

# CAMP CUMMINS ACTIVITY CENTER

## GENERAL PROGRAM APPLICATION

**KEEP THIS PAGE!!!**

**What**            **Work and Activity Program**

**Who**            Adults 18 years old and older with Intellectual Disabilities

**Where**        241 So. Business 35 New Braunfels, TX 78130

**Start Time:**    **Monday through Friday - 8:00 AM (open at 7:30am)**

**End Time:**     **Monday through Friday - 5:00 PM (close at 5:30pm)**

**Please note** that Camp Cummins Activity Center is not responsible for clients/members who arrive before the Center opens (7:30a.m.) nor is CCAC responsible for clients/members who remain after the Center closes (5:30p.m.)

**Late fee:** Please note that Camp Cummins Activity Center will charge a late fee of \$10.00 for every 10-minute increment a consumer remains after 5:30 pm.

Camp Cummins Activity Center (CCAC) Activity Program is designed for persons 18 years of age & older who:

- 1) have intellectual disabilities,
- 2) are emotionally and physically well, and
- 3) shows behavior within acceptable guidelines.

### **Please note:**

CCAC **can not** accept the following:

- 1) clients requiring one-on-one supervision.
- 2) Participants with uncontrolled seizure disorders
- 3) Medical conditions needing G-tubes, feeding pumps, baclofen pumps & incontinence.
- 4) Smoking (tobacco, smoke-less, and e-cigarette type) is not allowed inside or outside premises.

**Please mail application or call for a tour and drop off the application at:**

**Camp Cummins Activity Center**

**ATTN: ADMISSIONS**

**241 So. Business 35**

**New Braunfels, TX 78130**

**830-387-4567**

**Email: [Info@ccac21.com](mailto:Info@ccac21.com)**

# CCAC GENERAL PROGRAM APPLICATION

I affirm by signature below that my participant for whom this application is made meets the health and behavior guidelines described on the cover page. If misrepresentation is made regarding my participant's health or behavior, or if my participant becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from the Program. I understand that if my participant is dismissed due to health or behavior considerations, it is my sole responsibility to pick up my participant immediately when notified and that no refund will be made for the session from which my participant attends.

Parent/Legal Guardian \_\_\_\_\_

Application Date \_\_\_\_\_

Start Date: \_\_\_\_\_  
CCAC Staff Only

## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Participant's Phone \_\_\_\_\_ Primary Diagnosis/Disability \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Program \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender:  Male  Female:

Social Security Number \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_ Member Name \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

My Participant does **NOT** have insurance \_\_\_\_\_ Medicaid No. \_\_\_\_\_

Limitations of Participants' Disability: \_\_\_\_\_

Do Not Resuscitate (DNR) No \_\_\_\_\_ Yes \_\_\_\_\_ please provide form.

If Down Syndrome, stable for atlanto-axial subluxation (AAS)? Yes No

Most recent cervical x-ray for AAS (date) \_\_\_\_\_ (city) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Weekly Rate: \$165.00**

## Previous Activity Centers and Previous Employment

Name \_\_\_\_\_ Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## Service Provider

*(If applicable)*

Name of Service Provider (Agency/Company): \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Case Manager / QMRP: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Name of Group Home / Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Residence Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Nurse / LVN: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Social Worker: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Service Provider Accounts Payable contact and phone # : \_\_\_\_\_

Who is legally responsible for payment of Activity Center fees? \_\_\_\_\_

**Payroll:** Where will consumer payroll checks be mailed?

\_\_\_\_\_

If given on-site, may we give the check directly to the applicant? Yes No

## Parent/Guardian Information

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Who is the Applicant's LEGAL Guardian? \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Person (This person MUST be available during the Program hours)

Same as Parent/Guardian Information? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please complete the information below)

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Guardian/Family Contact Information (if different):**

Legal Guardian’s Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Type of Guardianship: \_\_\_\_\_

Contact in case of emergencies: \_\_\_\_ Yes \_\_\_\_ No

Please provide a copy of Legal Guardianship paperwork

**Is the consumer his or her own guardian? Yes \_\_\_\_ No \_\_\_\_ (If yes, continue)**

I, (consumer) \_\_\_\_\_ give permission for Camp Cummins Activity Center, aka CCAC, to contact

My Case Manager or Direct Care Staff about programmatic issues while attending CCAC.

\_\_\_\_\_  
Consumer Signature

**Transportation**

Will this applicant use *Alamo Regional Transit (ART)* for transport? YES NO

ID No. \_\_\_\_\_

If not who will transport them to the CCAC site? \_\_\_\_\_

(May change method of transportation after becoming a member if needed)

\_\_\_\_\_ **Please initial that you understand that Camp Cummins Activity Center assumes no responsibility or liability for any client/member who arrives prior to CCAC opening at 7:30 a.m.**

\_\_\_\_\_ **Please initial that you understand that Camp Cummins Activity Center assumes no responsibility or liability for any client/member who remains on campus after CCAC closes at 5:30p.m.**

**Immunization**

**Texas prohibits proof of immunizations.**

CCAC requires the following:

\*Covid-19 vaccination

\*Food Handlers certification, assistance at the center will be available for this certification. Email \_\_\_\_\_

**Current Medication Regimen**

(Please list **all medications** taken on routine basis, **DAY OR NIGHT**; prescription and over-the-counter)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Reason Taken: \_\_\_\_\_

## Permission to give over-the-counter medications (OTC) on as needed basis:

Please initial each medication or its generic equivalent that may be administered to your Participant. Please check "No" or "YES" beside each medication AND initial. **NOTE:** CCAC does not have a nurse on duty. Any medication needed during the program hours will need to be brought by the member and taken by the member on their own. CCAC Staff is not responsible for the medication nor the administration of the medication in any form.

Tylenol/Acetaminophen Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

Motrin/Ibuprofen Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

Benadryl Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

Hydrocortisone Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

## Allergies:

My Participant is allergic to: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

How is the reaction recognized? \_\_\_\_\_

Does your Participant carry a required Epi-Pen? \_\_\_\_\_

Special Dietary Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CCAC Permissions

## **THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED**

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Please initial as recognition of this equine statement. \_\_\_\_\_

**Yes**      **No**

- \_\_\_      \_\_\_      I give my Participant permission to attend the CCAC Program. He/she may participate in all activities. **ANY EXCEPTIONS ARE:** \_\_\_\_\_
- \_\_\_      \_\_\_      I understand that opportunities may be available for participants to interact with live vaccinated animals. I give my Participant permission to participate in those activities.
- \_\_\_      \_\_\_      If emergency treatment is necessary, I give permission for my participant to be brought to the nearest emergency room by ambulance or helicopter for treatment. I authorize CCAC to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests, and/or x-rays if necessary.
- \_\_\_      \_\_\_      In the event that participant has no insurance, I will be responsible for his/her medical bills.
- \_\_\_      \_\_\_      I understand CCAC allows parents/guardians to call and check the health status of their participant or speak with a staff in regard to their participant's wellbeing.
- \_\_\_      \_\_\_      I give CCAC permission to use my participant's name, photograph, or video image for publicity purposes.
- \_\_\_      \_\_\_      I authorize CCAC staff and volunteers to share, without restrictions, my participant's health information and medical records with any person (affiliated or not with CCAC) as may be necessary in order to care for my participant.
- \_\_\_      \_\_\_      I understand that CCAC has a designated Lost and Found. However, if I or my participant leaves my participant's items anywhere, I will not hold CCAC responsible for them. **THIS INCLUDES ALL ELECTRONIC DEVICES, INCLUDING CELL PHONES, GAME, IPODS, ETC. Members are encouraged to leave these at home.**

## **Equipment Use**

- \_\_\_      \_\_\_      My participant may use the paper cutter after being trained by CCAC.
- \_\_\_      \_\_\_      My participant may use box cutters (Utility Knife) after being trained by CCAC.

I, \_\_\_\_\_, guarantee that the information on this application is accurate and hereby release and forever discharge CCAC, its members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the work program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Likes / Dislikes

Please identify specific likes / dislikes the applicant may have (i.e. dislikes loud noises; likes painting)

LIKES

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DISLIKES

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## CONSENT / RELEASE FORM

REVIEW THE FOLLOWING FORM TAKING INTO CONSIDERATION THE PARTICIPANT MAY BE INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. WE ASK THAT YOU AS THE PARTICIPANT, LEGAL GUARDIAN OR PARENT OF A MINOR MAKE A DETERMINATION ON EACH OF THESE ISSUES AND INDICATE YOUR RESPONSE APPROPRIATELY. THIS FORM SHOULD BE COMPLETED AT THE TIME OF ADMISSION AND AT LEAST ANNUALLY THERAFTER.

I, \_\_\_\_\_ give or do not give (circle one) my consent/permission for  
(Legal Guardian/Parent/Adult Participant)

\_\_\_\_\_ on each of the following issues:

(Participant)

### PHOTOGRAPHS / VIDEOS

\_\_\_\_\_*YES*    \_\_\_\_*NO (initial one)*

- 1) Consent/permission for photographs to be used for programming purposes in the classroom, on posters or in other participant's communication books.
- 2) Consent/permission for photographs or videos to be used by Camp Cummins Activity Center to portray or promote CCAC activities.
- 3) Consent/permission for photographs to be used on Camp Cummins Activity Center publications and brochures.
- 4) Consent/permission for photographs to be used on Camp Cummins Activity Center Website.
- 5) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first name to accompany the photograph or videos.
- 6) If consent/permission for photographs or videos is given, I also give my consent/permission for the participant's first and last name to accompany the photograph of videos.

### PARTICIPATION IN OUTINGS / FIELDTRIPS and EMERGENCY TRANSPORT

\_\_\_\_\_*YES*    \_\_\_\_*NO (initial one)*

- 1) Consent/permission to participate in community outings and fieldtrips (i.e. shopping, movies, parks, bowling, etc.) after given trip details and confirmation of attendance
- 2) If consent/permission to participate in community outings and fieldtrips is given, I also give my consent/permission for CCAC staff to transport the participant.
- 3) In the event of a medical, facility, environmental or natural disaster emergency, I also give my consent/permission for CCAC staff to transport the participant.

### RELEASE OF CONFIDENTIAL INFORMATION

\_\_\_\_\_*YES*    \_\_\_\_*NO (initial one)*

- 1) Consent/permission for the participant's confidential information to only be shared with CCAC staff for programming purposes.
- 2) 2) Consent/permission for the participant's confidential information to be shared with the participant's Service Coordinator, Case Manager, QMRP or Provider.
- 3) 3) Consent/permission for the participant's confidential information to be shared with (Please Indicate Who):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



## MEMBER AGREEMENT TO PARTICIPATE

**Parent or Guardian: Please read carefully and initial by each Agreement:**

1. New Member agrees to follow rules as specified during orientation. \_\_\_\_\_
2. Member will be respectful to staff and other Members. \_\_\_\_\_
3. Member will not use foul language while at the Center or during transportation or community activities. \_\_\_\_\_
4. Member will not use tobacco products, smokeless tobacco products, e-cigarette type products, illegal or non-prescribed drugs or alcohol during program hours & sponsored activities. \_\_\_\_\_
5. Member will remain on the premises until parent or guardian arrives for pickup or ART-transportation. \_\_\_\_\_
6. Member will not exhibit nudity, exposure, or demonstrate sexual acts at any time, nor via their cell phone, laptop or electronic device, nor when possessing written materials. \_\_\_\_\_
7. Member will not physically harm, tease, or intimidate another Member or staff at any time. \_\_\_\_\_
8. Member will engage in meaningful work or activity while at CCAC, or as directed by staff. \_\_\_\_\_
9. Member is asked to inform staff IMMEDIATELY of any unusual, illegal, unsafe, or prohibited behavior by another Member. \_\_\_\_\_
10. Member will be responsible for any personal items brought to the Center, including purses, wallets, cameras, phones, electronics, ear phones or food items. These items should not be shared for health and safety reasons. \_\_\_\_\_
11. Members will not bring weapons, knives, guns, etc on to the CCAC property at any time. Violation could result in suspension from the program. \_\_\_\_\_

*Members will be counseled for 1<sup>st</sup> and 2<sup>nd</sup> offenses. Further consequences for infractions of any of the above rules will result in suspension (up to 3 days). To return, parent or guardian must attend a staffing w/ CCAC Executive Director (or designee). After the third suspension the member will be released from Camp Cummins Activity center program and will not be allowed to return. Should the member decide to leave voluntarily they may reapply (new application process) after six months. Readmission will be at the discretion of the Admission Committee.*

\_\_\_\_\_  
New Member

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Receiving CCAC Staff

## Please Read & Sign

**Permission to Obtain Medical Treatment:** I give my consent by signature below for medical treatment to be obtained for my Participant by a representative of CCAC in the event I (or my designee) am unable to be reached.

**Agreement to Pay for Medical Treatment:** I understand that in the event of a medical emergency affecting my Participant, EMS may be called, and my Participant may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold Camp Cummins Activity Center, its staff, Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

What do I do now that I have completed the application?

- 1.) Call Camp Cummins Activity Center at 830-387-4567 and schedule a tour with Admissions. Please bring your completed application and application fee to the tour. All tours are scheduled by appointment only. Please note that the application must be completed before it can be accepted by CCAC.
- 2.) You will be notified no more than 10 days after application has been accepted unless otherwise instructed by Camp Cummins of the acceptance or decline of admission into the program as a potential member.
- 3.) Start date for the two-week trial will be arranged (Mondays) for the potential member. At the end of the two-week trial an evaluation by CCAC Staff will be made as to the potential members "fit" into the program.
- 4.) If it is determined that the potential member is a good "fit", then they will continue to attend as agreed upon in application. If it is determined that the potential member is not a good "fit" into the program, then they will no longer attend Camp Cummins Activity Center.

Thank you for your interest in Camp Cummins Activity Center.