



Transforming lives and communities through hope and quality mental health since 2007.

Dear Adoptive Families,

It is with great pleasure that we announce the details for our Connections for Hope Camp 2025. We will be hosting a two-and-a-half-day family camp this summer - June 12th-14th for adoptive children ages 5-18 in Pearland, Texas. We will be accepting up to 10 families (including biological children) for camp.

After we receive your application, we will contact families who meet the initial criteria to schedule a parental interview to further determine eligibility for the camp. Families will receive final notification of acceptance by April 18th. If your family meets the following initial criteria and is interested in participating in our camp, please complete the application by 4/15/2025.

- Your camper will be between the ages of 5-18 by 6/12/25 for camp.
- All caregivers will attend the two-and-a-half-day camp.
- You and your family are willing to be videotaped and photographed.

Expectations:

April

- Virtual parent interview 4/21 or 4/25 (1 hour)
- Completion of online questionnaires (1 hour)
- Read *The Connected Child* book by Drs. Karyn Purvis and David Cross by June 12th

Connections for Hope Camp will be held June 12th-14th. Revolution Church is hosting our camp at 5943 Brookside Rd, Pearland, TX. Families are expected to arrive Thursday June 12th at 6:00 pm and remain until 8:30 pm. Families are expected to arrive Friday and Saturday at 8:30 am and remain until 4:00 pm. All family members (including parents/caregivers and siblings residing in the home) must be able to attend the entire duration of camp.

Post-Camp Expectations:

- Camp Reunion (date to be determined – 2 hours twice a month for 6 weeks)
- Completion of online questionnaires (1 hour)

We look forward with great anticipation to Connections for Hope Camp 2025. It is our goal to offer connection and healing for our children from “hard places” and assist families to implement a solid intervention model at home. The family summer camp can serve as a first step on the long, arduous journey. We firmly believe that there is hope for every child.

If you have any questions, please contact Leslie Hagemeyer, LMSW, or Sharon Treadgold, LMSW, at hope@counselingconnections.org.

Sincerely,

Dawn Lawless, LCSW LSOTP
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Family Application For Hope Camp

Please provide as much information as possible as you complete your application. We know families experience problematic situations/behavior problems. Your honest and transparent responses will help us understand your child(ren)'s needs and how we can best help your family.

Will your camper be between the ages of 5-18 on June 12, 2025? ☐ Yes ☐ No

Is your camper ☐ biological ☐ foster ☐ adopted If adopted, from which country?

Will your camper have lived in your home for at least one year by June 12, 2025? ☐ Yes ☐ No

Are you and your family willing to be photographed and videotaped? ☐ Yes ☐ No

Camper's Parent/Caregiver Information:

| | First Name | Last Name | DOB | Cell Phone # | T-shirt Size (S - XXXL) | Email |
|-------------------|------------|-----------|-----|--------------|----------------------------|-------|
| Mother | | | | | | |
| Father | | | | | | |
| In-home caregiver | | | | | | |

Contact Information:

| | Street Address | City | State | Zip Code |
|---------|----------------|------|-------|----------|
| Address | | | | |

Camper's Information: (Be sure to designate Y for youth or A for adult with the size of t-shirt)

| Camper | First Name | Last Name | DOB | Current Age | T-shirt Size (Y/A S- XL) | Adoption or Bio (select one) |
|----------|------------|-----------|-----|-------------|-----------------------------|---|
| Camper 1 | | | | | | <input type="radio"/> <input type="radio"/> |
| Camper 2 | | | | | | <input type="radio"/> <input type="radio"/> |
| Camper 3 | | | | | | <input type="radio"/> <input type="radio"/> |
| Camper 4 | | | | | | <input type="radio"/> <input type="radio"/> |

What does your family hope to gain from camp?

