



Thank you for visiting our website,
and for your interest in
Special Touch Summer Get Away.

We invite you to download our Guest Application.

This page is only to inform you that
all four of the following application pages
must be returned completed and all together,
to our Central Processing Office, at:

Special Touch Central Processing
P. O. Box 25
Waupaca, WI 54981

If all four pages are not together,
we will be unable to process your application,
and it will be returned to you.

Thank you for your cooperation in this matter.

We look forward to seeing you and/or your guest
at Special Touch Summer Get Away.

SUMMER GET AWAY GENERAL INFORMATION *retain this page*

Dear Applicant/Legal Guardian: Please read the entire application. There are changes this year. **Complete** the application and attach additional information you consider pertinent. **A picture of the applicant is requested.** Applicants under the age of 10 must be accompanied by a parent/guardian. A spouse or parent/guardian who provides care for applicant may accompany him/her at no charge. If you are providing your own caregiver, their completed Special Touch staff application must be submitted **WITH** yours. If coming as a family unit, please inquire about family discounts. **A \$100 non-refundable deposit, or full payment, for each Get Away applying for must accompany application.** Any balance is due upon arrival. Only send exact tuition amounts please. Any overpayment or refund will be returned to the applicants address. **All pages must be returned together. Incomplete applications will be returned and not processed. Only completed applications will be eligible for discounted tuitions.**

ACCEPTANCE to Special Touch Summer Get Away is not guaranteed. **We reserve the right to refuse acceptance of applicant based on our ability to provide adequate care in conjunction with applicants needs with regard to our programming.** Pre-registration is required. An acceptance letter will be mailed two weeks prior to the date of Get Away. If applicant is not accepted, a full refund will be given.

REGISTRATION begins on Monday of the Get Away at 1:00pm and ends at 2:30pm. Summer Get Away concludes at 1:00pm on Friday. **Grounds must be cleared at 2:00pm.** Be sure your transportation is **punctual.**

TRANSPORTATION to and from the grounds is the applicant's responsibility. Some activities (swimming, museum, shopping, etc) may be off the grounds. That transportation will be provided. Some activities may require an additional fee.

ALL APPLICANTS MUST HAVE A MEDICAL EXAMINATION within twelve months prior to the date of Get Away applying for. Each applicant **must** present a current HEALTH history as part of this application. Substitutions of this form will not be accepted, however additional information is appreciated. **All medications must be in original prescription bottles clearly marked for content, dosage, and frequency.** All medical and behavioral incidents will be documented. Applicants over 50 lbs, needing transfers should expect to be lifted with the help of mechanical assistance. Behavioral, food, etc. charting **will not be done.** Only medical charting will be recorded. Special Touch Summer Get Away programming takes precedence over any individual planned programming.

INSURANCE - All participants and staff members are provided limited insurance against injury and illness for the duration of the Summer Get Away. **A COPY (not the original) of Medical Assistance and/or Medicare cards must be provided.**

2006 Summer Get Away Locations

OKLAHOMA • MAY 22 - 26

New Life Ranch, Colcord, OK
Coordinators: Ben and Cindy Deal
918-326-4004
Discount Tuition: \$500 *if postmarked by April 10*
\$525 *if postmarked after April 10*
Final deadline April 24
\$140 sponsorship to first 35 applicants

ILLINOIS • MAY 29 - JUNE 2

Lake Williamson Christian Center, Carlinville, IL
Coordinators: Rev. Larry & Penny Sauter
309-451-8578
Discount Tuition: \$395 *if postmarked by April 17*
\$420 *if postmarked after April 17*
Final deadline May 1

SO. MISSOURI • JUNE 5 - 9

Heit's Point Camp & Conf Center, Lincoln, MO
Coordinators: Rev. Larry & Carolyn Campbell
920-382-7802
Discount Tuition: \$395 *if postmarked by April 24*
\$420 *if postmarked after April 24*
Final deadline May 8

ARIZONA • JUNE 5 - 9

Chapel Rock, Prescott, AZ
Coordinators: Darrel & Leslie Niemann
715-256-9410
Discount Tuition: \$395 *if postmarked by April 24*
\$420 *if postmarked after April 24*
Final deadline May 8

ROCKY MOUNTAIN • JUNE 12 - 16

Buckhorn Camp, Bellvue, CO
Coordinator: Mary Eastman
256-766-4484
Discount Tuition: \$495 *if postmarked by May 1*
\$520 *if postmarked after May 1*
Final deadline May 15

WIS / N. MICHIGAN • JUNE 26 - 30

Spencer Lake Christian Center, Waupaca, WI
Coordinators: Rev. Charlie & Debbie Chivers
715-258-2713
Discount Tuition: \$305 *if postmarked by May 15*
\$330 *if postmarked after May 15*
Final deadline May 29

NEW YORK • JULY 17 - 21

Watson Homestead, Corning, NY
Coordinators: Rev. Stan & Dawn Handzlik
716-592-4652
Discount Tuition: \$515 *if postmarked by June 5*
\$540 *if postmarked after June 5*
Final deadline June 19

KENTUCKY • JULY 24 - 28

Camp Crestwood, Crestwood, KY
Coordinator: Kusum Neal
502-227-2557
Discount Tuition: \$365 *if postmarked by June 12*
\$390 *if postmarked after June 12*
Final deadline June 26

APPALACHIAN • JULY 31 - AUG 4

Appalachian Inn, Ghent, WV
Coordinators: Call office for information
715-258-2713
Discount Tuition: \$380 *if postmarked by June 19*
\$405 *if postmarked after June 19*
Final deadline July 3

ARKANSAS • AUG 7 - 11

Mountain Valley Retreat Center, Hot Springs, AR
Coordinators: Rev. Kirk & Pam Anderson
479-752-3230
Discount Tuition: \$310 *if postmarked by June 26*
\$335 *if postmarked after June 26*
Final deadline July 10

IOWA • AUG 14 - 18

Sunstream Retreat Center, Ogden, IA
Coordinators: Dave & Margie Spencer
763-786-5531
Discount Tuition: \$395 *if postmarked by July 3*
\$420 *if postmarked after July 3*
Final deadline July 17

MINNESOTA • AUG 21 - 25

Lake Geneva Christian Center, Alexandria, MN
Coordinators: Scott & Michelle Abbott
651-487-0909
Discount Tuition: \$350 *if postmarked by July 10*
\$375 *if postmarked after July 10*
Final deadline July 24

ALABAMA • AUG 28 - SEPT 1

Springville Camp & Conf Center, Odenville, AL
Coordinators: Rev. Jenny & Ron Young
256-830-8368
Discount Tuition \$350 *if postmarked by July 17*
\$375 *if postmarked after July 17*
Final deadline July 31



<p>OFFICE USE ONLY</p> <p>Ptmrk _____ <input type="checkbox"/> Address, Check # _____ \$ _____</p> <p>Get Away _____ Tuition \$ _____</p> <p>Guardian _____ Med Form _____ Emer _____ Allergies: <input type="checkbox"/> Food <input type="checkbox"/> Med <input type="checkbox"/> Other</p> <p>Disability: CD CD/PH PH Wheelchair: M E</p> <p>CrGr _____ Room _____</p> <p>Co _____</p> <p>TL _____ Med Sf _____ Chapel: H L RB</p>	<p>Received</p> <hr/> <p>Completed</p>
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2006 Guest Application *Incomplete applications cannot be processed and will be returned*

MAIL COMPLETED APPLICATION WITH GUARDIAN SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:

Special Touch Central Processing • P.O. Box 25 • Waupaca, WI 54981

For more information: centralprocessing@specialtouch.org • www.specialtouch.org • 715-258-2713

PLEASE CHECK EACH GET AWAY THAT YOU ARE APPLYING AND SENDING DEPOSIT(S) FOR

A NON REFUNDABLE \$100 DEPOSIT MUST BE INCLUDED FOR EACH GET AWAY YOU ARE APPLYING FOR

- | | | |
|--|---|--|
| <input type="checkbox"/> OKLAHOMA • MAY 22 - 26 | <input type="checkbox"/> WISCONSIN/N. MICHIGAN • JUNE 26 - 30 | <input type="checkbox"/> IOWA • AUG 14 - 18 |
| <input type="checkbox"/> ILLINOIS • MAY 29 - JUNE 2 | <input type="checkbox"/> NEW YORK • JULY 17 - 21 | <input type="checkbox"/> MINNESOTA • AUG 21 - 25 |
| <input type="checkbox"/> SO. MISSOURI • JUNE 5 - 9 | <input type="checkbox"/> KENTUCKY • JULY 24 - 28 | <input type="checkbox"/> ALABAMA • AUG 28 - SEPT 1 |
| <input type="checkbox"/> ARIZONA • JUNE 5 - 9 | <input type="checkbox"/> APPALACHIAN • JULY 31 - AUG 4 | |
| <input type="checkbox"/> ROCKY MOUNTAIN • JUNE 12 - 16 | <input type="checkbox"/> ARKANSAS • AUG 7 - 11 | |

PLEASE PRINT

Applicant Name _____ Phone (____) _____

Applicant's Address _____ Apt # _____

City _____ State _____ Zip _____ Email _____

Male Female Height _____ Weight _____ Date of Birth ____/____/____ (Applicant must be 10 or older) Age _____

Residential Facility/Group Home Name _____ Foster Home Institution Live in own home/apt

I am my own Guardian. If not, Name of Legal Guardian _____

Relationship _____ Phone Day (____) _____ Evening (____) _____

Address _____ City _____ State _____ Zip _____

If legal guardian is not available in an emergency, please notify:

Name _____ Relationship to applicant _____ Phone (____) _____

Family Member (Third person attending from family, staying in same room and not requiring an additional caregiver)
Skip to Guardian Signature on page 3 (Under age 18 also requires completed Medical Form with Physician's Signature)

Has applicant attended Get Away before? No Yes #of times _____ Last time _____ Location? _____

Pastor & Home Church-Rev. _____ Church _____

Address _____ City _____ State _____ Zip _____

PLEASE CHECK ALL APPROPRIATE BOXES

1. FOR PHYSICALLY DISABLED APPLICANT ONLY

If Applicant has NO physical disability complete number 2 only

DIAGNOSIS

- Brain Trauma
- Multiple Sclerosis
- Spina Bifida
- Cerebral Palsy
- Muscular Dystrophy
- Spinal Cord Injury

OTHER FACTORS

- Uses Sign Language
- Non-Verbal
- Deaf
- Hearing-Impaired
- Uses Hearing Aides
- Other-Explain _____
- Blind
- Sight Impaired
- Will Bring Service Dog
- Cannot climb stairs

SELF HELP AND SUPERVISION NEEDED

- Lives Independently - No assistance needed
- Will require assistance from Special Touch Staff
 - Minimal
 - Moderate
 - Individual
- Will provide own caregiver* Male** Female**

Fill in information for caregiver the applicant is providing
Name * ** _____

City _____ State _____ Zip _____

**Caregiver's completed Special Touch Staff Application must be submitted with this application.*

***Unless related, caregiver must be of same sex as applicant.*

2. FOR MENTALLY DISABLED APPLICANT ONLY

If Applicant has NO mental disability complete number 1 only

MENTAL ABILITY

- High Functioning
- Moderate
- Mild
- Severe/Profound*

**Current programs are not designed for people with Severe/Profound mental disabilities*

OTHER FACTORS

- Down's Syndrome
- Autistic Behavior
- Sight Impaired
- Blind
- Cannot Climb Stairs
- Non-Verbal
- Uses Sign Language
- Hearing Impaired
- Deaf
- Uses Hearing Aides

SELF HELP AND SUPERVISION NEEDED

- Lives Independently
- Needs minimal supervision
- Is dependent, requires assistance for
 - Some Activities
 - Most Activities
 - All Activities
- Requires individual staff supervision due to
 - Mental disability
 - Poor Behavior
 - Wheelchair Manipulation

SKILL EVALUATION *Please check the most appropriate statements in each category*

MOBILITY

- Walks Alone Needs assistance Cannot walk
- Walks Slow Medium Fast
- Uses and will bring Walker Braces Crutches Electric Wheelchair Manual Wheelchair
- Can manipulate wheelchair alone Cannot manipulate wheelchair alone
- Paraplegic Quadriplegic Bears own weight Transfers Alone
- Use Hoyer Lift. (Guests unable to transfer alone will be lifted with mechanical help. Please bring your own)

EATING

- Independent - needs no assistance
 - Needs assistance with _____
 - Dependent, must be fed (Please provide a week's supply of disposable bibs & straws if needed)
 - Has difficulty swallowing solids liquids must use straw (Please send supply for week)
 - Appetite large medium small limit helpings to: _____
 - Allergic to foods listed: _____
 - Diet restriction that CANNOT lapse during Get Away: _____
- (We are unable to provide specialized charting or diet for each applicant due to a camp type environment. If you cannot be tolerant in this area, YOU must provide special dietary foods i.e.: sugar free food and drink.)*

COMMUNICATION

- No Difficulty
- Difficulty understanding directions
- Non-verbal Uses sign language (Please attach a description of signs)
- Uses own language board (Please send with applicant)
- Comments _____
- Has difficulty expressing self
- Slow to communicate needs
- Understands directions and prompts
- Uses gestures

SKILL EVALUATION *continued*

SELF CARE & DRESSING

- Independent - needs no assistance
- Assistance is needed because applicant is slow needs prompts
- Cannot dress self without assistance *Please explain:* _____
- Totally dependent
- Needs help with personal hygiene *Describe assistance needed:* _____
- Usual bedtime _____ Usually awakens at _____ Special Sleeping Habits _____
- Written instructions for specific care needs are listed on a separate page. Verbal instructions are inadequate.

