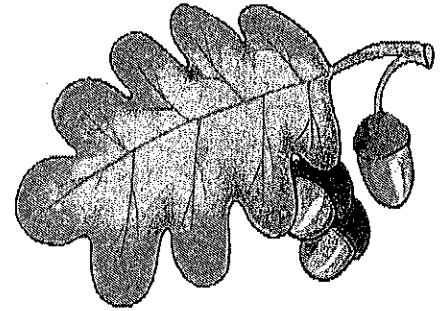


Achievement Centers for Children  
**WEEKEND RESPITE CAMPS**  
*at Camp Cheerful*



*Our trained staff will care for your camper while having fun with activities such as sports, campfires, dances, arts & crafts, and nature hikes.*

- For campers from 7 years old to adult
- Check-in: starting at 7 pm Friday  
Check-out: by 11 am Sunday
- Effective 4:1 camper to staff ratio
- Our nurse is available 24 hours per day

*NOTE: 1:1 camper to staff ratio is not available for respite weekends*

### 2019-2020 Weekends

September 13-15 *Cowboys and Cowgirls\*\*\**  
October 11-13 *Trot into Fall\*\*\**  
November 1-3 *Tricks and Treats*  
December 13-15 *Holiday Celebration*  
January 10-12 *Disney Weekend*  
February 7-9 *Whoa, be my Valentine\*\*\**  
March 13-15 *Super Hero Adventures*  
April 3-5 *Tropical Luau*  
May 8-10 *Wild, Wild West\*\*\**



*\*\*\* indicates the weekend includes activities in the horse barn.*



#### Online Registration: [AchievementCenters.org/campcheerful](http://AchievementCenters.org/campcheerful)

Registration deadline for each session is two weeks prior to the start date of that session, or until maximum capacity is reached.

#### Registration Fees

The fee for each of the 2019-2020 respite weekends is \$385.00. In addition, a one-time \$35 non-refundable application fee must accompany the weekend camp application.

- \$335.00 is the base cost of camp and \$50.00 covers a portion of lodging, food and activities.
- If you are utilizing a waiver to pay for camp, the waiver covers \$335.00 and the remaining \$50.00 will need to be paid out of pocket or through another funding source prior to attending each weekend.
- **Camp Cheerful is a waiver provider: IO, Level 1 and SELF Waivers are accepted.**

CAMP CHEERFUL ■ 15000 CHEERFUL LANE ■ STRONGSVILLE, OH 44136  
440.238.6200  
[AchievementCenters.org/campcheerful](http://AchievementCenters.org/campcheerful)

## Welcome to the Achievement Centers for Children's Camp Cheerful!

Please complete all forms, signing and dating where applicable, and return with payment to:

### Camp Cheerful

15000 Cheerful Lane, Strongsville, OH 44136

Or register on-line at: [www.achievementcenters.org/campcheerful](http://www.achievementcenters.org/campcheerful)

