



957 Camp Hebron Rd, Halifax, PA 17032 800-864-7747 717-896-3441

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Shalom Retreat ~ 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* *unsteady* *slow*
- 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**

5. COMMUNICATION (please circle all that apply)

- a. Speech: *Normal* *Impaired* *Non-verbal* *Sign Language*
- b. Hearing Aids: **N/A** *Left ear* - *Right ear* (If camper has hearing aids, please send along extra batteries)
- c. Is camper easily frustrated if misunderstood? **NO** **YES** **SOMETIMES**
- d. How is communication handled with this individual? _____

6. PERSONAL CARE/HYGIENE (please check all that apply with a "✓")

	<u>Independent</u>	<u>Needs Help</u>	<u>→</u>	<u>Details of assistance needed</u>
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- | | | | | |
|--------------------------------------|-----------|------------|---|--------------------------------|
| a. Dressing | _____ | _____ | → | _____ |
| b. Showering/washing hair | _____ | _____ | → | _____ |
| c. Shaving/Brushing teeth | _____ | _____ | → | _____ |
| e. Using Toilet | _____ | _____ | → | _____ |
| f. Menstruation (<i>females</i>) | _____ | _____ | → | _____ |
| g. Does the individual wear glasses? | NO | YES | | Dentures? NO YES |
| h. Other pertinent information: | _____ | | | |

7. PERSONALITY (Please attach extra sheet if needed, this information is extremely helpful!)

- a. Describe his/her personality on a typical day: _____
- b. What assistance/prompts do you give the person on a daily/weekly basis? _____
- c. Describe his/her morning routine: _____
- d. Describe his/her evening routine for bed: _____
- e. How does he/she interact in a group setting? _____
- f. Is applicant prone to wander from the group? _____
- g. Does applicant have a history of inappropriate behavior to the opposite sex (peers and staff)? Please explain. _____
- h. How does applicant act when they are upset or angry? How frequently does this occur? _____

- i. How much 1-on-1 time does he/she require? _____
- j. Complies with change in daily routine? _____
- k. Understands his/her disability? _____
- l. Please list any specific details in regards to medications (administering them, effects on camper, etc):
