



EAGLE SPRINGS PROGRAMS

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2010 VACATIONER APPLICATION

PROGRAM CHOICE: REGULAR _____ HIGH SUPPORT NEEDS _____

SESSION CHOICE(S)

- | | |
|--|--|
| #1 - Thurs., June 24 / Wed., June 30 _____
#1/2 Stayover Day July 1 | #2 - Fri., July 2 / Thurs., July 8 _____
#2/3 Stayover Day July 9 |
| #3 - Sat., July 10 / Fri., July 16 _____
#3/4 No Stayover offered | #4 - Tues., July 20 / Mon., July 26 _____
#4/5 Stayover Day July 27 |
| #5 - Wed., July 28 / Tues., August 3 _____
#5/6 Stayover Day Aug. 4 | #6 - Thurs., Aug. 5 / Wed., Aug. 11 _____
#6/7 Stayover Day Aug. 12 |
| #7 - Fri., Aug. 13 / Thurs., Aug. 19 _____ | |

APPLICANT NAME _____

AGE _____ SEX _____ BIRTH DATE _____ / _____ / _____

HOME ADDRESS _____

_____ (zip) _____ PHONE (_____)

PARENTS/GUARDIAN NAME _____

ADDRESS _____

_____ (zip) _____

RELATIONSHIP TO APPLICANT _____

HOME PHONE (_____) WORK PHONE (_____)

E-MAIL _____ CELL PHONE (_____)

CONTACT IF PARENT/GUARDIAN NOT AVAILABLE

NAME _____ RELATIONSHIP TO APPLICANT _____

HOME PHONE (_____) WORK or CELL PHONE (_____)

BSU/REFERRAL AGENCY _____

CONTACT PERSON _____ PHONE (_____)

PROGRAM INFORMATION

DO NOT take this APPLICATION form to your physician. ONLY the enclosed MEDICAL FORM must be signed by a physician.

APPLICANT WEARS Glasses _____ Hearing Aid _____ Dentures _____ Other _____

AMBULATION Walks Freely _____ Walks w/difficulty _____ Uses Aid _____ Can climb stairs unaided? Yes _____ No _____

Wheelchair User _____ Wheelchair only for long distances _____ Can transfer self _____

SEIZURES None _____ Petit Mal _____ Grand Mal _____ How frequent? _____

DIABETES Yes _____ No _____ HEPATITIS Yes _____ No _____ Type _____

ALLERGIES (please list) _____

FOOD SERVED SHOULD BE Regular _____ Chopped _____ Mechanical Soft _____ Pureed _____

OTHER DIETARY CONSIDERATIONS _____

GENERAL PHYSICAL CONDITION _____

PLEASE LIST MEDICATIONS TAKEN _____

ORAL MEDICATIONS SHOULD BE ADMINISTERED WITH :

Water Applesauce Crushed in Applesauce Other

PLEASE CHECK ANY BEHAVIOR ISSUES THAT MAY ARISE DURING APPLICANT'S VACATION:

Aggressive toward others _____ Self Abusive _____ Tantrums _____ Hyperactive _____

Destroys Property _____ Runs Away _____ Bites others _____ Withdrawn _____

Comments on general behavior _____

ANY PROBLEMATIC SEXUAL BEHAVIOR? _____

PLEASE LIST ANY ACTIVITY RESTRICTIONS _____

DOES APPLICANT HAVE ANY:

FEARS _____

LIKES _____

DISLIKES _____

PERSONAL SKILLS PROFILE

APPLICANT'S LEVEL OF FUNCTIONING MILD _____ MODERATE _____ SEVERE _____ PROFOUND _____

COMMENTS _____

IS APPLICANT EMPLOYED? Yes _____ No _____ TYPE OF WORK? _____

HOW DOES APPLICANT RELATE TO OTHERS ? _____

SPECIAL INTERESTS AND SKILLS _____

WHAT DOES APPLICANT DO IN FREE TIME? _____

PLEASE CHECK THE RESPONSE WHICH BEST DESCRIBES THE APPLICANT

NO DIFFICULTIES SOME DIFFICULTIES DIFFICULTIES

TOILETING			
EATING			
DRESSING			
WASHING			
SHOWERING			
VISION			
SPEECH			
HEARING			
COMPREHENSION			
SLEEPING			

OTHER COMMENTS TO HELP US BETTER SERVE THIS VACATIONER _____

TRANSPORTATION - please circle one below:

BUS: 30th St. Station Macys (Northeast)
Watertower Square (Montgomeryville) Rodeway Inn (formerly Days Inn -Allentown)

We will be providing our own transportation.

Because of Insurance requirements NO application will be accepted without the following information

Applicant's Social Security Number _____ / _____ / _____

Applicant's Medical Assistance Number, PA ACCESS Number _____

Insurance Co. Name _____

Policy Number _____ Name of Policy Holder _____

PLEASE ATTACH/ENCLOSE A COPY OF APPLICANT'S MEDICAL COVERAGE CARD

Please list applicant's physician's name and telephone number:

_____ / _____

A deposit of \$100 OR an authorization form from the applicant's Base Service Unit must be sent with the application. The deposit will be applied to the fee of the program or refunded if the applicant is not accepted. If the application is withdrawn not later than two weeks before the opening date of the session for which the applicant has applied, all funds will be refunded, minus a \$25 administration fee, upon receipt of a letter stating the reason for withdrawal. If the applicant withdraws within two weeks before the scheduled session, all funds except the \$100 deposit will be refunded. **There is no allowance for late arrival or early withdrawal of any vacationer from the program.** The total fee is due, in full, two weeks before the opening day of the applicant's session. ***SPECIAL: Our fees for Session 1 remains at 2009 prices.** \$896 Regular Program, \$1022 for High Support Needs Program (profoundly and/or physically disabled vacationers).

The fee for all other sessions (7days) is \$910 for the Regular Program, \$1050 for the High Support Needs Program (profoundly and/or physically disabled vacationers). There is a \$25 discount on SESSION fees, when paid in full and in advance of vacationer's attendance at Eagle Springs if the applicant chooses to stay for two or more consecutive sessions. An additional \$120 fee is required for EACH STAYOVER DAY between sessions. **Stayover days are not offered to vacationers staying for only one session.**

Completed Medical Form and OTC forms (enclosed with application) are required at least two weeks before applicant's scheduled session.

Permission is granted to Eagle Springs for the following:

1. to have necessary medical emergency procedures performed if the situation arises;
2. to administer prescribed and approved over the counter medications
3. to use photographs and other visual records of activities that may include the applicant in describing the Eagle Springs Programs to prospective applicants, families, and agencies;
4. to have the applicant participate in ALL program activities except as noted on application;
5. to take the applicant off the vacation site(s) for supervised field trips.

Signature of person completing application

Relationship to Applicant

Date

DEPOSIT ENCLOSED \$ _____

Return this application to: EAGLE SPRINGS PROGRAMS / 58 EAGLE SPRINGS LN. / PINE GROVE, PA 17963