



# Barber National Institute

## CONNECTIONS CAMP

### Summer Therapeutic Activity Program

#### 2013 Application

*Enrollment is limited—Applications must be submitted by April 1<sup>st</sup>, 2013  
(Slots are filled on a first come first serve basis)*

Name: \_\_\_\_\_ Age as of June 12, 2013 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

#### **Emergency Contact Information:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

#### **Insurance Information:**

MA# \_\_\_\_\_  
 Community Care Behavioral Health       MA

#### **Primary Insurance Information:**

Name of Insurance \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Individual ID \_\_\_\_\_ Group ID \_\_\_\_\_

#### **School Information:**

**School District** \_\_\_\_\_ **School he/she attends** \_\_\_\_\_

Does your child/adolescent have an IEP?

- Yes- Please note placement:
  - Regular Education
  - Emotional Support
  - Autistic Support
  - Learning Support
  - Other \_\_\_\_\_
- No

**Transportation to/from Camp:**  Parent/Guardian  School Bus  
 MATP (LIFT) Erie only \*Please complete MATP/LIFT application.  Other- \_\_\_\_\_

BNI Staff Only: Date application sent to MATP _____
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**Current mental health diagnosis:** \_\_\_\_\_

**Does your child/adolescent currently receive any of the following services?**

Service	Yes	No	Contact Person	Phone Number
BHRS				
Blended/Targeted Case Manager				
Family Based Mental Health				
Outpatient Therapy				
Psychiatrist				

**Psychological Evaluation:**

(A psychological evaluation that states medical necessity for STAP **must** be generated by a licensed psychologist or psychiatrist to receive services.)

Psychologist:

Yes: Psychologist \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_

Is there a current psychological evaluation in which Connections STAP is recommended as medically necessary service for your child?

Yes: Please attach copy of evaluation to application.

No: Please contact the psychologist and discuss the possibility of adding an addendum to the current evaluation or request a reevaluation.

Next Eval date: \_\_\_\_\_

No current Psychologist/Psychological Eval- Please have BNI schedule Evaluation

**BNI STAFF ONLY:**

**Date of Evaluation:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Physical Health:**

Does your child have any medical or dietary concerns?

Yes –Please note: \_\_\_\_\_

No

Does your child have any allergies?

Yes –Please note: \_\_\_\_\_

No

Current Daily Medication:

- None
- Yes- Please note: \_\_\_\_\_

Does Medication Need to be given during Camp hours:

- Yes  
Please note the time(s) \_\_\_\_\_
- No

**Social/Emotional/Behavioral Concerns**--Please check if applies to your child/adolescent.

- \_\_\_\_\_ Difficulty meeting and making friends
- \_\_\_\_\_ Difficulty keeping friends
- \_\_\_\_\_ Difficulty being assertive
- \_\_\_\_\_ Difficulty entering into a play situation
- \_\_\_\_\_ Difficulty in reciprocal play - leading play
- \_\_\_\_\_ Difficulty in reciprocal play - letting a peer lead play
- \_\_\_\_\_ Difficulty with sportsmanship – winning and losing
- \_\_\_\_\_ Poor self esteem
- \_\_\_\_\_ Trouble with stress management
- \_\_\_\_\_ Trouble with anger management
- \_\_\_\_\_ Difficulty initiating appropriate conversation
- \_\_\_\_\_ Difficulty maintaining appropriate conversation
- \_\_\_\_\_ Difficulty switching topics in conversation
- \_\_\_\_\_ Difficulty using and understanding humor
- \_\_\_\_\_ Difficulty using language socially in a flexible way
- \_\_\_\_\_ Difficulty with picking up nonverbal social cues
- \_\_\_\_\_ Exhibits socially inappropriate behavior
- \_\_\_\_\_ Difficulty understanding the needs of others

Does your child have any behavior concerns (such as physical aggression or running away) that might compromise his/her safety or the safety of others?

- Yes -Please note: \_\_\_\_\_
- No

What is your primary goal for your child at Connections Camp?

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Will your son/daughter be absent from Connections Camp due to a planned absence or vacation?

- Yes -Please note dates: \_\_\_\_\_
- No

**\*Please Note: Slots are filled on a first come first serve basis.\*  
To reserve your slot, please submit your completed application ASAP.**

**Camp enrollment is not complete until the Barber National Institute receives  
the following documents:**

- 1) Psychological Evaluation (within 6 months of the 1<sup>st</sup> day of STAP  
stating medical necessity for connections STAP)**
- 2) ISPT Signature Page**
- 3) Plan Of Care Summary (can be obtained from your BHRS provider)**

**All required documents must be received by the Barber National  
Institute no later than May 1<sup>st</sup>, 2013.  
If documents are not received, your slot will be forfeited.**

BNI STAFF ONLY:	
<u>Document:</u>	<u>Date Received:</u>
Psychological Evaluation	_____
ISPT Signature Page	_____
Plan Of Care Summary	_____

**Please send application and all required paperwork to the Barber National Institute:**

Barber National Institute  
100 Barber Place (Box 77)  
Erie, PA 16507  
(814) 878-5957  
Fax (814) 453-6213