



For office use only

Date Received: \_\_\_\_\_

App Fee: \_\_\_\_\_

## 2020 Camper Application

Thank you for your interest in our program! Please complete all items clearly. Your application will be considered complete when it is signed and sent to ACAP with a \$135 non-refundable application fee in addition to your child's IEP and/or 504, ISP, Behavior Support Plan (if applicable), and any other safety protocols that will provide our acceptance personnel with the necessary information about your child.

**Your application can be mailed to:**

**ACAP PO Box 4606 Portland, OR 97208 or sent to [acapREG@gmail.com](mailto:acapREG@gmail.com)**

**2020 Camp: June 22, through August 14, 2020**

Today's date: \_\_\_\_\_ Site Preference: ☐ Milwaukie ☐ Beaverton ☐ Parkrose

Has your child previously attended ACAP? ☐ Yes ☐ No

### **Camper Profile**

Campers Name:		
Date of Birth (mm/dd/yyyy):	Age:	Gender:
T-Shirt - please indicate youth or adult <b>and</b> what size: <input type="checkbox"/> Youth <b>or</b> <input type="checkbox"/> Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Current School (if applicable):	School District:	
Classroom Type: <input type="checkbox"/> Regular Ed <input type="checkbox"/> Self-Contained <input type="checkbox"/> Life Skills <input type="checkbox"/> Behavioral	Grade:	
Teacher:	Contact Phone:	
Does your camper have an Autism Spectrum Disorder eligibility in the following categories: <input type="checkbox"/> Educational <input type="checkbox"/> Medical		
Primary Diagnosis: <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Asperger's <input type="checkbox"/> Other: _____		
Secondary Diagnosis: _____ Is your camper on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any protocols your camper has: _____ If yes, please send a copy of your camper's most current IEP along with this application. <b>Applications sent without a current IEP will be considered incomplete and will not be reviewed until all needed documents have been sent to ACAP.</b>		

### **Parent/Guardian Information**

Name(s):		
Street Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	
Email:		

## Questions

Please complete the following questionnaire. Answer all questions to the best of your knowledge to give us a clear understanding of your child's needs and behaviors. If your child is able to participate, we will do everything we can to help him/her succeed. Understand that each child has a 2 week trial period.\*

**\* While infrequent, it may be determined that we are unable to successfully meet your child's needs.**

### Mobility & Physical Needs

Does your camper have a TriMet Honored Citizen card? <i>(If no you will need to acquire before camp starts)</i> We have a TriMet time scheduled to help. Ask about times and paperwork needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your camper safely walk independently? <i>(without support)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your camper walk 1-2 miles/daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your camper require bathroom assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other mobility and/or physical needs your camper has: _____ _____ _____ _____ _____	

### Behavior

Does your camper bite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your camper have aggressive behaviors (hitting, kicking, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your camper harm themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your camper a "runner"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are any other behaviors that your child may display while in the community, please describe: _____ _____ _____	
If yes, please send a copy of your camper's most current behavior plan, escalation cycle, and or risk assessment along with this application. <b>Applications sent without a current behavior plan will be considered incomplete and will <u>NOT</u> be reviewed until ALL needed documents are received.</b>	
Does your camper have a current behavior plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your camper have an escalation cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your camper have a risk assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Payment Program Pricing

Package	Price	*Program rates are based on required Medicaid/K Plan rates of \$28.37 per hour or \$170.22 per 6-hour day. This doesn't include one additional hour per week added for bus delays, early drop-offs, etc. This extra hour is not billed unless used. Pricing will vary with attendance and Medicaid hours covered.
<input type="checkbox"/> 5 days/week - <b>39 days Mon-Fri</b>	<b>\$6,638</b>	
<input type="checkbox"/> 3 days/week - <b>23 days Mon/Wed/Fri</b>	<b>\$3,915</b>	
<input type="checkbox"/> 2 days/week - <b>16 days Tue/Thur</b>	<b>\$2,743</b>	
<ul style="list-style-type: none"> <li>• Drop off: 9:00am - Pick up: 3:00pm</li> <li>• Transportation to and from the program site is the responsibility of the parent/guardian</li> <li>• ACAP will be <b>closed Friday, July 3rd</b> in observance of Independence Day</li> <li>• Tuition is non-refundable after the first two weeks</li> <li>• Those who pay tuition in full by March will receive a 10% discount</li> <li>• Those who pay tuition in full by May will receive a 5% discount</li> <li>• For those using K Plan funds, the above rates are based on 9:00am - 3:00pm on days of attendance.</li> </ul>		

## Payment Method

ACAP has a Support Service Certificate with DHS. As a Community First Choice (K Plan) Provider Agency, the services provided by ACAP are covered in the ISP under Attendant Care Supports (ADL/IADL). These services include: 1:1 Attendant care, multi-tiered supervision, social supports, socialization, participation, safety, and fun in community-based activities. (K Plan) is a major benefit to our kids. With this benefit comes responsibilities. Please read the following information. If questions or issues arise, please don't hesitate to communicate and ask for clarification.

Will payment be provided by a source other than the parent/guardian (e.g. CDDP Services, brokerage, private agency)? If private pay, check "no". If "yes," complete the information below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of agency/program:		
Name of Service Coordinator:		
Email:	Phone:	
Medicaid K Plan annual renewal Date:		
If outside tuition payment is not granted/sufficient, do you still want to register for ACAP taking full financial responsibility for the tuition payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of responsible party:		
Billing Address:		
City:	State:	Zip:
Email:		Phone:

By signing below, the responsible party named above accepts full financial responsibility for the tuition payment if outside tuition payment is not granted/sufficient. Failure to pay tuition may result in suspension of the summer program for your camper plus a late fee of \$25/monthly unless otherwise arranged with ACAP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release of Information

By signing below, I grant the selection personnel at ACAP permission to contact my camper's service coordinator, teacher, behavior specialist, or any other care provider or practitioner listed on my camper's case to acquire information necessary for the selection and review process for ACAP's summer program. Additionally, I grant permission for information to be released from my camper's medical providers and Medicaid/K Plan representatives to ACAP administrative personnel for the purposes of gaining information pertaining to matters of attendance, billing, or other information necessary for admission into the summer program. I acknowledge that this information will remain confidential and will only be used for the selection and review process and will not be shared with any third parties or used for purposes other than acceptance, rejection, and admission into ACAP's summer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Final Signature

By signing below, I am certifying that all information about my camper is current and accurate. I acknowledge that this application is not a guarantee of acceptance into the ACAP summer program. In addition, I **acknowledge that this application will not be considered complete until all supplemental materials (e.g. IEP, 504, BSP, safety protocols, etc.) are received and reviewed by the selection personnel at ACAP; only complete applications will be considered for acceptance.** I understand that failure to provide ACAP with a complete application may result in a delay in my camper's start of the summer program or denial from the summer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Accepted?	Decision made by:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		