospitalization and/or treatment.

Down Home Ranch, its staff, Board of Directors and volunteers are held harmless for any liability, medical or financial, arising from such.

Last Name: _____, First Name: _____

Camp sessions may be cancelled at the discretion of *Ranch Camp* staff, in which case fees paid will be refunded or applied to a future session.

This application is affirmed to be accurate and hereby release and forever discharge Down Home Ranch, its members, employees and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage resulting from participation at *Ranch Camp* at Down Home Ranch.

Signature: _____ Date: _____
Camper or Legal Authorized Representative

Signature: _____ Date: _____
Responsible Party

Last Name: _____, First Name: _____

CAMPER'S NEEDS

AGE

Chronological Age: _____
Developmental Age (approximate): _____

DIABETIC

Yes (see eating/diet section) No
 Insulin dependent

EATING/ DIET

Diabetic Diet Special Diet Gluten Free
If you checked one of the above diets, you must enclose a Doctor's order with your application.
 I will send special food with my Camper
Doctor's order required at check-in
 No help needed at meals
 Needs help only with _____
 Retainer Braces Dentures

DIAGNOSIS

Please list all conditions, e.g. Down syndrome, Autism, asthma, diabetes, ID/DD, etc.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

ALLERGIES

None Yes

Food: _____

Medication: _____

Other: _____

SEIZURES

None Regularly One or two as a Child
Type: _____ Date of last seizure: _____
Usual Frequency: _____ Duration: _____
Triggers: _____

AMBULATION

Walks unassisted
Walks using: walker crutches braces/cane
Wheelchair: manual electric (bring charger)
Transfers: alone needs assistance

COMMUNICATION

No Problems
 Limited but can communicate daily needs
 Sign Language Does Not Use Words

VISION

Normal Limited Glasses Blind

HEARING

Normal Hearing Impaired Hearing Aids

SLEEP

No Problems Walks in Sleep
 Apnea, uses CPAP or similar
 Able to sleep on top bunk? Yes No

If no, please explain: _____

Usual bed time: _____ Awakes at: _____

TOILETING

Self-toileting Needs reminding to go
 Needs help with _____

SELF CARE (E.G.: BRUSH TEETH, BATHE)

Handles on own Needs help
 Must be performed for him/her

MEDICATIONS

1. _____ 3. _____
2. _____ 4. _____

additional pages are attached

check if additional medication/comments are written on back of this page

BEHAVIOR PROBLEMS

Yes No

If yes, please explain: _____

ACTIVITY RESTRICTIONS

Yes No

If yes, please explain: _____

HEAT TOLERANCE

Good Fair Poor Dehydrates easily

SWIMMING

Knows how? Yes No

Ear plugs when swimming? Yes No

WANDERS

Yes No Occasionally

ADDITIONAL INFORMATION

additional pages are attached

check if additional medication/comments are written on back of this page.

Last Name: _____, First Name: _____

MEDICAL

PRIMARY CARE

Primary Care Physician: _____ Phone: _____

Date Last Physical: _____

If Camper has Down syndrome, are they stable for Atlanto-Axial Subluxation (AAS)? Yes No
Date last cervical spine X-ray for AAS: _____ (Verification may be requested)

INSURANCE

The Camper does not have insurance coverage

Primary Insurance Carrier: _____ Group Number: _____

Member Name & Relationship: _____

Secondary Insurance Carrier: _____ Group Number: _____

Member Name & Relationship: _____

SUPPORTS

Current Funding Source: ICF/IDD HCS Paying Privately TxHmL None Other: _____

If applicable:

Name of Provider: _____

Case Manager/Care Coordinator Name: _____

Cell Phone: _____ E-Mail: _____

Service Coordinator Name: _____

Cell Phone: _____ E-Mail: _____

Nurse Name: _____

Cell Phone: _____ E-Mail: _____

IMMUNIZATIONS

Dates of illness or immunization:

_____ Polio, type _____ _____ Measles (red) _____ Measles ("German")

_____ Diphtheria _____ HIB _____ Chicken Pox

_____ Whooping cough _____ Mumps _____ COVID-19

_____ Other: _____

PERMISSION TO GIVE OVER-THE-COUNTER (OTC) MEDICATIONS ON AS-NEEDED BASIS

Initial each medication or its generic equivalent that may be administered to your Camper under direction of the camp nurse. Write "NO" beside any medications you do not wish administered to your Camper.

NOTE: You must have a doctor's written orders for any OTC medications to be administered on a regular, scheduled basis to your Camper.

_____ Tylenol _____ Ibuprofen _____ Chlorpen (antihistamine)

_____ Robitussin _____ Lanacane/Solarcaine _____ Cortaid

_____ Maalox/Pepto Bismol _____ Benadryl (tabs/cream/spray) _____ Sudafed

_____ Tylenol PM _____ Laxative _____ Immodium

_____ Chloraseptic Spray _____ Calamine Lotion _____ Neosporin Ointment

_____ Anbesol (tooth, gum pain)

Signature: _____ Date: _____

Camper or Legal Authorized Representative

Signature: _____ Date: _____

Responsible Party

Last Name: _____, First Name: _____

SESSION INFORMATION

How many TOTAL sessions will the Camper attend? 1 2 3 4 5 6 7 8

Please give preference (1-8) below to the session(s) you would like your Camper to attend. The Camper's offered session(s) will be listed in their acceptance letter.

- Session 1: June 5-10
- Session 2: June 12-17
- Session 3: June 19-24
- Session 4: June 26-July 1
- Session 5: July 3-8
- Session 6: July 10-15

- Session 7: July 17-22
- Session 8: July 24-29

Additional Notes: _____

Has the Camper attended *Ranch Camp* before? Yes No
Has the Camper attended another camp? Yes No

PAYMENT & FUNDING

- (Early bird) Sept 1 – Nov 30: \$810
- (Advanced) Dec 1 – Jan 18: \$855
- (Regular) After Jan 19: \$900
- (First time Camper) Sept 1 - Jun \$810

Additional Notes: _____

Please choose from one of the three options.

- Private Pay
 - Option 1 - 100% at time of application
 - Option 2 - \$50.00 application fee then 50% 2nd Friday in February and 50% 2nd Friday in March
 - Option 3 - \$50.00 application fee then 50% 2nd Friday in April and 50% 2nd Friday in May

3rd Party:
 Type of Funding: (ie respite, etc.) _____
 Name of Provider: _____
 Service Coordinator/Contact Person: _____
 Address & Phone: _____

Option 4 - Bill a 3rd party after camp. No need to send the \$50.00 application fee. By checking here, you understand that the Ranch requires a Letter of Authorization or Letter of Guarantee to process this Application. Please submit the letter with the application or have the 3rd party payer to email.

Other: _____

FUTURE INTEREST

By checking the boxes below, you grant the Ranch permission to use the contact information, submitted on this application, to further contact you regarding opportunities at the Ranch.

- Email List
- Mailing List
- Tour Information
- Respite Services
- Residential Services
- Camp Opportunities

OFFICE USE ONLY
 Date Application Received: _____ Application Fee Received: _____
 Notes: _____

Name of Camper who referred you to Ranch Camp this year: _____ N/A

How did you hear about *Ranch Camp*? _____

What resources do you turn to when looking for opportunities for your loved one with IDD? _____

Signature: _____ Date: _____
Camper or Legal Authorized Representative

Signature: _____ Date: _____
Responsible Party