



2026 Handi*Camp Camper Application Form



Handi*Camp is a ministry of
 Bible Centered Ministries
 70 Melvin Avenue
 Hamilton, Ontario L8H 2J5
 Daniel Barrette, Director of Handi*Camp
 905-549-9810 or 1-877-272-9262

Attach Photo

CAMPER INFORMATION

OHIP # _____

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Gender _____ Date of Birth / / Weight _____
 (dd / mm / yy)

Primary Medical Diagnosis/Disability _____

Secondary Diagnosis (or diagnoses) (if any) _____

Describe the extent of disability including year of onset and cause (if known) _____

Grade Completed at school: _____ Type of class of school (integrated, supported, etc.): _____

May we share photos or videos of camper to promote Handi*Camp? yes no

May we share camper's address and birthday with other campers and counsellors? yes no

Parent or Guardian Information

Custody Status: Mother Father Both Other

Primary Contact: Dr. Mr. Mrs. Ms.

Last Name _____ First Name _____

Street _____ City _____ Postal Code _____

Home phone () _____ Work phone () _____ Cell () _____

Email Address _____

Secondary Contact (different than the Primary Contact) Dr. Mr. Mrs. Ms.

Last Name _____ First Name _____

Street _____ City _____ Postal Code _____

Home Phone () _____ Work Phone () _____ Cell () _____

Email Address _____

T-SHIRT SIZE (Please put an "X" in box for either youth, adult or other t-shirt size)

YOUTH: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE X-LARGE XX-LARGE

Other Size: _____

PERSONALITY / BEHAVIOUR / SOCIALIZATION

Please use this "key" (1 = ALWAYS, 2= FREQUENTLY, 3 = SOMETIMES, 4 = SELDOM, 5 = NEVER) to indicate applicant's behaviour in the area described by each of the following words/phrases:

1. _____ Friendly towards others
2. _____ Enjoys helping others
3. _____ Behaves rudely/inappropriately towards others
4. _____ Shares or cooperates with others
5. _____ Willing to try new things
6. _____ Excessive motor activity
7. _____ Acts without thought of consequences to self and others
8. _____ Inappropriate sexual behaviour
9. _____ Easily becomes involved in activities
- 10 _____ Accepts rules easily; complies with requests
11. _____ Avoids social contact with adults and peers
12. _____ Wanders from group situations
13. _____ Aggression without apparent cause (hits, bites)
14. _____ Talks about something that is strange, frightening or disgusting
15. _____ Behaviour puts self or others in danger of injury
16. _____ Focuses attention long enough to enjoy recreational and leisure activities

17. _____ Temper outbursts
18. _____ Seems unhappy or sad
19. _____ Goes along with change in daily routine
20. _____ Participates in large group activity without demanding attention or being disruptive
21. _____ Accepts correction and can be redirected towards appropriate behaviour

Unusual behaviours or behaviour problems we might expect to see and suggest ways to handle them (please describe)

Has the applicant been away from home before? No Yes

Any problems with homesickness anticipated? No Yes

Please explain: _____

Check all that apply:

COMMUNICATIONS WITH CAMP STAFF

Verbal: Yes No

Camper understands what is said to him/her: Yes No

Able to clearly express needs to camp staff: Yes No

Communication methods: Words Technical Aids
 Other: _____

Wears: Glasses Contact Lenses Hearing Aids

SLEEP/NIGHT-TIME ROUTINES

Bed rails required: Yes No

Does the applicant sleep through the night? Yes No

Does the applicant require turning at night? Yes No

Number of times: _____

How many hours of sleep usually? _____

Any special going-to-bed routine? _____

Sleeping difficulties: Yes No

Please describe: _____

* Please provide a picture of positioning

ARM/HAND USE

No functional use Limited use Good Use

TOILETING – URINATION

Totally cares for own needs

Needs to be reminded to go to the bathroom

Needs help with:

Getting on/off toilet Clothing Wiping

(females) needs assistance during period (what assistance?) _____

Use: Bedpan Urinal Wears disposable diapers

When: At night only Day and night

Has an artificial urinary sphincter

Uses a leg drainage bag:

Daytime bag Night-time Drainage bag

Uses a catheter:

Indwelling/Suprapubic size _____

No assistance needed

Needs assistance

Describe type of assistance: _____

Describe catheterization program (include type of catheter, schedule of use, cleaning and storage): _____

MOBILITY

Wheelchair Users

For long distance only In wheelchair most of the time

Type of wheelchair:

Electric wheel chair/scooter

(Please bring a manual wheelchair as a backup)

Manual wheelchair

Wheels chair independently Needs assistance

Ambulatory – other assisting devices used:

Cane Walker Crutches

Braces/MAFO Type? _____

When used? _____

Needs help putting on brace Independent with braces

Any restriction on walking/running? (hills, distances, etc.)

Walks, but has difficulty Can walk without problems

Explain _____

Other Equipment

Wears helmet

Whenever out of bed

Only when engaged in physical activities

Wears body jacket

Wears 24 hours a day (except for swimming / bathing)

Wears during walking hours (except for swimming / bathing)

Grooming – Teeth

Needs help

Independent

Has braces – special care?

Has retainer – special care?

Grooming Hair

Needs help combing hair Independent

Diet & Habit Eating

Independent Needs assistance Total Feed

Please describe: _____

Can both serve and feed self independently

Diet : Regular Vegetarian Soft

Cut into bite size pieces Pureed Other

Please describe: _____

Uses special equipment – list _____

How much time is needed for eating? _____

Toileting – bowel movements

Has a bowel movement every day Needs help wiping

Has a colostomy

Bowel program regularly includes:

Laxative use Suppository use Enema use

Describe regular routine:

It has been our experience that some campers' normal bowel habits can change in a new environment such as camp. If the applicant does not have a bowel movement for a day or two beyond his/her normal schedule, would you like us to provide treatment in any way?

Yes No If yes, please check below which treatments you authorize. (these are in the order we would use them):

1. Apple and/or prune juice
2. Laxative
3. Suppository
4. Enema

Bathing

Needs chair/stool in shower Needs assistance

Needs help with:

Getting in/out of shower Regulating water

Washing/rinsing hair Washing/rinsing body

Drying thoroughly

Needs verbal prompting Needs reminder to be thorough

Can take a shower independently

Dressing

Needs help getting dressed

(Hints for staff? Such as: The applicant does push up; rolls side-by-side; easier in wheelchair or on bed, etc.)

Just needs verbal prompting (Dresses self independently)

Approximate time needed for dressing routine? _____

Feeding tube routine – describe routine (type + size)

Eating Habits: Hearty Average Fussy

Overeats Undereats

How is this handled? _____

Special diet – describe restrictions or any supplemental feeding needed? _____

Food allergies – what foods and type of reactions:
