

Meadowood



It Works

## FAMILY IMMERSION CAMP APPLICATION

Session I: 4 Day Camp - August 2<sup>nd</sup> – 5<sup>th</sup> 2012

Session II: 6 Day Camp - August 7<sup>th</sup> – 12<sup>th</sup> 2012

Date of application: \_\_\_\_\_

Session Desired: \_\_\_\_\_

This application is intended to determine the clinical eligibility of the applicant(s) for Meadowood Springs' ASD Family Immersion Camp. It is not a guarantee of enrollment in the program. Clinical eligibility will be determined by the ASD Family Camp Director. Following a determination of clinical eligibility, the applicant(s) will receive a notice which will indicate the status of their application and provide further instructions.

First Parent's Full Name: \_\_\_\_\_

Second Parent's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*Please indicate below the names, ages, and genders of all children who would be attending this camp. If you need more room, please write on the back.*

Child's Name	Child's Age	Child's Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female

*A caregiver is strongly requested to be present to take care of the child or children while parent(s) participate in adult activities.*

Caregiver's Full Name: \_\_\_\_\_

Relationship to Child:

Friend  Grandparent  Babysitter  Aunt/Uncle  Other: \_\_\_\_\_

How did you hear about Meadowood Springs?:

Postcard/Letter Mailed to me (Please provide a copy)  Therapist: \_\_\_\_\_  Prior Affiliation

Service Organization Website: \_\_\_\_\_  Internet Search  Friend: \_\_\_\_\_

Elks Lodge or Member: \_\_\_\_\_  Facebook  Twitter  LinkedIn  YouTube

Resource Fair/Convention  Other: \_\_\_\_\_

Please fill out the following information for each family member. Check all that apply. If you have more than two children, please download additional Child Information Forms from our website and submit them with your application.

**Parent 1:**

Depression    Anxiety    Abuse (physical)    Abuse (substance)    Trauma History

Medication(s): \_\_\_\_\_

Other: \_\_\_\_\_

**Parent 2:**

Depression    Anxiety    Abuse (physical)    Abuse (substance)    Trauma History

Medication(s): \_\_\_\_\_

Other: \_\_\_\_\_

Please describe two goals you have for your child/family for the private consultation time of the camp. This will help us stay focused on your priorities.

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Please provide us with a family profile. We would like a paragraph describing each member of the family. This helps us get to know you a bit better before our time together. If you need more space to write, feel free to write or type on the other side or attach another page.

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Each family will have their own private cabin, however cabins are “rustic” and do not have built-in bathroom facilities. The showers, toilets and laundry facilities are in separate buildings from the cabins. Is this type of “rustic” cabin okay?    Yes    No

Does the caregiver need to be in a separate cabin?    Yes    No

There is a full commercial kitchen in Umatilla, a kitchen in Bannock, and a kitchen in the Hub. Will you need to store some food in a fridge?    Yes    No

Will you need a kitchen to prepare your own food?    Yes    No

Child 1:

Name: \_\_\_\_\_

- Autism Spectrum Disorder (ASD)     Non-verbal     Verbal     Severe     Mild     High-functioning
- ADHD     NLD     Dyspraxia     Social Anxiety     PDD/NOS     MSDD     OCD     Tourette's
- Separation Anxiety     Abuse     Trauma History     Post Traumatic Stress Disorder     Attachment Disorder

Please put "E" next to recreational activities this child ENJOYS, a "D" next to activities child DISLIKES, and a "C" next to activities that are CHALLENGING (but not necessarily in the enjoy or dislike category).

- \_\_\_Swimming    \_\_\_Canoeing    \_\_\_Fishing    \_\_\_Catching Bugs with Net    \_\_\_Campfire    \_\_\_Challenge Courses
- \_\_\_Zip Line    \_\_\_Hiking    \_\_\_Swings    \_\_\_Slide    \_\_\_Skits    \_\_\_Music    \_\_\_Baseball    \_\_\_Miniature Golf    \_\_\_Basketball
- \_\_\_Soccer    \_\_\_Kickball    \_\_\_Volleyball    \_\_\_Cards    \_\_\_Board Games    \_\_\_Art    \_\_\_Bubbles    \_\_\_Frisbee    \_\_\_Cars
- \_\_\_Blocks    \_\_\_Other: \_\_\_\_\_

Does this have a child an IEP?     Yes     No

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

- Reading     Math     Behavior     SLP     OT     PT     1 to 1     Para part time

Other: \_\_\_\_\_

Child 2:

Name: \_\_\_\_\_

- Autism Spectrum Disorder (ASD)     Non-verbal     Verbal     Severe     Mild     High-functioning
- ADHD     NLD     Dyspraxia     Social Anxiety     PDD/NOS     MSDD     OCD     Tourette's
- Separation Anxiety     Abuse     Trauma History     Post Traumatic Stress Disorder     Attachment Disorder

Please put "E" next to recreational activities this child ENJOYS, a "D" next to activities child DISLIKES, and a "C" next to activities that are CHALLENGING (but not necessarily in the enjoy or dislike category).

