



**2018 Summer Holiday Application
Camp Geneva Park - Orillia, ON
June 24 – August 17, 2018**

Everyone needs a vacation and some leisure time. March of Dimes Canada Recreation and Integration Services Program provides recreational opportunities for adults with physical disabilities. Our goal is to promote a balanced lifestyle and an enhanced quality of life for people with disabilities. Our programs include: Summer Holiday Programs, Accessible Group Travel, and Out-trips. Social clubs and other recreation and integration projects and events are organized in partnership with other community agencies.

For more information on March of Dimes Canada programs and services, please visit our website at www.marchofdimes.ca or phone our recreation department at 416-425-3463 Ext. 7212 / 1-800-263-3463 Ext. 7212

1. Please Print Clearly.
2. All applicants must **COMPLETE ENTIRE FORM. IF SOMETHING DOES NOT APPLY TO YOU WRITE "N/A". IF YOU FAIL TO ANSWER ALL QUESTIONS YOU WILL BE PLACED ON THE WAIT LIST.**
3. All applicants must **INCLUDE DETAILED CARE PLAN.** Your care plan must outline your regular daily schedule of activities. If you fail to include a care plan you will be placed on the wait list.

**** APPLICATION DEADLINE IS Friday February 16th, 2018****

Notification of application status will be mailed out to all applicants on the week of April 09, 2018.

Section A: Personal Information (name should be as it appears on your passport)

First Name:	Middle Initial(s):	Last Name:
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Address (Apt.#, Street #, Street Name):

City:	Postal Code:	Home Telephone: ()	Cellular Telephone: ()
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E-mail Address:	I prefer contact by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Birth (month/day/year): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight: ____ <input type="checkbox"/> lbs OR ____ <input type="checkbox"/> kgs	Height: ____ feet, ____ inches
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Health Card No.:

Section B: Contact Information

Direct all correspondence and communication to:

Applicant Residence Contact Next of Kin Contact

Residence Contact Information (if applicable):

Name of Residence (e.g., Participation House):	Building/Section:	Floor/Room #:
Contact Person's Name (residential staff):	Contact Telephone: ()	Extension:



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Next of Kin Information (mandatory):

Full Name of Next of Kin:

Relationship to Applicant:

Next of Kin Address (Apt.#, Street #, Street Name, City, Postal Code) – if different from Applicant’s address:

Business Telephone:
()

Home Telephone:
()

Cellular Telephone:
()

Section C: Health Information

Name of your physical disability (e.g., cerebral palsy, multiple sclerosis, spinal cord injury, etc.):

Other conditions/health information (e.g.; limited vision)

Please list any allergies and describe their severity (e.g., food, medication, etc.):

Do you use an Epi-pen?: Yes No

Do you have any special dietary needs / restrictions?: Yes No

If yes, what are your needs?: Pureed Diabetic Chopped Other (specify):

Do you use a G-tube?: Yes No **If yes, you must provide your own food.**



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Section D: Activities of Daily Living

Do you require turning at night?: Yes No **Note:** only one turn is scheduled at night at 2 a.m.
 Do you require bed rails?: Yes No

Please indicate the level of assistance that you require for each of the activities below
 (Accuracy in the filling-out of this section is essential to the planning of your care):

Task	Total Assistance Required	Some Assistance Required	No Assistance Required
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands/face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming (shaving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing (upper body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing (lower body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering / bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring:			
On and off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In and out of the bathtub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In and out of a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your preferred method of transferring:

Hoyer 2-person transfer 1-person transfer No assistance required

Section E: Personal Care

All applicants must fill-in the attached care plan in detail. Care plan must outline your regular daily schedule of activities including timing, as well as any treatments required.

If you fail to include a care plan you will be placed on the wait list.

Please indicate whether you use any of the following items or procedures:

<p>Do you have control of: <input type="checkbox"/> bowels <input type="checkbox"/> bladder <input type="checkbox"/> neither</p>	<p>Do you require: <input type="checkbox"/> catheter irrigations <input type="checkbox"/> enemas <input type="checkbox"/> laxatives <input type="checkbox"/> suppositories <input type="checkbox"/> Other</p>	<p>Do you use: <input type="checkbox"/> attends <input type="checkbox"/> colostomy <input type="checkbox"/> condom drainage <input type="checkbox"/> ileal conduit <input type="checkbox"/> urostomy <input type="checkbox"/> Other</p>	<p>Catheter type: <input type="checkbox"/> in-dwelling <input type="checkbox"/> intermittent *Please note you must be able to self catheterize*</p>
<p>Do you use:</p> <p><input type="checkbox"/> toilet</p> <p><input type="checkbox"/> commode chair</p> <p><input type="checkbox"/> bed pan/urinal</p>	<p>Night-time help needed</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		



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IMPORTANT NOTE – PLEASE READ:

- This program does not provide medical care. It is a recreation program that provides attendant care when and where required. Participants must be able to self-direct their own medication and care to March of Dimes staff. March of Dimes Canada staff do not perform disempaction, deep suctioning or catheterization.
- Participants must have a consistent ability to indicate Yes and No (verbally or through the use of augmentative communication or signing.)
- Be able to comprehend their own needs, ask for assistance when necessary and indicate when they are in distress.
- Be able to make choices, express their own needs and understand what is being communicated to them.

