



MOUNT OLIVET ROLLING ACRES *DISCOVER SUMMER*

Revised 2020 Day Program for Youth with ASD

"I would rate it a 10 because my teen looked forward to going every day and he really liked the field trips. I think the kids were well supervised and kept safe, and the staff were energetic and enthusiastic" A camper's parent

"My son truly loved it! It was the best experience he's had in years." Another parent

Mount Olivet Rolling Acres (MORA) was founded over 50 years ago by a group of parents, initially as a summer camp for children with disabilities. MORA currently provides high quality, long-term residential services and a variety of short-term support services for over 700 children and adults with disabilities throughout the Twin Cities. An area of focus in recent years has been behavior services for adolescents on the autism spectrum.

In the summer of 2008, MORA began offering therapeutic day camp sessions for youth on the autism spectrum. **The location is our campus on Schutz Lake in Victoria**, right off Rolling Acres Road. It is a picturesque and serene environment that is the perfect backdrop to a comfortable camp-like experience. Facilities include a computer lab with multiple stations, a gymnasium with sensory equipment, a separate sensory room, a waterfront with beach, boats, and fishing, extensive grounds with in-ground trampoline. **For the summer of 2020, we are offering 6 weeks of day camp from June through August. Please note that due to COVID-19 there are date changes.**

The Summer Program sessions at MORA are for **youth, age 9 to 16**. These are **small group** (8 to 12 per session) programs, designed for those children that need an alternative to more traditional summer day camp programs, including those with significant behavior challenges. The program has a structure that is socially engaging to youth but has the flexibility to meet individual interests regarding preferences and environment. Program emphasis is on increasing knowledge in areas of interest, while building social skills, learning coping skills, and increasing physical fitness in a low stress environment. *Current staff to camper ratio is 1 staff to 2 campers, we welcome additional outside support by PCA and Behavioral Therapist when needed to increase the success of all campers, but we are unable to guarantee a 1:1 ratio for individuals with high needs.*

Activities include community field trips related to the theme of each week's program. Weekly themes may include Lego building, music, science explores, robotics, and more. The daily camp activities will be defined based on the abilities and interests of everyone. Applications will be accepted beginning January 2 and continuing until all sessions are filled. *Please note sessions begin to fill by the beginning of April, and this year we are unable to guarantee 1:1 support for individual campers.*

The Sessions are one weeklong, **Monday through Friday**, with the option to sign up for multiple sessions. Each day **starts at 9:00 AM and ends at 3:30 PM**. We continue to offer before and after care for those who need to arrive early or leave later. More information can be provided upon request. The Summer Program Team will include nursing staff on site as needed and will have the services of Behavioral Analysts who are highly skilled in autism. All the staff are behaviorally skilled and experienced in youth challenges, including de-escalation and behavioral support techniques. The staff/participant ratio will be one to two. *(Staff ratio is dependent on campers needs.)*

This year's fee will be **\$700 per week**. Camperships may be available to families in need who have limited funding resources for this type of program.

Dates: ~~June 15-19, June 22-26, June 29-July 3,~~ July 13 to 17, July 20-24, July 27-31, August 3-7 and August 10-17.

For more information, see our website at <www.mtolivetrollingacres.org> or contact;
Stephanie Kohl, Certified Recreation Therapist and Program Director 952.401.4872
or Email: SKohl@mtolivet-MORA.org

Mount Olivet Rolling Acres (MORA)
DISCOVER SUMMER
2020 ASD Summer Program Application
Ages 9 to 16



Session(s) (Please circle session(s) desired.) PER SESSION FEE: \$700

Please note date changes due to *COVID-19

| <u>Dates</u> | <u>Theme</u> | <u>Dates</u> | <u>Theme</u> |
|------------------|--------------------|-----------------|----------------------|
| *7/13 to 7/17/20 | Making Music | 7/20 to 7/24/20 | Mad Science |
| 7/27 to 7/31/20 | Robotic Recreation | 8/3 to 8/7/20 | Lego Master Builders |
| *8/10 to 8/14/20 | Gaming World | | |

GENERAL INFORMATION:

Name (last, first, MI) _____ Age _____ DOB _____

Current address (# and street) _____

City, State, Zip code _____ County _____

Home phone (_____) _____

Sex _____ Height _____ Weight _____

Allergies/Food allergies:

EMERGENCY CONTACT: *other than parent/guardian*

(_____) _____
Name phone with area code relationship to applicant

PARENT/GUARDIAN INFORMATION:

Father's name _____ Address (if different) _____

(_____) _____ (_____) _____

Work phone _____ Cell phone _____

Email address: _____

Mother's name _____ Address (if different) _____

(_____) _____ (_____) _____

Work phone _____ Cell phone _____

Email address: _____

DAILY TRANSPORTATION TO/FROM CAMP:

Who is bringing child to summer program? _____

Who is picking up child at 3:30 PM? _____

Is before or aftercare needed? _____

Who is restricted from visiting your child at camp? _____

COMMUNICATION:

| | Yes | No | Explain |
|-------------------------------------|-----|-----|---------|
| Able to speak | ___ | ___ | _____ |
| Signs | ___ | ___ | _____ |
| Picture symbols used | ___ | ___ | _____ |
| Understands what is said | ___ | ___ | _____ |
| Speech is understandable | ___ | ___ | _____ |
| Able to read | ___ | ___ | _____ |
| Able to write | ___ | ___ | _____ |
| Able to communicate pain or illness | ___ | ___ | _____ |

ACTIVITIES OF DAILY LIVING: For us to meet needs for assistance, the following information is requested.

| | Independent | Assistance needed (describe) |
|-------------------------|-------------|------------------------------|
| Dressing | _____ | _____ |
| Hygiene/grooming | _____ | _____ |
| Toileting | _____ | _____ |
| Eating | _____ | _____ |
| Biking | _____ | _____ |
| Swimming | _____ | _____ |
| Boating/Pontoon | _____ | _____ |
| Table games | _____ | _____ |
| Computer use | _____ | _____ |
| Hiking/walking | _____ | _____ |
| Gym activities | _____ | _____ |
| Riding in vehicles | _____ | _____ |
| Interacting with others | _____ | _____ |

BEHAVIOR INFORMATION:

What specific trigger may result in a behavioral episode? (i.e. noise, heat, transitions)

What are some preferred behavioral supports suggestions?

Is there an elopement risk? ___ **If yes, describe:**

Does the child have a current Behavior Program/Plan? ___Yes (please attach) ___No

ADDITIONAL INFORMATION RELEASE FORM:

We would appreciate any other paperwork you have that will assist us with working with your child. (i.e. Risk Management plan, IEP, ISP etc.)

What school district/program does he/she attend? _____

Camper Name: _____ Birth Date _____

I hereby authorize _____ to disclose to/obtain _____
(Organization) (i.e. Risk Management plan, IEP, ISP etc.)

from _____ information regarding _____
(Organization) (Person or Organization)

for the purpose of developing camp supports while attending MORA Discover Summer Day Camp.

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that in any event this consent expires automatically as described below. I understand that information (organization holding data) is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.

Date, event, or condition upon which this expires:

Signature of Guardian: _____ Date: _____

MORA Discover Summer Program must receive your session fee one week prior to the first day of camp. If you want to request a special payment plan, supplement the session through waived services funding, or have any questions regarding finances, please call MORA Summer Program at 952.474.5974.

CAMPERSHIPS: Partial Camperships may be available to applicants who do not have other funding for camp. Camperships will be assigned to eligible applicants on a first come/ first served basis after full application with \$50 deposit has been received. **Check here ___ if you wish to apply for a scholarship.**

Note: Fees for each session are \$700.00 per week

A \$50 deposit on this fee (deductable from total fee) must accompany this application. The deposit is refundable until June 1st, 2020.

My check for \$_____ is enclosed.

If a local group is sponsoring applicant. _____ (____) _____
Name of Group Phone

If the applicant is using waiver service money. _____ _____
County Case Manager Name

(____) _____ _____
Case Manger's Phone Case #

Check any of the following received:

__DD __CSG __FSG __CDCS __CADI __CAC __BI—Medical Assistance # _____

***If CDCS list email for submission of invoices** _____

CONSENT FORM: *This section must be signed by the parent or guardian for the application to be considered.*

The applicant/guardian has read and understands all the information in this application and acknowledges that a wide variety of activities are conducted at MORA Summer Program and gives permission for the applicant to participate in these activities assuming all ordinary risks normally inherent to the nature of the activities. It is also understood that the applicant may be transported and will be off grounds on various field trips.

I hereby give permission to MORA medical nurses and designees to provide first aid, administer prescribed medications as ordered, and seek emergency medical treatment.

I AUTHORIZE MORA and MORA Summer Program to use and disclose my child's name, health, and disability information to emergency medical personnel. I also authorize MORA to:

- Use information about my child to provide services to my child and to communicate across departments within MORA to coordinate my child's service.
- Disclose information to insurance companies or the government or private payers, for MORA to obtain payment for its services.
- Use and disclose information about my child, as necessary, for MORA operations, such as case management, quality assurance and staff training.
- My child will be identified by name as a normal part of the Summer Program life.

I understand that:

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- I may revoke this authorization at any time by notifying MORA in writing. If I do, it won't affect any actions MORA took in reliance of this authorization before I revoked it.
- Once information is received to a third-party according to this authorization, MORA cannot prevent its re-disclosure.
- The authorization does not limit the ability of MORA to use or disclose my child's health information as otherwise permitted by state or federal law.
- This authorization allows the use of my child's name, address, videos, photographs, or comments in publicizing the work of MORA Summer Program, MORA and its subsidiaries.

By signing below, I acknowledge that I have read, understood, and consent to the terms of the information provide above as well as accept and voluntarily participate, knowing the inherent risk due to the nature of the activities. I have crossed out any of the above statements to which I do not agree or consent.

Signature of parent/ guardian

Date

SEND COMPLETED APPLICATION AND FEES TO:

MORA Discover Summer Program, 7200 Rolling Acres Road, Victoria, MN 55386 OR FAX: 952.474.3652