



Shalom Retreat 2010 ~ Application

Shalom Retreat is for Adult Individuals with Developmental Disabilities. This application helps us determine if the applicant is a good fit for our Retreat. **Please answer each question thoroughly and honestly.** Upon review of this form, we will either contact you for additional information or send you an email letting you know your client or child has been accepted. If an email address is not provided, we will send a postcard to the specified contact person. Please return completed application, health form and \$50 deposit to: **Camp Hebron Attn: Kendra Martin, 957 Camp Hebron Rd, Halifax, PA 17032**

Applicant's Name _____ Gender _____ Age _____

Camper Profile – Please complete thoroughly to the best of your knowledge

1. MOBILITY (please circle all that apply)

- a. Walking: *normal* *slow* *unsteady*
- b. Assisted by: **N/A** *crutches* *cane* *walker* *braces* **wheelchair:** *always* *when needed*
- c. Other information concerning mobility: _____

2. A. EATING (circle all that apply) ****Camp Hebron is able to meet special dietary needs, please enclose details.**

- a. Eats: *Independently* *Too fast* *Overeats* *Very slow*
- b. Needs food: **N/A** *Cut up* *Chopped* *Pureed*
- c. Has trouble swallowing: **N/A** *Solids* *Liquids:* Uses straw for liquids? **NO** **YES**
- d. Other meal time issues: _____
- e. How are portions controlled at home? _____
- f. Please list and explain other information regarding eating habits: _____

2. B. Is Applicant DIABETIC? **NO** **YES:** *Takes insulin shots* *Diet-controlled*

- a. Specify diabetic menu restrictions/modifications (*attach extra sheet if needed*): _____
- b. Can the individual drink soda? **NO**, not at all **YES:** *What kinds?* _____
- c. Does applicant smoke? **NO** **YES:** *How many cigarettes a day?* _____

3. SLEEPING (please circle all that apply)

- a. Needs to be awakened to use toilet: **NO** **YES** If yes, how often? _____
- b. Wets the Bed: *Never* *Occasionally* *Frequently*
- c. Uses Adult Diapers **NO** **YES** If yes: *At Night Only* *Occasionally* *Always*
- d. Explain how bed-wetting is handled at home: _____

e. Sleeps through the night: **YES** **NO**, Insomniac (*circle one*): *Stays in room* *Wonders the building*

g. Camper Requests to room with: _____

h. Do **NOT** room with (why?): _____

4. POOL USE Is the applicant permitted to wade/swim in chlorinated water? **NO** **YES**