*Please sign to confirm that you understand the above statement:

Section F: Communication

a) Do you wear hearing aids?: Yes No

b) Do you have any communication challenges?: Yes No

If you answered yes to a) or b) above, how do you communicate?:

verbally, in full sentences verbally, certain words / short phrases

bliss board, symbols or picture board sign language other (specify):

Section G: Social Development

Please note: Individuals must not require 24-hour one-on-one supervision (i.e., night wandering)

Accuracy in filling out this section is extremely important. This is an integrated holiday in a family setting. Should a “holidayer’s” behaviour be inappropriate, it may be necessary that they return home prematurely.

Choose one of the options below to describe your social interactions:

- no difficulties functioning in social situations
- need prompting and encouragement when getting involved in new experiences
- need complete supervision within social situations

Choose one of the options below to describe your decision-making skills:

- independent (no assistance necessary)
- need moderate prompting
- need total assistance

Choose one of the options below to describe your cognitive reasoning skills:

- clearly understand directions and respond accordingly
- need some direction and further explanation at times
- often experience confusion with comprehending minimal tasks



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Section H: Transportation (March of Dimes Canada **is not** able to provide transportation. You must arrange your own transportation to and from the camp during the times specified.)

I understand that March of Dimes Canada is not able to provide transportation to and from the camp this year and that I will need to make my own travel arrangements: YES

Do you use any of the following:

- Cane Crutches Walker Braces Power Wheelchair Scooter Manual Wheelchair
 Other:

If you use a manual wheelchair:

- Are you able to self-propel on indoor surfaces? Yes No
Are you able to self-propel on outdoor surfaces? Yes No

If you use a manual or power wheelchair:

- Are you able to transfer to a seat?: Yes No
Are you able to walk?: Without assistance With assistance Cannot walk
Are you able to weight-bear?: Yes No

Section I: Session Dates

When was the last time you attended this program?: 2013 2014 2015 2016 2017 Never

Have you attended any other Recreation & Integration Programs? Yes No

If "Yes," which ones? _____

Notes:

- All programs will take place at the YMCA Geneva Park Conference & Resort Centre in Orillia, Ontario.
- If your first or second choice of dates is not available due to a high demand for our program, please indicate which of the following sessions you can or cannot attend to help us schedule your holiday.

CAN Attend	CANNOT Attend	Session #	Session Dates
<input type="checkbox"/>	<input type="checkbox"/>	Y	Sun June 24 – Fri June 29 2018 (Youth Week Open to Participants 18 – 25 Years Old)
<input type="checkbox"/>	<input type="checkbox"/>	1	Sun July 1 – Fri July 6, 2018
<input type="checkbox"/>	<input type="checkbox"/>	2	Sun July 8 – Fri July 13, 2018
<input type="checkbox"/>	<input type="checkbox"/>	3	Sun July 15 – Fri July 20, 2018
<input type="checkbox"/>	<input type="checkbox"/>	4	Sun July 22 – Fri July 27, 2018
<input type="checkbox"/>	<input type="checkbox"/>	5	Sun July 29 – Sat Aug 3, 2018
<input type="checkbox"/>	<input type="checkbox"/>	6	Sun Aug 5 – Sat Aug 10, 2018
<input type="checkbox"/>	<input type="checkbox"/>	7	Sun Aug 12 – Sat Aug 17, 2018



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Please select your first, second and third choice of sessions. We will do our best to accommodate your request.

First Choice: Session #: _____ **Second Choice:** Session #: _____ **Third Choice:** Session #: _____

Special Requests / Other Information: please indicate whether you have any special requests (e.g., choice of roommate, reason for date of session chosen, school and course end date) that will help us to schedule your holiday session. Please feel free to include other information in support of your application. Attach a separate page if necessary:

Section J: Program Fee

Payment of the program fee is required upon application to the program. Your payment will be returned if we are not able to accept you into a session this summer. Program fees are not eligible for tax receipts; however, a tax receipt will be issued for donations over and above the program fee amount.

Full Cost of Room, Meals, Program Activities and Attendant Services: 6 Days **\$3,000.00**

I can pay the full fee payment of \$3,000.00 **\$3,000.00**

I can pay the minimum donor-subsidized fee payment of \$900.00 **\$900.00**
 (The program fee of \$900.00 covers the full cost of meals and accommodations. March of Dimes Canada services and program activity costs are subsidized by donations, and are provided at no charge to participants. **6 days and 5 nights**).

If applying for subsidy **you must include a notice of assessment** form from your previous year's taxes indicating financial need with your completed application. If this is not included with your application, you will not be considered for subsidized fees.

