
Additional Information

For:

Does the Camper receive services or funding through DDS?

DDS Number:

CT DDS Region:

Case Manager Name:

Case Manager Phone Number:

Case Manager Email:

Please provide the name of the camper's guardian (if the camper is their own guardian, please enter "Self"):

Guardian Phone Number:

Guardian Email:

Please provide the following information regarding the camper's current living arrangement.

Please select the option that best describes the camper's living arrangement.

Agency Name:

Does this camper require one-to-one support in the community?

☐ Yes

☐ No

Does this camper have a history of elopment?

☐ Yes

☐ No

Additional Information (continued)

For:

Vaccination Status

Has this camper been vaccinated against Covid-19?

Has this camper received at least one booster dose of the Covid-19 vaccine?

Sessions

How many sessions would this camper like to attend?

(Please note: acceptance into additional sessions is dependent available space and staffing levels).

☐ One

☐ Two

C-Pap Machine

Does this camper use a C-Pap machine while they sleep?

☐ Yes

☐ No