



SOAR365 Summer Camp @ Camp Baker Application 2023

Welcome to our 2023 Application! **Before you scroll down to fill out your application, read the following changes about our program and the eligibility of our campers.**

Ensuring the safety of our campers and staff is paramount to having a successful summer. The following are requirements* for our campers this season:

- Campers must have a negative COVID test prior to attending camp

**These regulations and rules could change in the months leading up to summer camp, as we follow VDH/CDC guidelines.*

For 2023, we are planning a full ten-week overnight summer camp with options for day campers. We hope to hire enough staff to support a full season this year.

As we plan our summer camp season, we are making adjustments due to the increased cost of providing service, staffing and food. **As a result, the cost of SOAR365 Summer Camp @ Camp Baker is as follows:**

\$1,800
FULL WEEK OF
OVERNIGHT SUMMER CAMP

\$800
FULL WEEK OF DAY CAMP

\$800
WEEKEND CAMP

We understand that this could be a hardship for some families, and we offer a limited number of financial need-based full and partial scholarships. In addition, Medicaid waiver hours can be used as payment: 44 hours for daytime hours and 122 hours for overnight hours (for those who qualify.)

This year, application due dates will be based on the session your camper wishes to attend (see below).

Session 1-3
DUE DATE: APRIL 28, 2023

Session 4-6
DUE DATE: MAY 26, 2023

Session 7-10
DUE DATE: JUNE 19, 2023

Failure to turn in all paperwork by this date will forfeit your summer camp session.
**Physical examinations will be accepted if camper's physical date falls after due date.

So, what will camp look like?

You can expect fun in the sun as usual at SOAR365's Summer Camp! Here are a few of our campers' favorite activities that will continue for Summer Camp 2023:

- Horseback Riding
- Fishing
- Arts and Crafts
- Swimming
- Nature Hikes/Classes
- Music and Drama
- Outdoor/Indoor Sports
- Photography

We are excited to offer a safe, fun, and exciting summer camp experience for your loved one, and we look forward to seeing you soon.

Latashia McLeod, MSW
DIRECTOR, SUMMER CAMP





Please Attach
Recent Camper
Photo Here

2023 Summer Camp Application

Camper Name: _____
Last First Preferred/Nickname

Date of Birth: _____ Age: _____ Sex: _____ Social Security #: _____

Does camper currently attend any SOAR365 program(s) other than Summer Camp? Yes No

If "Yes" please list current program(s): _____

List previous year(s) camper attended Summer Camp: _____

Primary Diagnosis: _____

Intellectual Disability (Select one): Mild Moderate Severe/Profound

Does camper live in a group home? Yes No

If "Yes," name of group home: _____

Group Home Contact Person: _____ Phone Number: _____

Address of Camper: _____

City: _____ State: _____ Zip Code: _____

Your name: _____ Your relationship to camper: _____

Who is the camper's guardian? Parent Camper is their own guardian Other: _____

Contact Information

Main contact for camper receives ALL Summer Camp paperwork.

Name of main contact for camper: _____

Relationship to camper: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact

This person is responsible for the camper's welfare while the primary caregiver is absent. In the event of an emergency, this person must be available to pick up the camper, as soon as possible, at any time during the camper's stay at Summer Camp.

Emergency situations include, but are not limited to medical emergencies, behavioral emergencies and unexpected closure of camp. Failure to provide an appropriate contact will impact future camp eligibility and/or prompt an APS/CPS referral.

Name of emergency contact for camper: _____

Relationship to camper: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Name of primary physician/nurse practitioner: _____

Name of practice: _____

Phone: _____ Fax: _____

Camper Name: _____
Last First

Camp Payment Information

Application Will NOT Be Processed Without This Page

Important: A non-refundable \$400 deposit is REQUIRED with the application to hold your spot
 Camp slot(s) will not be held or guaranteed until the \$400 deposit has been received.
 The deposit will be applied towards camp tuition.

Camp Fees (per week)

Day Camp: \$800 or 44 Family & Camper Support or Community Living Medicaid Waiver Respite Hours
Overnight Camp: \$1800 or 122 Family & Camper Support or Community Living Medicaid Waiver Respite Hours

How will Summer Camp be funded?

