



# Ranch Camp 2020 CAMPER Application

<b>What?</b>	<b>Ranch Camp 2020</b>
<b>Who?</b>	Adults, 18+, with intellectual and developmental disabilities
<b>Where?</b>	On 410 beautiful acres, 30 miles east of Austin, Texas: 20250 FM 619 Elgin, TX 78621
<b>When?</b>	Three sessions: June 7-12, June 14-19 and June 21-26. Each session will start on Sunday, 5pm and end Friday, 11am
<b>How much?</b>	<b><u>\$50 non-refundable application fee must be submitted</u></b> 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 them, 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. 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.

**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.

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

EMAIL [CAMP@DOWNHOMERANCH.ORG](mailto:CAMP@DOWNHOMERANCH.ORG) WITH QUESTIONS

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

**Ranch Camp 2020  
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 \_\_\_\_\_

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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

### **PAYMENT/FUNDING INFORMATION**

Down Home Ranch wishes to make paying for *Ranch Camp* as streamlined as possible. Share how you wish to pay for camp this year by checking one of the options below. If you are using funding from multiple sources, please check all appropriate options and explain. Please note that payments (apart from the required \$50 application fee) will not be accepted until after your Camper is accepted to Camp.

**Private Pay:** \_\_\_\_\_

**Third Party Provider:** \_\_\_\_\_

Type of Funding: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Service Coordinator/Contact Person: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

**Notes:** \_\_\_\_\_

# 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

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, 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.<br><br>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. |
| _____ | _____ | 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 are not allowed to make or receive phone calls. Campers may receive e-mails at <a href="mailto:camp@downhomeranch.org">camp@downhomeranch.org</a> . 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 Ranch Camp. I further agree to not hold Down Home Ranch responsible for items left behind at Camp.   |

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, etc.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**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 but can communicate daily needs

Non Verbal  Sign Language

**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 (EX: BRUSH TEETH, BATHE)**

Handles on own  Needs help

Must be performed for him/her

**MEDICATIONS**

\_\_\_\_\_

\_\_\_\_\_

Attach sheet for additional medications/comments

**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**

\_\_\_\_\_  
(Please attach 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 2020  
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 contact 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

We are always looking to improve our outreach to families and individuals who are in need of the services Down Home Ranch provides. Please answer the questions below to help us improve our marketing and outreach.

How did you hear about Ranch Camp 2020? \_\_\_\_\_

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

### OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Application Fee Received: \_\_\_\_\_

Notes: