



Family Application For Teen 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 teen's needs and how we can best help your family.

Will your camper be between the ages of 13-17 on June 15, 2020? 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 15, 2020? 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:

Camper	First Name	Last Name	DOB	Current Age	T-shirt Size (S - XXXL)	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

Have any of your campers experienced the following:

	Yes	Explain	Name of Camper
Trauma in Utero			
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

Physical Limitations:

Camper's Name	Diagnosis	Date of Diagnosis	Current Medications (if any)	Comments

Camper's Psychological Diagnoses:

Camper Name	Diagnosis	Date of Diagnosis	Current Medications (if any)	Comments

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?			
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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