



Ranch Camp 2019 CAMPER Application

What?	Ranch Camp 2019
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?	Three sessions: June 9-14, June 16-21 and June 23-28. Each session will start on Sunday, 5pm and end Friday, 11am
How much?	\$50 non-refundable application fee must be submitted with your application. If accepted, the application fee will be applied towards the \$900/session cost of camp. Checks and money orders should be made payable to "Down Home Ranch."

How to Apply:

Please completely fill out the attached forms and mail it, along with a \$50 non-refundable application fee, to the address listed at the bottom of the page. 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 camper being moved to a waiting list.

Refund Policy:

Camp fees may be refunded if a written request is received at least 30 days before the start of the particular session.

Ranch Camp is designed for Campers whose behavior is within acceptable guidelines. Please complete the behavioral questionnaire on the following page to help us ensure that your applicant meets these guidelines and can enjoy a great time at camp.

Please Note Carefully: *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 will not enjoy *Ranch Camp* and should not apply. *Ranch Camp* does not accept campers who are medically fragile, use G-tubes, feeding pumps or baclofen pumps, and reserves the right to refuse to accept any camper whose needs, in our opinion, cannot be adequately and safely met.

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

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

EMAIL CAMP@DOWNHOMERANCH.ORG WITH QUESTIONS

Please mail application and \$50 non-refundable application fee to:

**Ranch Camp 2019
Down Home Ranch
20250 FM 619
Elgin, TX 78621**

BEHAVIORAL QUESTIONNAIRE

Please answer the following questions fully and explain anything you believe will help us ensure that the applicant 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 an applicant's general ability to adapt to camp life and will not exclusively bar the applicant from attending Ranch Camp. Answers will be used to provide Campers with the best supports possible.

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

11. Is the applicant incontinent for bowel or bladder?

_____ Yes _____ No _____

12. Has the applicant ever been sent home from a camp or similar situation for reasons of behavior or general inability to adapt to camp life?

_____ Yes _____ No _____

14. Does the applicant currently use tobacco products?

_____ Yes _____ No _____

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

_____ Yes _____ No _____

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 of people and disruptions in routine will not enjoy *Ranch Camp* and should not apply.

The terrain at Down Home Ranch is rough and primitive, and the Ranch is located a minimum of 45 minutes from emergency medical care; therefore, we cannot accept medically fragile campers. *Ranch Camp* does not accept campers who are medically fragile, use G-tubes, feeding pumps or baclofen pumps. *Ranch Camp* does accept campers in wheelchairs, with the understanding that a few activities might not be available to such campers.

Ranch Camp is designed for Campers whose behavior is within acceptable guidelines. 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

CAMPER APPLICATION

I affirm by signature below that the camper for which this application is made meets the health and behavior guidelines described above. 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 noon of the week attended, *Ranch Camp* will attempt to fit him or her into a subsequent camp session at no extra charge.

Attach
Photo
Here
(Required)

Parent/Legal Guardian Signature: _____ Date: _____

CAMPER INFORMATION

Last Name: _____ First Name: _____

Address: _____

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

Phone: _____ Primary Diagnosis/Disability: _____

Date of Birth: _____ Age at Camp: _____ Height: _____ Weight: _____

Gender: ___ Male ___ Female Adult Shirt Size (Circle) XS S M L XL XX XXXL

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/Guardian Information? ___ 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: _____

Camper Permissions

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED
 Notice: Down Home Ranch uses standard horses, miniature horses and miniature donkeys in its equine program, which is limited to non-riding activities. Texas law limits the liability of equine professionals under Statute 87. Please initial your agreement or disagreement with the following items:

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | Barn program, includes interacting and working with Ranch livestock such as horses, miniature horses, goats, pigs, 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 brought 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 are not allowed to make or receive phone calls. Campers may receive e-mails at camp@downhomeranch.org. Please put 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 publicity purposes. |
| _____ | _____ | I agree to not hold Down Home Ranch responsible, financially or otherwise, for the theft, loss or damage of any item brought by my camper to camp. I further agree to not hold Down Home Ranch responsible for items left behind at camp. |
| _____ | _____ | My camper is receiving a stipend to attend camp from the following state agency, school district, foundation or other organization: _____ |

I, _____, affirm that the information on this application is 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.

Camper Signature _____ Date _____

Parent/Legal Guardian _____ Date _____

THIS FORM WILL BE COPIED AND GIVEN TO COUNSELORS CARING FOR YOUR CAMPER.

Name of Camper: _____

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.
 No help needed at meals
 Needs help only with _____
 Retainer Braces Dentures
 I will send special food with my Camper
(Doctor's order required at check-in)

DIAGNOSIS

Please list all conditions, e.g. Down syndrome, Autism, asthma, diabetes, general IDD, ASD, etc.
1. _____
2. _____
3. _____
4. _____

ALLERGIES

None Yes (list below)
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 abilities but can communicate daily needs
 Non Verbal Sign Language

VISION

Normal Limited Glasses Blind

HEARING

Normal Hearing Impaired Hearing Aids

SLEEP

No Problems Usual bed time: _____
 Walks in Sleep Awakes at: _____
 Apnea, uses CPAP or similar

TOILETING

Self-toileting Needs reminding to go
 Needs help: _____

SELF CARE (EX: BRUSH TEETH, BATHE)

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

MEDICATIONS

Attach sheet for additional medications/comments

BEHAVIOR PROBLEMS

No Yes If Yes please explain: _____

ACTIVITY RESTRICTIONS

Yes No
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

Please add additional pages if necessary

PRESCRIPTION MEDICATION POLICY

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.

PLEASE READ AND SIGN

Prescription Medication Policy Agreement. By signature below, I affirm that I have read the policy concerning prescription medication and will deliver my camper's medications in their original containers. I understand that requests to administer dosages of medication different than that prescribed cannot be honored.

Permission to Obtain Medical Treatment. I give my consent by signature below for medical treatment to be obtained for my camper by a representative of Down Home Ranch in the event I or my designee cannot be reached.

Agreement to Pay for Medical Treatment. I understand that in the event of a medical emergency affecting my camper, EMS may be called and my camper may undergo hospitalization and/or treatment. By signature below, I agree to assume all costs associated with such summoning of emergency medical care, hospitalization and treatment, and I hold Down Home Ranch, its staff, Board of Directors and volunteers harmless for any liability, medical or financial, arising from such.

Photo agreement. By my signature below, I give my consent for Down Home Ranch to publish images of my son/daughter on any form of media that is distributed to all weekly camp attendees.

Parent/Legal Guardian Signature _____ Date _____

Please verify that you have completed and signed the application in full.

Upon completion, please mail your application and \$50 non-refundable application fee to:

**Ranch Camp 2019
Down Home Ranch
20250 FM 619
Elgin, TX 78621**

We would love to provide you with more information on Down Home Ranch. By checking the boxes below, you grant DHR permission to use the information, submitted on this application, to further contact you regarding opportunities at the Ranch.

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

OFFICE USE ONLY

Date Application Received: _____

Application Fee Received: _____

Notes: