

BRAIN INJURY ALLIANCE

Since

1981

OF NEW JERSEY

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TREK 2012

TOGETHER IN RECREATION, EXPLORATION AND KNOWLEDGE

TREK is the Brain Injury Alliance of New Jersey's summer respite and recreation program funded by the New Jersey Division of Developmental Disabilities. Its primary purpose is to provide respite to family members and caregivers of people with brain injury. It also allows the person with a brain injury to experience a week away in a social and recreational atmosphere. The program is designed to serve adults, age 16 and older, with the primary diagnosis of brain injury. Applicants must be residents of New Jersey or currently residing in New Jersey for rehabilitation purposes.

This week-long camping program for adults with brain injuries will take place **Sunday JUNE 10 through Saturday JUNE 16** at **CAMP OAKHURST** in Oakhurst, New Jersey (Monmouth County). This summer will be Camp TREK's 26th year!

Planned program activities may include a variety of physical/recreational opportunities such as crafts, nature, photography, swimming, cooking, sports, yoga, Nintendo Wii games, music and evening social activities.

Those interested in attending TREK must complete and return the application **as soon as possible**. Spaces will be filled by applicants who meet the preliminary requirements, on a first come, first served basis. Applicants who meet the preliminary requirements for the program will be sent a medical form to be completed by a physician. Final acceptance is subject to a review of the application by the Executive Director of BIANJ, and to the information on the medical form. Only applications completed with all of the requested information will be considered for acceptance.

Personal Care Attendants are required for campers with involved medical, physical or behavioral challenges which require one on one care. PCA's must be the same sex as the camper for whom they are responsible.

The fee for TREK is \$325.00 per participant. Campers who attend with a personal care attendant (PCA) must also submit \$325.00 for the PCA. All fees are due with submission of medical forms. Campers denied placement will be reimbursed.

Transportation will not be provided. Applicants are responsible for providing reliable transportation to and from the program.

Please mail completed application with a current photo of applicant to:

Camp TREK
Brain Injury Alliance of New Jersey
825 Georges Road, Second Floor
North Brunswick, NJ 08902

"My favorite week of the year" - TREK Participant

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TREK 2012 -CAMPER APPLICATION

Please complete all sections - This Application has 5 Pages

PLEASE INCLUDE A PHOTOGRAPH WITH THIS APPLICATION

NAME: (First/Last) _____ T-shirt size _____

Gender _____ Age _____ Date of Birth _____ Phone _____

ADDRESS:(Street) _____

City _____ State _____ Zip _____ County _____

E-mail _____ Telephone _____

_____ Phone _____

Name of Legal Guardian (indicate if self-guardian) _____

Guardian Address *Please indicate if paperwork should be sent to guardian's address _____

Relationship of legal guardian to applicant: _____

How did applicant hear about TREK? _____

How did injury/illness occur, i.e. motor vehicle crash, fall, etc? _____

Date of injury/illness: _____ Age at time of injury _____

Description of disability (attach additional sheet if necessary): _____

Height _____ Weight _____

Does applicant receive services from DDD (Division of Developmental Disabilities)? _____ If yes, please indicate 6 digit MIS number: _____

Will Camper attend with a personal care attendant (PCA/Aid)? _____ If yes, a PCA application will be forwarded with medical forms and must be submitted with medical forms and payment before final acceptance. A Personal Care Attendant (Aid/PCA) is required for any applicant who requires one on one care. BIANJ DOES NOT PROVIDE PERSONAL CARE ATTENDANTS, NOR DOES THE PROGRAM PROVIDE ONE ON ONE CARE.

SEIZURES yes no Date of last seizure: _____

Type and frequency of seizures. _____

Are they controlled by medication _____ What? _____

ACTIVITIES OF DAILY LIVING

EATING: To what extent will applicant need help in eating? _____

Does the applicant have difficulty in swallowing solids or liquids? _____

Does the applicant require a straw? _____ Any special utensils? _____ (If yes, bring to TREK.)

Does the applicant require a special diet? _____ If so, explain _____

Other comments pertaining to eating (**allergies** likes/dislikes, etc). _____

TOILETING: (please circle and fill in where needed)

Applicant needs: No assist Partial Assist Total Assist _____

Bladder needs: None Incontinent Needs reminders Needs to go very often _____

Bowel needs: None Incontinent Needs reminders Chronic Diarrhea _____

Aids used: Diaper Bedpan Commode Urinal Catheter _____

*** If incontinence is even occasional, participant must provide sufficient supplies (bed pads, adult diapers, extra bedding, etc).**

PERSONAL HYGIENE: (please circle and fill in where needed)

Washing/Bathing: No Assist Partial Assist Total Assist Uses shower chair _____

Needs assistance with: Hair Teeth Shaving _____

Dressing: Please explain assistance needed _____

Does applicant smoke? _____ If so, how much _____

Please comment on any other issues regarding personal care: _____

HEARING AND SPEECH: Mark the statement(s) that best describe applicant's communicative ability.

