



RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH- DURHAM REGION

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Registered Charitable #1097245-09

APPLICATION FOR CAMP - ENHANCED STAFFING SUPPORT

ONLY CAMP APPLICATIONS MAY BE CONSIDERED UNDER THE FOLLOWING CRITERIA: Please check appropriate criteria relating to your child. *(Statements are listed in order of priority for consideration)*

() Adult intervention is required to respond to the child’s ongoing medical needs while attending a group setting.

() Additional adult supervision is absolutely essential due to the child’s injurious behaviour to self or others and their lack of understanding of personal safety, which frequently puts them at risk. Consideration will be given to the frequency and severity of the behaviours.

() Child displays physical challenges that impact on their ability to participate in the routines and expectations of the program. Adult assistance with positioning, mobility and use of equipment in a group situation is required.

Support will not be approved for developmental or educational purposes.

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED IN ORDER TO BE PROCESSED

CHILD'S NAME: _____ D.O.B: _____

PARENT(S) / GUARDIAN(S) NAMES: _____

ADDRESS: _____

TELEPHONE NUMBER: Home _____ Business: _____

NAME OF CAMP PROGRAM: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

HOURS OF ATTENDANCE: _____

DATES/WEEKS REQUESTING SUPPORT: _____

LEVEL OF SUPPORT NEEDED: (Adult : Child/ren) 1:1 _____ 1:2 _____ 1:3 _____

DIAGNOSIS: _____ BY WHOM: _____ DATE: _____

BRIEF DESCRIPTION OF NEED: _____

DESCRIPTION of NEEDS In order to evaluate the needs of the camp program, please respond to the following:

Adult assistance is required to:

Attend to the medical needs of the child, for example: insulin, seizures
(please Specify) _____

Assist with positioning, mobility, use of equipment
(please specify) _____

Equipment required at camp (please specify) _____

Compared to same age peers, high levels of adult assistance are required to:

- | | |
|---|--|
| <input type="checkbox"/> Follow simple directions/tasks | <input type="checkbox"/> Follow routines / schedules |
| <input type="checkbox"/> Interact with Peers | <input type="checkbox"/> Transition from one activity to another |
| <input type="checkbox"/> Participate in swimming pool | <input type="checkbox"/> Complete crafts / table tasks |
| <input type="checkbox"/> Engage in fine motor tasks | <input type="checkbox"/> Engage in gross motor tasks |
| <input type="checkbox"/> Eat snack, lunch | <input type="checkbox"/> Complete toilet routine |
| <input type="checkbox"/> Communicates wants/ needs | <input type="checkbox"/> Dress |

Communicates how? (verbal, using p.e.c.s., sign language) _____

Compared to their peers, the child (please check appropriate box)

	Constantly	Several times a Day	Occasionally
Displays frustration by crying, refusing to complete tasks			
Is unaware of personal safety; attempts to engage in unsafe activities			
Displays tantrums			
Needs extra time to settle			
Displays aggression towards adults or peers			
Is destructive of property including toys or furniture			

What times of the day are the concerns most challenging? (Please check times/activities)

A.M.	P.M.
<input type="checkbox"/> Games/Sports	<input type="checkbox"/> Games/Sports
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Arts/Crafts
<input type="checkbox"/> Snack/Lunch	<input type="checkbox"/> Snack
<input type="checkbox"/> Outdoor/Gross motor	<input type="checkbox"/> Outdoor/Gross motor
<input type="checkbox"/> Washroom	<input type="checkbox"/> Washroom
Other: _____	<input type="checkbox"/> Swimming/Pool

Are you currently receiving or waitlisted for Child Care Subsidy? Yes No

Are you currently accessing other funding sources? ACSD: Yes [] No [] amount: _____
 SSAH: Yes [] No [] amount: _____
 OTHER: Yes [] No [] amount: _____

Waitlisted	Receiving	PLEASE INDICATE SERVICES CURRENTLY WAITLISTED OR INVOLVED WITH:
		Durham Behaviour Management Services
		Durham Infant Development Services
		Grandview Children’s Centre
		Durham Preschool Speech and Language Program
		Resources for Exceptional Children And Youth – Durham Region
		Kinark Child & Family Services
		Other (Please list)_____

PARENT(S) ARE: **currently employed outside of the home**
 (please check appropriate box) **currently attending school**
 requiring respite

SIGNATURES:

I/We hereby apply for Enhanced Staffing Support and declare that all sections have been completed and the enclosed statements are true to the best of my/our knowledge.

I/We are aware that the child and/or Camp Program must meet the specific criteria for the approval of support.

I/We understand that Resources For Exceptional Children & Youth - Durham Region will attempt to provide support that responds to the needs of the child, Camp Program and that is fair and equitable throughout the Region. However limited resources may impact on approval of applications.

If the child is withdrawn from the designated Camp Program, then this application becomes null and void.

I/We acknowledge that the Enhanced Staffing Consultation Coordinator will be required to contact the Camp Program to plan for the child’s attendance, the provision of support and to share information contained on this application to ensure a successful camp experience.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

.....
OFFICE USE: APPLICATION APPROVED _____ DENIED _____ WAITLISTED _____

DATE PARENT CONTACTED: _____