Private Pay **Camper's slot will not be held without \$400 non-refundable deposit. This fee will be applied toward Camp Tuition**

Personal Check* - Payable to SOAR365: Check #: _____	\$400 Deposit	Other Amount: _____
Credit Card - Type of card: _____	\$400 Deposit	Other Amount: _____
Card #: _____		Expiration Date: _____

* Please include camper's name in memo section of check.
 *A limited amount of "campership" funds are available to assist eligible families with paying for summer camp.
 Please call (804) 748-4789 to request an application for financial assistance.

Applications for financial aid must be submitted by March 31, 2023, and are processed in the order in which they are received

Agency Payment or Third-Party Payment Including IFSP Funding

Written proof of funding is required with this application

No camp slot(s) will be held without the \$400 non-refundable deposit OR written proof of full tuition funding from the agency paying for camp

Name of Agency Paying for Camp: _____
 Agency Contact Person: _____ Agency Phone #: _____
 E-Mail Address: _____
 Amount agency/third party will pay: \$ _____ (If not full tuition the camper is responsible for the balance)

Family & Individual Support or Community Living Waiver – Respite Hours

NO DEPOSIT IS REQUIRED FOR APPROVED WAIVER SERVICES WITH SERVICE AUTHORIZATION ON FILE

Important Note: Please contact your support coordinator/case manager and let them know you want to use your waiver for extended respite services. If you have any questions, please contact Summer Camp at (804) 748-4789.

Name of Agency: _____
 Name of Case Manager: _____ Phone #: _____
 E-Mail Address: _____

Does camper live in a sponsored residential setting or group home?	Yes	No
Is anyone in the camper's home being paid to provide services to them?	Yes	No
Does camper receive respite services from another provider?	Yes	No

REQUIRED DOCUMENTATION FROM CSB CASE MANAGERS:

Psychological, PCP, Vides, Annual Risk Assessment, Choice of Provider and SIS. Camp will **NOT** approve camp slot until required documents are on file. Fax or mail to our contact info below or email to summercamp@soar365.org.

Registration will be canceled if required documents and SA have not been submitted by paperwork due date for applied session.

Camper Name: _____
Last First

2023 Summer Camp Sessions

Overnight: Sunday – Friday

Day Camp: Monday-Thursday 8:30am-5:30pm, Friday 8:30am-12:00pm

Will camper stay overnight? (Select one)

Yes,
Camper will stay overnight

No,
Camper will come during the day ONLY
(Day Camp)

2023 CAMP SESSIONS				WEEKEND OPTIONS <small>(ONLY for OVERNIGHT CAMPERS attending more than one session in a row)</small>	
Select Session	Session	Dates	Ages	Attending Weekend Session?	Weekend Dates
	1	June 4 - June 9	Ages 18+	Yes No	June 10 - June 11
	2	June 11 - June 16	Ages 18+	Yes No	June 17 - June 18
	3	June 18 - June 23	Ages 18+	Weekend Option Not Available	
	4	June 25 - June 30	Children Only Ages 6-17	Yes No	July 1 - July 2
	5	July 2 - July 7	Children Only Ages 6-17	Weekend Option Not Available	
	6	July 9 - July 14	Ages 18+	Yes No	July 15 - July 16
	7	July 16 - July 21	Ages 18+	Yes No	July 22 - July 23
	8	July 23 - July 28	Ages 18+	Yes No	July 29 - July 30
	9	July 30 - Aug. 4	Ages 18+	Yes No	Aug. 5 - Aug. 6
	10	Aug. 6 - Aug. 11	Ages 18+ Males Only	Weekend Option Not Available	
If your desired session is full, we will contact you with alternative options					

Notes for Summer Camp regarding your session choices: _____

Application Deadlines

Session 1 - 3: April 28, 2023
 Session 4 - 6: May 26, 2023
 Session 7 - 10: June 19, 2023

2023 Summer Camp Application

Camper Name: _____
Last First

Camper Medical Information

Does your camper:

Have seizures/epilepsy? No Yes Have a VNS?
 If "Yes," list type and frequency: _____

Have diabetes? No Yes Type I Type II
 Have allergies? No Yes Have an epinephrine pen?
 If "Yes," please list: _____

Have dietary restrictions? No Yes
 If "Yes," please describe: _____

Use any medical equipment/devices (e.g. oxygen, g-tube, etc.) No Yes
 If "Yes," please list: _____

Have a DNR? No Yes If "Yes," please provide a copy of DNR documentation.
 Been hospitalized in the past 6 months? No Yes
 If "Yes," list, please explain hospitalization: _____

Any new medical diagnosis within past 6 months? No Yes
 If "Yes," list condition and treatment: _____

Take medication? Daily As needed No medication necessary
 A full SIGNED medication list will be required to attend and is gathered with the next round of paperwork.