Camper's Previous Care: Have any of your campers ever lived outside of your home?

| Camper Name: | Type of Care (i.e., foster care, orphanage, group home, residential treatment center) | Age at Entry | Duration of Stay |
|--------------|---|--------------|------------------|
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Have any of your campers experienced the following:

| | Yes | Explain | Name of Camper |
|---------------------------|-----|---------|----------------|
| A difficult Pregnancy | | | |
| A difficult Birth | | | |
| Early Hospitalizations | | | |
| Neglect | | | |
| Physical Abuse | | | |
| Sexual Abuse | | | |
| Loss of Primary Caregiver | | | |
| Other trauma | | | |

Serious Illness/Injuries:

| | Camper's Name | Illness/Injury | Date of Onset | Duration of Stay | Comments |
|------------------|---------------|----------------|---------------|------------------|----------|
| Illness/Injury 1 | | | | | |
| Illness/Injury 2 | | | | | |
| Illness/Injury 3 | | | | | |
| Illness/Injury 4 | | | | | |
| Illness/Injury 5 | | | | | |
| Illness/Injury 6 | | | | | |
| Illness/Injury 7 | | | | | |

Camper Medical Diagnoses:

| Most Recent | Camper's Name | Diagnosis | Date of Diagnosis | Current Medications (if any) | Comments |
|-------------|---------------|-----------|-------------------|------------------------------|----------|
| Diagnosis 1 | | | | | |
| Diagnosis 2 | | | | | |
| Diagnosis 3 | | | | | |
| Diagnosis 4 | | | | | |
| Diagnosis 5 | | | | | |

Allergies/Food Allergies/Food Restrictions:

| Camper's Name | Allergy | Comments |
|---------------|---------|----------|
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Physical Limitations:

| Camper's Name | Diagnosis | Date of Diagnosis | Current Medications (if any) | Comments |
|---------------|-----------|-------------------|------------------------------|----------|
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Camper's Psychological Diagnoses:

| Camper Name | Diagnosis | Date of Diagnosis | Current Medications (if any) | Comments |
|-------------|-----------|-------------------|---------------------------------|----------|
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Camper's Behavioral Concerns:

| | Yes | Explain | Camper Name(s) |
|--|-----|---------|----------------|
| Do any children have behavioral difficulties? | | | |
| Do any children have emotional difficulties? | | | |
| Do any children have educational difficulties? | | | |
| Do any children have sensory difficulties? | | | |
| Do any children have social difficulties? | | | |
| Have you ever worried about the physical safety of any of your children or others around any of your children? | | | |
| Have any of your children ever harmed or attempted to harm another person, animal, or themselves? | | | |
| Do any of your children experience sensory issues such as sensitivities to light, sound, touch, textures, smells, etc. | | | |
| Do any of your children have social difficulties with peers, authority figures, males vs females? | | | |

Camper's Behavioral or Emotional Problems resulting in a hospitalization:

| Most Recent | Camper Name | Reason | Date of Entry | Duration of Stay | Comments |
|-------------------|-------------|--------|---------------|------------------|----------|
| Hospitalization 1 | | | | | |
| Hospitalization 2 | | | | | |
| Hospitalization 3 | | | | | |
| Hospitalization 4 | | | | | |
| Hospitalization 5 | | | | | |
| Hospitalization 6 | | | | | |

Camper Specific Information:

| Camper's Name | Three Major Strengths | Three Major Challenges | Three Goals for Camp |
|---------------|-----------------------|------------------------|----------------------|
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Camper’s Parent/Caregiver Information:

| Family’s major strengths: | Family’s major challenges: | Parent(s) Major Strengths | Parent(s) Major challenges | Parent(s) Three goals during camp: |
|---------------------------|----------------------------|---------------------------|----------------------------|------------------------------------|
| | | | | |

I acknowledge I have completed this application to the best of my ability.

| | |
|----------------------------|-------|
| _____ | _____ |
| Caregiver/Parent Signature | Date |
| _____ | _____ |
| Caregiver/Parent Signature | Date |
| _____ | _____ |
| Caregiver/Parent Signature | Date |