



Reach Out Supplemental Application

Camper's Name: _____

Camper's Session: (please circle one)

Session #701: June 23rd - 28th

Session #702: August 11th - 16th

Reach Out is not a medically staffed program. Therefore, participants must demonstrate abilities in basic self-care; be able to walk 1/4 mile; and be continent. This supplemental application will be reviewed by our staff and you will be notified of the participant's acceptance into the program.

Is the camper able to?	By Self	With Assistance
Walk on a dirt road		
Climb stairs		
Shower		
Daily hygiene		
Wash Hair		
Get Dressed		
Swim		
Use toilet		

Does camper experience any of the following? (if yes, please explain so we can best respond)

Seizures _____

Incontinence – during day or night? _____

Allergies – food, insects, medicines _____

Diabetes _____

Skin Problems _____

Sleeping Problems _____

Headaches _____

What sort of special assistance does this camper need?

Are there any other conditions that we should know about in order to best care for the camper? _____