- \_\_\_Swimming    \_\_\_Canoeing    \_\_\_Fishing    \_\_\_Catching Bugs with Net    \_\_\_Campfire    \_\_\_Challenge Courses
- \_\_\_Zip Line    \_\_\_Hiking    \_\_\_Swings    \_\_\_Slide    \_\_\_Skits    \_\_\_Music    \_\_\_Baseball    \_\_\_Miniature Golf    \_\_\_Basketball
- \_\_\_Soccer    \_\_\_Kickball    \_\_\_Volleyball    \_\_\_Cards    \_\_\_Board Games    \_\_\_Art    \_\_\_Bubbles    \_\_\_Frisbee    \_\_\_Cars
- \_\_\_Blocks    \_\_\_Other: \_\_\_\_\_

Does this have a child an IEP?     Yes     No

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

- Reading     Math     Behavior     SLP     OT     PT     1 to 1     Para part time

Other: \_\_\_\_\_

Does anyone in your family have allergies (e.g., insect bites, poison oak)?  Yes  No

Who (What allergy)?: \_\_\_\_\_

Is anyone in your family currently taking any medications?  Yes  No

If yes, please indicate who and what medications: \_\_\_\_\_

Is anyone in your family on a special diet?  Yes  No

If yes, please indicate who and list the foods that they will eat: \_\_\_\_\_

Does anyone have vision or hearing problems?  Yes  No

Describe: \_\_\_\_\_

Does anyone have activity limitations?  Yes  No

Describe: \_\_\_\_\_

Besides lodging and food, will you need special accommodations?  Yes  No

Describe: \_\_\_\_\_

Does anyone have communication issues?  Yes  No

Describe: \_\_\_\_\_

Does anyone have sensory processing issues?  Yes  No

If more than one person does, please put person's initials next to all that apply.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Sensory Defensive | <input type="checkbox"/> Arousal/Alert Control | <input type="checkbox"/> Self Awareness | <input type="checkbox"/> Motor Planning |
| <input type="checkbox"/> Social Awareness  | <input type="checkbox"/> Oral Motor            | <input type="checkbox"/> Fine Motor     | <input type="checkbox"/> Gross Motor    |
| <input type="checkbox"/> Emotional Control |  |   |   |

Other: \_\_\_\_\_

Has anyone shown signs of aggression within the last six months or demonstrated challenging behaviors?

Yes    No

If yes, please indicate who and describe behaviors: \_\_\_\_\_

\_\_\_\_\_

When does your child seem to have more difficulty? \_\_\_\_\_

\_\_\_\_\_

What approach(es) appear(s) to help your child(ren) switch to more appropriate behavior?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone in your family received treatment(s)?  Yes    No

Describe: \_\_\_\_\_

\_\_\_\_\_

This application has been completed and is accurate to the best of my/our knowledge and I/we:

- Have included a \$35 refundable/transferable deposit made out to Meadowood Springs to process this application.
- Understand that if this application is not complete, is not accurate, and/or does not include the \$35 refundable/transferable deposit, this application may be delayed.
- Understand that this application is not a guarantee of enrollment. I/We understand that staff will utilize the information provided to determine if my/our family is clinically eligible for camp.
- Understand that if my/our family is determined to NOT be clinically eligible, my/our \$35 deposit will be returned to me/us.
- Understand that if my/our family is clinically eligible, I/we will receive an enrollment packet including information on how the camp's fees will be paid, that must be submitted for admission to the camp.

The information you have included in this application will not be shared with anyone other than Meadowood Springs' staff. If you have questions or concerns about the program, we urge you to call our office at 541-276-2752 or email the clinical director at the email below at any time.

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Printed Name of Primary Applicant

Printed Name of Secondary Applicant

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Signature of Primary Applicant

Date

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Signature of Secondary Applicant

Date

For more information about the camp, please visit our website at <http://meadowoodsprings.org> or contact Audrey Black, Clinical Director, at [audrey@meadowoodsprings.org](mailto:audrey@meadowoodsprings.org)

Please mail your application and the refundable/transferable \$35 deposit to:

Or deliver in person with the refundable/transferable \$35 deposit to:

Meadowood Springs Camp  
PO Box 1025  
Pendleton, OR 97801  
Phone: 541-276-2752  
Fax: 541-276-7227  
email: [info@meadowoodsprings.org](mailto:info@meadowoodsprings.org)

Meadowood Springs Camp  
316-A SE Emigrant Ave  
Pendleton, OR 97801