I need to bring an attendant with me at a cost of \$900.00 per person **x \$900.00**
 (The program fee of \$900.00 covers the full cost of meals, double occupancy accommodations and MODC administrative costs.) **= \$ _____**

I am making a tax-deductible donation to the Recreation Department over and above the fee in the amount of: **\$ _____**
 (Please provide a separate cheque for the donation. A tax receipt will be issued)

Total Enclosed: **\$ _____**



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Method Of Payment

Credit Card OR Cheque

If you are not the applicant please include your name, relationship to applicant and contact information

IF PAYING BY CREDIT CARD, DO NOT PROVIDE CREDIT CARD INFORMATION ON APPLICATION. WE WILL CALL YOU TO DISCUSS PAYMENT UPON ACCEPTANCE.

***Payment by credit card will incur an additional processing fee per person.**

NOTIFICATION OF APPLICATION STATUS WILL BE MAILED OUT TO ALL APPLICANTS ON THE WEEK OF April 09, 2018.

Section K: Privacy Statement

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) administering the Recreation program, including processing your application
- ii) contacting you about the status of your application
- iii) obtaining feedback about March of Dimes Canada services you receive
- iv) providing information about March of Dimes Canada to you and others
- v) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Recreation program.

The personal information collected about you and your family member(s) includes information supplied by you in your application and any additional or updated information which we may collect from you in the future.

Section L: Release of Information

March of Dimes Canada is pleased to provide you with service. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you. Our Quality Service policy is...

“To ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customers and is committed to delivering Quality Service to each and every one of them”.

In order to conduct satisfaction surveys or to tell you about other services, we request your permission to contact you. In the future, we may like to contact you for one or more of the reasons listed at the bottom of this letter. This will help us continue to offer you quality service and respect your privacy and personal wishes. Thank you for your assistance.

I agree that March of Dimes Canada may contact me for the following reasons: (check all that apply)

- To obtain feedback on services I receive from March of Dimes Canada.
- To advise me of new information or services that may be of interest to me.
- To provide me with a volunteer opportunity.
- To solicit my view on services or policies affecting people with disabilities.



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Section M: Signature

It is vital that we have any and all information necessary to determine an applicant's eligibility to participate in this program. March of Dimes Canada reserves the right to refuse any applicant who has submitted an incomplete or falsified application, and to refuse or send home any holidayer whose behaviour and/or medical condition is inappropriate for an integrated adult self-directed holiday setting.

The undersigned verifies that the information given in this application is complete and accurate to the best of his/her knowledge, and agrees to notify March of Dimes Canada immediately of any change that may affect the applicant's eligibility for the program:

Print Name:

Date:

Signature of Applicant / Substitute Decision Maker:

**Please attach a detailed care plan to your application before submitting it.
Return this application and all other required documents by Friday February 16, 2018 to:**

Recreation Department
March of Dimes Canada
10 Overlea Boulevard
Toronto, Ontario M4H 1A4
Tel: 416-425-3463 Ext 7212 / 1-800-263-3463 Ext. 7212 Fax: 416-425-1920
E-mail: recreation@marchofdimes.ca

Submitting an application does not guarantee acceptance.

Registration may close sooner if capacity is reached.

Care Plan

Please fill in and describe in detail the care plan below to assist attendants to better understand how to help you throughout your stay with us at Geneva Park.

Eating:

- Please describe in detail any assistance that you may require during meal time i.e. Feeding, chopped, pureed. :

- Please describe any dietary restrictions that you may have i.e. No crunchy foods, no chewy foods. :

- Please describe any assistance you may need with drinking i.e. Drinks with a straw, requires thickened liquids. :

- If you require G-tube feeding please describe your feed rate and your feed schedule as well as any other information to better assist the staff:

Dressing:

- Please describe in detail any assistance you may require with dressing your:
 - Upper Body:

 - Lower Body:

 - Socks,shoes,braces/AFO's:

Grooming:

- Please describe in detail any assistance you may require with the following:
 - Bathing/showering i.e. showers in a commode, needs assistance with hair washing, only has bed baths.:

 - Shower schedule i.e. showers every morning, showers every other day:

 - Teeth brushing:

 - Shaving:

Toileting:

- Please describe in detail any assistance you may require with Toileting i.e. if you use a commode, bed pan, urinal:

Transferring:

- Please describe any assistance you may require with the following transfers and the best way for us to assist you:
 - On and off the toilet:

 - On and off the Commode:

 - In and out of bed:

 - In and out of a wheelchair:

Skin care:

Please describe any skin care issues you may have and any assistance you may need with them i.e. Bed sores, skin breakdown, bandage changes, wound care.:

Medication:

Please describe any assistance you may require in taking your medication and the method in which you take your medication i.e. Crushed pills, Taken with water, Crushed in apple sauce.:

Personal Care:

If you require or use any of the following please describe any assistance you may need and the best way for us to assist you:

- Catheter irrigation:

- Enemas:

- Suppositories:

- Colostomy:

- Urostomy:

- Condom drainage:

- Ileal conduit:

- In-dwelling catheter:

- Intermittent catheter*:

*** Please note March of Dimes staff cannot insert catheters and you must be able to self catheterize***

If you use any of the following please describe any assistance you may require:

- CPap Machine:

- BiPap Machine

Please describe your typical morning care routine including timing:

Please describe your typical night care routine including timing:

Please Indicate any additional information that may impact your stay at Geneva Park: