



## Haven Camps Application - 2024

6420 Pillmore Drive  
 Rome, NY 13440  
 Phone: 315-338-9498  
 Fax: 315-338-0909  
 Email: office@havencamps.com

ALL PAGES MUST BE COMPLETED AND RETURNED AT  
 LEAST ONE MONTH PRIOR TO CAMP SESSION.  
**PLEASE FILL OUT EVERY PAGE COMPLETELY.**

Applicant's name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt size: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Camper's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Primary Home Caregiver Name \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

Preferred Roommate Name (private rooms not available): \_\_\_\_\_

First time at Haven Camp? \_\_\_\_ yes \_\_\_\_ no Camper needs downstairs room? \_\_\_\_ yes \_\_\_\_ no

NOTE: **EMERGENCY PHONE NUMBERS MUST BE DIFFERENT** FROM THE HOME PHONE LISTED ABOVE.

**Contact person must be available at all times during camp session to pick camper up if necessary.**

Emergency contact person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of person completing registration forms: \_\_\_\_\_ Phone: \_\_\_\_\_

Invoice should be sent to what email address? \_\_\_\_\_

### Picture Permission:

Pictures of campers are taken for the campers to bring home a memento of their week at camp. At times, those pictures are used for promotional use. **Please check the appropriate box and sign below.**

- I do give my permission  I do not give my permission

Camper or Caregiver Signature: \_\_\_\_\_

OFFICE USE ONLY: Invoice sent (date) \_\_\_\_\_ Confirmation sent (date) \_\_\_\_\_

Records sent to nurse (date) \_\_\_\_\_ Spring H1 H2 H3+ H4+ Fall Harvest Winter



Camper's Name: \_\_\_\_\_

## HAVEN CAMPS SCHEDULE - 2024

**Which weeks/weekends will you be attending? Please check all the boxes that apply.**

<input type="checkbox"/> Haven 1 June 10-14 (Mon-Fri)	<input type="checkbox"/> Spring Haven	May 3-5
<input type="checkbox"/> Haven 2 June 17-21 (Mon-Fri)	<input type="checkbox"/> Fall Haven	September 20-22
<input type="checkbox"/> ***Haven 3+ June 23-27 (Sun-Thu)	<input type="checkbox"/> Harvest Haven	November 1-3
<input type="checkbox"/> ***Haven 4+ July 14-18 (Sun-Thu)	<input type="checkbox"/> Winter Haven	December 6-8

**\*\*\*Special requirements for Haven 3+ and Haven 4+:**

1. This camp is designed for younger campers (age 45 or younger) who desire a more active lifestyle.
2. Campers need to be willing/able to sleep in a cabin that does not have a bathroom (campers use bathhouse building).
3. Campers should be independent in daily activities (bathing, bathroom support, eating, etc.) and be able to participate in active sports activities.

Please call the office at 315-338-9498 with any questions.

## HAVEN CAMPS PRICE LIST - 2024

**Please make checks payable to : Haven Camps, Inc. Thank you!**

**Haven Weeks: \$650**

(If you submit a registration form by April 30 for a week in June or July and are accepted as a Haven camper, the Early Bird rate is \$625.)

**Haven Weekends: \$350**

(If you submit a registration form by July 20 for the Fall, Harvest, or Winter weekend and are accepted as a Haven camper, the Early Bird rate is \$340.)

Camper's Name: \_\_\_\_\_

2024

**Self-care information:** Please remember to attach a copy of health insurance cards.

Please check the box which most fits the applicant's level for each area. If not independent please explain everything.

1. Eating     Independent, no modifications     Needs food cut     Needs food ground     Needs food pureed

**PLEASE ATTACH EATING ASSESSMENT (or explain in detail modifications needed: i.e., size of food to be cut or foods to be avoided). HAVEN CAMP DOES NOT PROVIDE ANY ADAPTIVE EQUIPMENT (i.e., built-up handled spoons, nose cups, etc.).**

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

2. Dressing:             Independent             Needs verbal cues     Needs physical help

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

3. Bathing:             Independent             Needs verbal cues     Needs physical help

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

4. Toileting:             Independent     Needs verbal cues     Needs physical help     Wears Attends

EXPLAIN: \_\_\_\_\_

5. Walking:             Independent     Cane     Needs a walker     Needs a wheelchair

**HAVEN CAMP DOES NOT PROVIDE ANY MEDICAL EQUIPMENT.**

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

6. Communication :     Verbal     Non-verbal     Signing     Foreign language

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

7. Sleep Habits:     Needs to be awakened to use the bathroom     Sleeps with night light     Tends to wander if awakened  
 Disturbs roommate            Usual bedtime? \_\_\_\_\_