### IMPORTANT CAMP INFORMATION FOR 2019-20 Weekend Respite

- ☼ Applications will be accepted on a first-come, first-serve basis.
  - ☼ Weekend check-in is Friday beginning at 7:00 pm
  - ☼ Weekend check-out is Sunday between 10:00 and 11:00 am
  - ☼ Registration for each weekend session will be closed two weeks prior to the start date of that session or when maximum capacity has been reached.
  - ☼ 1:1 Aides are not available for Weekend Respite camps.
  - ☼ All new clients are required to have a face-to-face intake interview to determine acceptance into any recreation program. You will be called to schedule this interview by the Manager of Camp Programs.
- .....
- ☼ **The \$35.00 application fee must accompany the application or it will NOT BE PROCESSED.** This fee is NOT part of the program cost. The fee covers one or multiple sessions from September through May.
  - ☼ **2-Night Weekend Sessions** are designed for campers with disabilities ages (7) through adulthood. Camper to staff ratio is 4:1.
  - ☼ **Payment Policy for 2019-20** - Payment in full for the sessions is due two weeks prior to the start date.
  - ☼ **Cancellation Policy for 2019-2020** - Your signed application registers you for and commits you to attend camp unless a cancellation is made by calling the camp office at least 2 weeks prior to the session start date. You must receive verbal confirmation from Bridget Bolin, Keila Malone or Alissa Piwinski for your cancellation to be accepted and recorded in our cancellation log. If you cancel with less than 2 week notice you (the individual or the parent/guardian) **will be charged half the cost of the respite weekend** and you may lose your spot if you have registered for future respite weekends. If you NO SHOW for any weekend you will be charged the full cost. Outside funding sources cannot be billed for sessions that were not attended, the individual/parent/guardian will be responsible for the late cancellation fee.
  - ☼ **IO/Level 1/and SELF Waiver Funding** - To utilize the waiver for funding, a full current Service Plan (ISP) and ISP Addendum listing the Achievement Centers for Children as the service provider must be forwarded to the camp office at least one week prior to attendance. Contact your County Board Support Administrator to process the necessary paperwork.
  - ☼ **Outside Agency Funding** - If you are utilizing other agency funding sources, it is your responsibility to contact that agency to obtain funding. The agency must forward an award letter or purchase order to Camp Cheerful stating the amount of funding available and the session dates. Without this proof of funding, the camper/guardian will be financially responsible for all camp costs.
  - ☼ **Required Forms** - Upon acceptance to camp, you will receive your acceptance letter along with the following forms: Medical/Physical Packet, Authorizations Packet, Policies and Procedures Packet, and Camp Parent Handbook. These forms must be completed and returned two weeks prior to the session start date.
  - ☼ **Late Cancellations and No Shows** - In the event that a camper cancels less than 14 days in advance or is a no show on check-in day, Camp Cheerful will charge ½ the session fee. If the session was to be charged to a 3<sup>rd</sup> party funder, the camper/guardian will be charged ½ the session fee.
  - ☼ **Early Departures** - Campers who leave early due to illness will receive a refund if they provide a note from their healthcare provider within 14 days. Campers who leave early for reasons other than illness will be charged a full session fee. If the session was to be charged to a third party, the portion that the camper did not attend will be charged to the camper/guardian.
  - ☼ ***If you have any questions about the application process or Camp Program, please contact the Camp Office at (440) 238-6200***
  - ☼ ***For billing questions please contact the Finance Department at (216) 292-9700 Ext. 239***



**County Board Funding**

Does client receive support from a County Board of Developmental Disabilities:  YES  NO County \_\_\_\_\_  
If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_  
Representative's Payee Name and Contact information \_\_\_\_\_ Number \_\_\_\_\_

Is this camp being funded by a waiver? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please check the type of waiver the camper has:  
IO waiver \_\_\_\_\_ Level 1 waiver \_\_\_\_\_ Self waiver \_\_\_\_\_

A copy of the ISP must be received prior to attendance. If the Achievement Centers for Children is not identified in the plan, an ISP Addendum listing the Achievement Centers for Children as the Service Provider and the services being provided must be received prior to attendance.

Does the client have a Behavior Plan? YES  NO   
A copy of the Behavior plan must be received prior to attendance.

**Foster Care** - If client is in foster care, please complete. County that holds custody: \_\_\_\_\_  
Case worker name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ACHIEVEMENT CENTERS FOR CHILDREN'S SERVICES:**

Check here if interested in receiving services and/or information about Outpatient Rehabilitation Services offered through the Achievement Centers for Children. Circle all that apply: OT PT ST MH

**ELIGIBILITY STATEMENT POLICY:**

The following Achievement Centers for Children's recreation programs serve individuals with a diagnosis of a physical, developmental or neurological disability:

- Adapted Sports – Serves individuals age 7 and over
- Cheerful Day and Sensational Day Camp – Serves individuals age 5 through school age
- Residential and Respite Weekend Camps – Serves individuals age 7 and over
- River Rock Adult Day Program – Serves individuals age 18 and over who have graduated from high school
- Therapeutic Horsemanship – Serves individuals age 4 and over

The following Achievement Centers for Children's recreation programs serve individuals without disabilities:

- Cheerful Day Camp– Serves individuals age 5 through school age
- Therapeutic Horsemanship – Serves individuals age 4 and over

**INTAKE INTERVIEW:** All new clients are required to have a face-to-face intake interview prior to acceptance into any recreational program. You will be called to schedule this interview.

**1:1 AIDE IS NOT AVAILABLE FOR WEEKEND RESPITES**

**PAYMENT and CANCELLATION POLICY:** All accounts must be up to date prior to attendance. All third-party payers or outside funding sources must have authorizations in place prior to attendance. Cancellations for any registered session must be made to the camp office at least 2 weeks prior to the session start date. You must receive verbal confirmation from Bridget Bolin, Keila Malone or Alissa Piwinski for your cancellation to be accepted and recorded in our cancellation log. If you cancel with less than 2 week notice you (the individual or the parent / guardian) **will be charged half the cost of the respite weekend** and you may lose your spot if you have registered for future respite weekends. If you NO SHOW for any weekend you will be charged the full cost. Outside funding sources cannot be billed for sessions that were not attended, the individual/parent/guardian will be responsible for the late cancellation fee.