Is your camper vaccinated for COVID-19? No Yes If yes, how many doses? _____

Has your camper had confirmed COVID-19 illness? No Yes If yes, when? _____

Please list any additional medical information that you deem necessary: _____

****After camper's application is approved** you WILL be required to submit signed physician's orders for ANY medication camper will receive at Camp.**

Summer Camp may not administer ANY medication without an order signed by the doctor.
 This includes over-the-counter medications such as Tylenol, vitamins and sunscreen.
 For your camper to receive medications while at Camp, please obtain a signed physician's order from the doctor.
 Summer Camp is required to follow the prescription exactly as it is written.

2023 Summer Camp Application

Camper Name: _____
Last First

In order for us to better understand the individualized needs of your camper and to ensure they have a fun and safe experience under our care, **please provide the following information with as much detail as possible.**

Is your camper:

Hyperactive Withdrawn Physically aggressive Verbally aggressive Self-abusive

Does your camper:

Have a history of substance abuse or a current concern with substance abuse? No Yes

If "Yes," list condition and treatment: _____

Have a mental health diagnosis? No Yes

If "Yes," list condition and treatment _____

Does your camper: Destroy property Wander Have sexual behaviors (e.g. stripping, touching others, etc.)

Please provide more detail on any of the above selections and/or additional concerns: _____

Please list any PRN behavioral medications: _____

Please list any stress triggers: _____

Please provide recent effective strategies for similar or new situations like Summer Camp: _____

Please list any interests: _____

Please list any animal aversions (e.g. fear, allergies, etc.): _____

2023 Summer Camp Application

Camper Name: _____
Last First

Communication (please provide details)

Verbal:	Speaks clearly	Uses full sentences	Uses word and/or phrases	Difficult to understand
Non-Verbal:	Uses communication device		Uses sign language	
	Uses basic signs (e.g. bathroom, eat)		Uses gestures or pointing	

Please list any additional information: _____

Camper Mobility

Walks independently	Walks with cane	Walks with walker
Requires occasional physical assistance walking over uneven ground, upstairs and over difficult terrain		
Uses splint for wrist/arm	AFOs	Scoliosis vest

For campers who use a wheelchair:

Wheelchair at all times	Manual	Electric
Wheelchair for long distances only		

Personal Care

Restroom:
Fully independent Needs assistance. Explain: _____

Washing Hands:
Fully independent Needs verbal prompting and/or hand gestures. Explain: _____

Bathing:
Fully independent Needs assistance. Explain: _____

Dressing (changing clothes if/when needed: swimming, etc.):
Fully independent
Needs limited verbal prompting to put on bathing suit and/or clothing.

Explain: _____

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Camper Name: _____
Last First

Nutritional Requirements (please provide details)

Level of Assistance with Eating: Fully independent Needs assistance

Food allergies: _____

Dietary restrictions: _____

Additional information: _____

Sleeping Habits and Routines

Camper's usual bedtime: Camper's usual wake time:

Sleep problems (unable to sleep, bed wetting, etc.) No Yes

If "yes," please explain: _____

Gets out of bed during the night: Rarely Sometimes Always

If "sometimes" or "always," please share the approximate hours of the night the camper wakes up. _____

Requires repositioning during the night? No Yes

If "yes", please explain: _____

Has camper ever attended a sleep away program? No Yes

If "yes," please explain type of program and general reaction: _____

2023 Summer Camp Application

To submit your application, please choose one of the options below.

1

Print this PDF and mail to:

SOAR365 Summer Camp
7600 Beach Road, Chesterfield, VA, 23838

2

Print this PDF and fax to:

8049563571@fax.soar365.org
Attn: SOAR365 Summer Camp

3

Save this PDF and upload:

Simply go to this secure link to upload and submit your completed application:
<https://www.dropbox.com/request/3piPwPWN6SQepVgfpK1e>

Thank you for applying to SOAR365's Summer Camp @ Camp Baker!