8. Corrective Lenses: Yes\_\_\_\_ No\_\_\_\_    Hearing Aid: Yes\_\_\_\_ No\_\_\_\_    Dentures: Yes\_\_\_\_ No\_\_\_\_

Camper's Name: \_\_\_\_\_

2024

**Other helpful information:**

1. What does this camper like to do in his/her free time? (likes, dislikes, hobbies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

2. Has there been a history of aggressive behavior?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_

3. Pointers to help de-escalate the situation if this camper becomes agitated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this camper swim?  YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

5. If they pass our swim test can they go water tubing?  YES  NO Water skiing?  YES  NO

**PLEASE NOTE: Return the registration form with the health information forms, & a copy of insurance cards. Campers will not be accepted without this form.**

**Check boxes, sign and date (required):**

I verify that pages 1-4 are complete and accurate. I will bring any changes to the attention of Haven Camps office/staff prior to the camper's arrival.

I have read, and I understand the refund/cancellation policy (page 7).

I have reviewed the Haven Camper Criteria (page 8) and I verify that this camper meets the requirements listed.

Printed name: \_\_\_\_\_

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

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

# Haven Health History Form – 2024

**PLEASE DO NOT WRITE "SEE ATTACHED." THIS FORM NEEDS TO BE COMPLETED FOR THE USE OF OUR COUNSELORS.**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunizations & Tests: Date of last tetanus vaccine \_\_\_\_\_

Recent History: Has this camper had any recent illness, injury, surgery or exposure to infectious disease? YES / NO If yes, explain \_\_\_\_\_

Does this camper have:	✓ YES	✓ NO	If yes, give specifics
Allergies			
Diabetes			
Cardiac condition			
History of seizures			
Asthma/other respiratory			
CPAP machine			
Corrective footwear			
Corrective Prosthesis			
Special Adaptive device			
Medical restrictions			
Does camper smoke?			How much per day?

**Please remember to attach a copy of health insurance cards.**

Please give any other information that could help the nursing staff to understand the needs of this camper while at camp:

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# Required Haven Medication Orders Form - 2024

Camper's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

All medication must be brought to camp in original container or blister packs with label. DO NOT pre-pour medication. Copies of current prescriptions will be accepted in place of MD signature when attached to this **COMPLETED FORM** (MARS do not qualify unless signed by a doctor). Please attach copies of insurance cards.

	Medication Name	Dosage	Frequency	Route	√ Times to be given at camp				
					8A	12N	4P	HS	PRN
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**Haven Camp has a supply of the following over-the-counter medications.  
Circle "yes" or "no" for each medication that may be given to the camper.**

Ibuprofen 200 mg	As per label	For pain/fever	YES / NO
Acetaminophen 325 mg	As per label	For pain/fever	YES / NO
Maalox liquid	As per label	For stomach upset	YES / NO
Triple antibiotic ointment	As per label	For minor abrasions/lacerations	YES / NO

Physician's Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Please do not submit this page. Keep for your files.

## Refunds/Cancellation Policy

We are so excited for you to join us for Haven Camp. Your application will be reviewed in accordance with our Haven Camper Criteria (see page 8 for details), and you will be notified if we accept your registration and the dates you selected for your upcoming visit.

A \$50 non-refundable deposit is due when we confirm the dates for camp or within 60 days of your visit. Your remaining balance is due within 30 days of your camp experience. If special considerations are needed, please call our office at (315) 338-9498, or email us at [office@havencamps.com](mailto:office@havencamps.com).

If you cancel your visit 7 or more days prior to camp, a full refund will be given minus your \$50 deposit.

If you arrive for your visit and do not meet camper criteria, no refund will be given. We will notify your emergency contact to pick you up immediately.

We look forward to vacationing with you soon!

*Julie*

Juliane Hillis  
Haven Camp Director

### HAVEN CAMPS PACKING LIST (Please label all items with camper's name)

#### Spending money (no credit cards)

\_\_\_\_\_ \$20/weekend, \$30/week suggested  
Please have cash available at registration  
to deposit in the camper bank.

#### Linens

\_\_\_\_\_ Towels, washcloths  
\_\_\_\_\_ Laundry bag (plastic garbage bag)  
\_\_\_\_\_ Pillow, twin sheet set, blanket  
**(NO SLEEPING BAGS, PLEASE)**

#### Footwear

\_\_\_\_\_ Sneakers  
\_\_\_\_\_ Walking shoes  
\_\_\_\_\_ Water shoes (for campers who swim)

#### Personal care items

\_\_\_\_\_ Toothbrush, toothpaste, denture cup  
\_\_\_\_\_ Soap, shampoo, comb  
\_\_\_\_\_ Electric razor  
\_\_\_\_\_ Sanitary pads/Depends

#### Clothing

\_\_\_\_\_ Casual clothes (6-7 full sets)  
\_\_\_\_\_ Pajamas (2-3 sets)  
\_\_\_\_\_ Undergarments (6 sets)  
\_\_\_\_\_ Swimsuit (in summer)  
\_\_\_\_\_ Optional dressy clothes for banquet

#### Outerwear

\_\_\_\_\_ Jacket/sweatshirt  
\_\_\_\_\_ Rain gear/hat/gloves

**Medications – All medications should be in their original containers. Blister packs are okay.**

### Drop off and pick up times:

Haven weeks 1 & 2: Monday drop off from 10-11am; Friday pick up before 11am  
Haven weeks 3 & 4: Sunday drop off from 1-2pm; Thursday pick up before 11am  
Haven weekends: Friday drop off from 6-7pm (no dinner served)  
Sunday pick up before 1pm (lunch provided)

Please do not submit this page. Keep for your files.

## Camper Criteria for Haven Camps - 2024

The purpose of the Haven Camp program is to provide a safe, fun, community camp environment. In order for our program to be successful the following camper criteria must be met:

1. Campers must be at least 18 years of age or older.
2. Campers should be able to participate at some level with our program activities and be able to follow along with our general camp schedule. We offer a wide variety of activities including crafts, music, games, dining, socializing and spending time with other campers, shopping, services where we learn about God, and other camp activities.
3. Campers should be able to control their emotions and provide a safe, fun, community environment for everyone. Campers who are verbally or physically aggressive with staff or peers are not eligible for camp.
4. Campers must be continent and be able to express themselves in some manner when they need to use the bathroom. While we recognize "accidents" can happen at camp, campers needing full assistance in this area or who are having routine accidents during their stay will be sent home.
5. Campers must be able to care for their own personal care needs (ADLs: bathing, dressing, using the bathroom, eating, etc.) with verbal prompts and or gestural cues. Physical support will be provided for fastening buttons/zippers, ensuring water temperature is regulated and diet plan is followed.
6. Campers who use a wheelchair should be able to transfer independently into and out of a wheelchair (i.e. to a bed, using toilet, transfer to a chair, etc.), as well as navigate their wheelchair independently or with minimal assistance. At camp, the ground can be uneven and in some places rocky. We also travel a short distance to get to each location. Please be mindful of this if the camper has difficulty with ambulation or gait (i.e., if using a wheelchair, walker, cane). Campers needing a gait belt to avoid the risk of falling are not suitable for camp.
7. Our counseling staff are here to guide the campers with the camp program. They are not trained nursing assistants, but instead are individuals with training to meet the campers' basic and simple needs. Our counselor to camper ratio ranges from 1:3 - 1:5.
8. Nurses and trained staff are present at all times to meet and support the needs of campers. If a need arises, the medical staff or Haven Camp director will reach out to the home numbers listed and then follow through with any emergency numbers listed. Camp staff must be able to reach someone at all times, up to and including support for immediate pick up or medical support.
9. Campers should be in good physical and mental health when arriving at camp. If you have been sick or have recently been ill (**within the previous 48 hours**), please call to reschedule your visit.

If you have any questions or would like to let us know about a special circumstance, please feel free to contact our office. Staff can be reached by phone at # 315-338-9498 or by email at [office@havencamps.com](mailto:office@havencamps.com).

**Campers who do not meet Haven camper criteria upon arrival or at any time during their stay will be sent home immediately without refund.**

We look forward to reviewing your application for Haven Camp.