**A \$35.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THE APPLICATION UPON RETURN TO RESERVE YOUR SPOT IN THE SESSION(S) REQUESTED.**

**Please sign below signifying that you have read and are in agreement with the information listed in the application. If the application is not signed, it will not be processed.**

\_\_\_\_\_  
Parent/Guardian/Client Signature \_\_\_\_\_  
Date

Return application packet to: Camp Cheerful, 15000 Cheerful Lane, Strongsville, OH 44136  
Direct any questions to the Camp Office at 440-238-6200.



The Achievement Centers for Children  
**RECREATIONAL PROGRAMS**  
**Client Informational Form**

Client Name \_\_\_\_\_

**GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS**

Primary Disability \_\_\_\_\_  No Disability

Secondary Disability (if applicable) \_\_\_\_\_

School or workshop currently attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Enrolled in special class?  YES or  NO What type? \_\_\_\_\_

Enrolled in therapy?  YES or  NO What type? \_\_\_\_\_

**PERSONAL HISTORY:**

Have there been changes in **health or behavior** over the past year?  YES  NO

If yes, please explain \_\_\_\_\_

**SUPERVISION:**

Does the client have a **1:1** aide at home?  YES  NO

Does the client ever need **2:1** assistance?  YES  NO

Does the client need additional assistance when in the community?  YES  NO

What level of supervision is required?  Always within reach  Always within sight  Allowed "alone time"

If you answered yes to any of the questions above, please explain \_\_\_\_\_

**SPECIAL CONCERNS:** Please check all that apply

- Shyness
- Divorced or separated parents
- Afraid of Heights
- Physical activity must be monitored or restricted (Explain) \_\_\_\_\_
- None/no special concerns

**SOCIAL CONCERNS:** Please check all that apply

- Reacts to frustration
  - Does not like group participation
  - Has poor peer relationships
  - Does not like supervision or authority
  - None/no concerns
- Explain \_\_\_\_\_

What would you like your camper to work on or improve? \_\_\_\_\_

**LANGUAGE AND COMMUNICATION:** Please check all that apply

- Uses sign language
  - Uses Communication Device
  - Picture exchange
  - Has difficulty speaking
  - Has difficulty being understood
  - Understands verbal instructions
  - Has no communication needs
- Please describe special words and phrases used at home that would be helpful for communication: \_\_\_\_\_

**EQUIPMENT:** Please check all that apply

- Able to walk alone
- Uses crutches or cane
- Uses walker
- Uses wheelchair/manual  
\_\_\_ full day \_\_\_ ½ day
- Needs assistance pushing wheelchair
- Uses wheelchair/power  
\_\_\_ full day \_\_\_ ½ day
- Can transfer from wheelchair independently
- AFO's/Braces  
\_\_\_ full day \_\_\_ ½ day
- PE Tubes
- Eyeglasses
- Uses hearing aid
- None/no equipment

Will any other equipment accompany client to the program?  YES or  NO Explain

**COORDINATION CONCERNS:** Please explain

**SENSORY ISSUES:** Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns, calming techniques, and/or strategies:

**BEHAVIORS:** Has client ever displayed the following? Please check a response for each:

- |                                    |                               |                            |                             |
|------------------------------------|-------------------------------|----------------------------|-----------------------------|
| Hitting                            | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Pinching                           | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Hair Pulling                       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Biting                             | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Kicking                            | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Spitting                           | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Scratching                         | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Bullying                           | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Stealing                           | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Lying                              | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Swearing                           | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Wandering                          | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Runs Away                          | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Withdrawal                         | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Impulsivity                        | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Non-compliance                     | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Mood Swings                        | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Verbal Threats                     | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Throwing Objects                   | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Oral Stimulation (biting, chewing) | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Hand Flapping                      | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Head Banging                       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Rocking                            | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Inflicts self injury               | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Disrobing                          | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Anxiety/depression                 | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Sexual acting out                  | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Genital stimulation                | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Suicidal Ideation                  | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Enuresis (urination accidents)     | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Encopresis (bowel accidents)       | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |

Please describe any behaviors, behavior strategies, or key phrases: \_\_\_\_\_

Please describe any rewards/motivators that can be used at camp to keep camper focused: \_\_\_\_\_

**SPECIAL INTERESTS OR SKILLS** \_\_\_\_\_

**FOR CLIENTS ATTENDING WEEKEND RESPITE or RESIDENT CAMP PROGRAMS ONLY**

Has client ever attended an overnight camp before?  YES  NO

Where and When \_\_\_\_\_

**HYGIENE:**

Does camper need assistance brushing teeth?  YES  NO

Does camper need assistance showering?  YES  NO

Does camper avoid showering, bathing or brushing teeth?  YES  NO

If you answered **yes** to any of the above questions, please provide suggestions of special techniques used at home

**SLEEPING HABITS:** Please check all that apply

- Sleep walks (where, how long, etc.)
- Needs special positioning (explain)
- Needs to be turned (how often)
- Wets bed (how is it handled)
- Talks in sleep/snores
- No sleeping concerns
- Other sleeping concerns (explain)

Please check one:

- Bunk Bed – Top bunk
- Bunk Bed – Bottom bunk
- Hospital Bed

Music at night  YES  NO

Night-light  YES  NO

Please provide any necessary description or explanation for the items you checked on the above questions \_\_\_\_\_

**SPECIAL CONCERNS:** Please check all that apply

- First time away from home
- Homesickness
- Fears \_\_\_\_\_

**FOR CLIENTS ATTENDING DAY CAMP or RESIDENT CAMP or PARTICIPATING IN THERAPEUTIC HORSEMANSHIP**

**Weight:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**TRUNK CONTROL:** Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

Has client ever attended a therapeutic riding program before?  YES  NO

Where and When \_\_\_\_\_

The Achievement Centers for Children has established maximum weight and physical ability guidelines for Therapeutic Riding to ensure the safety of the client, the safety of volunteer side walkers, and the well-being of the horses. The Achievement Centers for Children will evaluate all participants in accordance with these guidelines.

**FOR CLIENTS ATTENDING WEEKEND RESPITE, RESIDENT CAMP, DAY CAMP, CHAMP CAMP or SENSATIONAL DAY PROGRAM**

**EATING HABITS:** Please check all that apply

- Needs to be fed
- Needs food cut
- Needs food blended
- Needs help drinking (special cup, straw, etc.)
- Difficulty swallowing (how is it handled)
- Special positioning (explain)
- Special equipment (explain how to use)
- Special diet or food restrictions (explain)
- Food allergies (what food and how is it handled)
- Eats independently/No concerns

What percentage of their meal do they usually consume \_\_\_\_100% \_\_\_\_75% \_\_\_\_50% \_\_\_\_25%

Please provide any necessary description or explanation for the items you checked on the above questions \_\_\_\_\_

**PERSONAL CARE:**

- Does camper need toilet reminders?  YES  NO
- Does camper need lifted onto the toilet?  YES  NO
- Does camper have bowel control?  YES  NO
- Does camper need assistance with personal hygiene?  YES  NO
- Does camper have constipation problems?  YES  NO
- Does camper have bladder control?  YES  NO
- Does camper have a catheter?  YES  NO

If yes, camper can self-catheter  OR camper needs assistance with catheter

What personal care supplies will camper bring to Camp? \_\_\_\_\_

Does camper dress independently?  YES  NO

**HEALTH CONCERNS:**

Does client have seizures?  YES  NO If yes, are they controlled?  YES  NO

List seizure medications: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Please describe type, frequency, length, and strategies for dealing with seizures \_\_\_\_\_

Has camper been hospitalized in the last year?  YES  NO If yes, state reason \_\_\_\_\_

**SWIMMING:** Please check all that apply

- Must wear life jacket
- Swim only in shallow water
- Afraid of water

**CAMP STORE:**

Beverages – Camper can have \_\_\_\_ sodas per day -  with caffeine  without caffeine

Assistance drinking  needs assistance  does not need assistance

Snacks – Camper can have \_\_\_\_ servings of candy per day - hard candy  yes  no

**PLEASE READ CAREFULLY:** I give consent for myself or my child/client to participate in the activities of the Achievement Centers for Children's Camping and Recreational Programs.

Signature of Parent/Guardian/Client \_\_\_\_\_

Date \_\_\_\_\_

Camp Cheerful is operated by the Achievement Centers for Children and is accredited by the American Camp Association and PATH Intl. (Professional Association of Therapeutic Horsemanship International).