_____ Uses communication board/electronic device (If yes, please bring to TREK with batteries/recharger if applicable.)

_____ Uses sign language.

_____ Uses only a few words.

_____ Sometimes uses sentences.

_____ Has no difficulty communicating.

Does the applicant have a hearing impairment? _____ Does the applicant wear a hearing aid? _____

Any additional comments? _____

VISION Is applicant legally blind? _____ Is applicant partially sighted (if yes, please explain)? _____

Does applicant wear glasses/contact lenses? _____ Additional comments _____

MOBILITY *Please remember that a person who is ambulatory at home may not be completely ambulatory at camp. Campgrounds have uneven surfaces, and camp activities may be more strenuous than a person's normal routine. Please answer these questions keeping in mind that a person may need more assistance than usual while at camp.

Does applicant walk independently on: all surfaces grass hills concrete sand

Use a cane? Use a walker? Use a wheelchair? Use a brace? (arm leg foot)

Wheelchair use: all the time just when fatigued just outside just at camp

Does applicant operate wheelchair independently? _____

Please also note that equipment such as a wheelchair will experience a certain amount of wear and tear during the week of camp. All equipment, especially wheelchairs, should be in sturdy condition. .

Additional comments: _____

SWIMMING Lifeguards will be on duty. May the applicant swim in the pool? _____

Any special swimming instructions? _____

List below what camp activities the applicant should not attempt (Doctor's counsel). _____

MEDICATIONS: _____ Dosage _____ Frequency _____

_____ Dosage _____ Frequency _____

_____ Dosage _____ Frequency _____

_____ Dosage _____ Frequency _____

_____ Dosage _____ Frequency _____

(please attach additional paper for long list of medications)

Allergies/ Medical Precautions: _____

BEHAVIOR Please be honest. Any applicant who negatively affects the safety or well being of himself or other campers will not be able to remain at camp.

Anger Issues: None Mild Sometimes Severe Often What causes it? _____

What helps calm down? _____

Does applicant ever lose verbal control (scream and shout) No Yes _____

Does applicant ever lose physical control (hit, etc.) No Yes _____

Please check any of the following that apply and explain in the space below:

____ Easily angered ____ Impulsive ____ Outbursts ____ Lack of motivation ____ Profanity

____ Self-injurious behavior ____ Sexually inappropriate behavior ____ Argumentative behavior

____ Any history of physically aggressive or inappropriate behavior

Please fully explain the applicant's behavior in regard to any of the previously listed issues, or any behavior, which might affect the safety or well being of the applicant or fellow campers. Be specific. _____

IMPORTANT: Are there any known troubles, fears, or group-living problems? If known to the staff, efforts can be made to alleviate the problem, thereby making the applicant's week more enjoyable. _____

Please inform us of any issue/condition in regard to the applicant - medical, physical, behavioral, emotional, etc. - which may impact the safety and well-being of the applicant or of other participants in the program. _____

PERSONAL DATA

Does applicant attend school? _____ Where? _____

Is applicant employed? _____ Where? _____

What are applicant's hobbies and interests? _____

_____ Favorite color? _____

How can TREK, its staff, and other participants best help the applicant have a successful week? _____

Other remarks: _____

Please indicate who has completed this application (applicant, parent/guardian, social worker, therapist,

etc) Please include contact number. _____

I hereby give my/our consent for _____ to attend the brain injury summer camping session. In consideration for the acceptance of the above named, I/we hereby release and waive any claim or cause of action which may accrue against the Brain Injury Alliance of New Jersey, Camp Oakhurst, and any employee of either one and any other person acting with the permission of either, arising out of any injury and/or loss to the person or property of such individual during his/her stay at the camp, in transit to and from said camp, or during any activity approved by any said persons, and I/we agree to assume all liability for any claims which said individual in his/her personal capacity might have against any of said persons for injury as herein stated. Should staff of the Brain Injury Alliance determine that the above named is unable to remain at camp for the duration of the camp week, I/we agree to arrange transportation within 24 hours.

BIANJ reserves the right to identify training/supervision needs for camper/personal care attendant (PCA) relationship while at camp to secure safety for all parties involved and to provide supervision whenever necessary.

Signature of legal guardian or applicant as self guardian: _____

Date: _____

Phone number(s): (home) _____ (work) _____

(cell) _____

This information is absolutely necessary for the applicant to participate in TREK.

EMERGENCY: In case of emergency and legal guardian cannot be reached at above phone number, TREK staff should notify one of the following individuals (please list two):

1. _____
Name Address City State Zip

Phone Number work phone cell phone

Relationship to applicant: _____

2. _____
Name Address City State Zip

Phone Number work phone cell phone

Relationship to applicant: _____

NOTE: These individuals MUST be available and willing to help if legal guardian is not available. This includes transporting the applicant from camp should a medical or behavioral problem occur.

Remember: Transportation will not be provided for the applicant. Participants are responsible for providing reliable transportation to and from the program. Participants are expected to participate in the entire program, and do not leave the site of the program unless a medical or behavioral problem occurs.