TOILET NEEDS - *Please send an adequate supply of materials for these needs.*

- Independent - needs no assistance
- Needs assistance with _____
- Totally Dependent (*Please provide adequate supplies*)
- Uses Depends/Diapers at all times only at night (*Please bring enough for the entire week*)
- Catheter Colostomy Incontinent: Bowel Bladder (*Depends will be used*)
- Wets Bed (*Please supply adequate bedding, clothing, and/or Depends as laundry is not done during Get Away*)
- Female guest is able to care for self during menstruation Fully Partially Not at all Expected during week

BEHAVIOR

- Generally happy *check all that apply* Compliant Social Helpful Cooperative Team player
- Generally unhappy *check all that apply* Non compliant Withdrawn Prone to depression
- Adapts to new environment Quickly Slowly
- Does well in large groups Does NOT do well in large groups
- Cautious/Shy Wanders (*Note: applicant who wanders off may be sent home for safety*)
- Physically Abusive/Aggressive to self to others to staff
- Other behaviors - Explain _____
- Are there any behavior problems you handle in specific ways and would like us to continue? _____

We ask this because we will try to be consistent with expectations and discipline at home.

ACTIVITIES (*Not all Get Aways provide water activities*)

- Independent - needs no assistance Needs assistance in some activities: Arts/Crafts Sporting/Recreation
- Dependent for all activities
- Water Sports: Not allowed Swims shallow Swims deep Uses flotation Does not swim Afraid of water
- Comments _____
- Activities applicant enjoys _____
- Recreational activity applicant cannot participate in _____

GUARDIAN PERMISSION

I hereby give permission as legal guardian, for the applicant to attend Special Touch Ministry, Inc., Summer Get Away. To the best of my knowledge, the information in the Application Skill Evaluation and the Medical History is correct and the person herein described has permission to engage in all activities, except as noted by myself and/or physician. I further understand that Special Touch Ministry reserves the right to reject any applicant whose needs cannot be met by staff.

I understand that due to some state laws and Special Touch Ministry policy, ALL medications brought to Get Away **MUST** be in **original container/prescription bottle, clearly marked with the name, dosage, frequency, times, and prescribing physician and not in pre-poured containers. Pre-poured containers from pharmacy are acceptable if identifying medication and pharmacy.** Applicant will not be allowed to stay if this is not followed.

I agree to relieve all personnel and staff from any liability in connection with this activity. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Health Care Professional selected by the Summer Get Away staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the applicant as named above. I will assume financial responsibility for any medical treatment not covered by Special Touch Ministry, Inc.'s insurance.

If applicant displays inappropriate behavior, which causes dismissal, legal guardian, or home assumes immediate responsibility for transportation and its cost to return applicant home. No refunds will be given. I hereby agree not to send applicant if exposed to a contagious disease within three weeks of the event, and I will notify Special Touch Ministry, Inc. if applicant must cancel. Permission is given to Special Touch Ministry, Inc. to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Special Touch Ministry, Inc. I understand that photographs/video/images I take at any Special Touch function are for my personal use only. No one will be denied attendance at Special Touch Summer Get Away because of religion, creed, national origin, sex, age, or disability.

Signature of Legal Guardian _____ Date _____

Or Applicant Signature if own legal guardian (Applications cannot be processed without proper signatures)

2006 MEDICAL FORM *No substitutions of this form will be accepted*

All applicants must have a medical examination within twelve months prior to date of Get Away applying for.

PLEASE PRINT

Medical History for (*Applicant's name*) _____

Height _____ Weight _____ Blood Pressure _____

Medical diagnosis of disability: _____

Explanation/Onset/Cause of disability: _____

Applicant's current health condition _____

Operations/Serious Illness—Dates & Description _____

Chronic/Recurring Illness _____

Applicant has seizures No Yes - Frequency _____ Date of last seizure _____ Controlled by medication _____

Describe seizure _____

Activities applicant should not participate in _____

ALLERGIES

- Penicillin
- Aspirin
- Latex
- Hay Fever
- Other: _____
- Food: _____

DISEASES/PAST ILLNESS

- Diabetes
- Asthma
- Chicken Pox
- Tuberculosis _____
- Other: _____

IMMUNIZATIONS

- Tetanus Date _____
- HBV Date 1 _____ Date 2 _____ Date 3 _____
- For Applicants 18 Years & Under Enter month & year of each immunization**
- DPT/DT/TD Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
- POLIO Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
- MMR Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
- HBV Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____

MEDICATION

ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE MARKED AS TO CONTENT, DOSAGE, AND FREQUENCY

MEDICATION NAME

Example: Dilantin chewable

DOSAGE

two 50mg tablets

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Adverse reactions from medications _____

PHYSICIAN PERMISSION

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in Special Touch Ministry Inc. functions through the end of the calendar year, except as noted above.

Physician's Signature _____ Date _____

RN, LPN, QMRP signatures are NOT acceptable

Physician's Address _____ Phone _____

City _____ State _____ Zip _____

MAIL COMPLETED APPLICATION WITH GUARDIAN SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:

Special Touch Central Processing • P.O. Box 25 • Waupaca, WI 54981