



Barber Behavioral Health Institute

CAMP CONNECTIONS 2017 Application

Name		Age as of 6/28/17	
Date of Birth		SSN	
Parent/Guardian		Home Phone	
Address		Work Phone	
City, State, Zip		Cell Phone	

Emergency Contact Name		Phone Number	
Relationship to Child			

MA/Access Number		Card Issue Number	
Funding	<input type="checkbox"/> CCBH <input type="checkbox"/> HIPP		
Private Insurance Company		Name of Insured	
Relationship to Child		Insured DOB	
Insured Employer		Work Phone	
Individual ID		Group ID	

Transportation To/From Camp	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other - _____
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Does your child have any medical concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Note	
Does your child need to take medications during camp hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Medication and Time	

Does your child have any behavior concerns (such as physical aggression or running away) that might compromise their safety of the safety of others?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please Note:
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Child's Current Mental Health Diagnosis	
Does your child have a current psychological evaluation?	<input type="checkbox"/> No – BNI will contact you to schedule <input type="checkbox"/> Yes – Include a copy of the evaluation with the application

Does your child receive any of the following services?				
	No	Yes	Contact Person	Phone Number
BHRS				
Blended Case Management				
Family Based Mental Health				
Outpatient Therapy				
Psychiatry				

Please check if applies to your child			
<input type="checkbox"/>	Difficulty meeting and making friends	<input type="checkbox"/>	Trouble with anger management
<input type="checkbox"/>	Difficulty keeping friends	<input type="checkbox"/>	Difficulty initiating appropriate conversation
<input type="checkbox"/>	Difficulty being assertive	<input type="checkbox"/>	Difficulty maintaining appropriate conversation
<input type="checkbox"/>	Difficulty entering into a play situation	<input type="checkbox"/>	Difficulty switching topics in conversation
<input type="checkbox"/>	Difficulty in reciprocal play - leading play	<input type="checkbox"/>	Difficulty using and understanding humor
<input type="checkbox"/>	Difficulty in reciprocal play - letting a peer lead play	<input type="checkbox"/>	Difficulty using language socially in a flexible way
<input type="checkbox"/>	Difficulty with sportsmanship – winning and losing	<input type="checkbox"/>	Difficulty with picking up nonverbal social cues
<input type="checkbox"/>	Poor self esteem	<input type="checkbox"/>	Exhibits socially inappropriate behavior
<input type="checkbox"/>	Trouble with stress management	<input type="checkbox"/>	Difficulty understanding the needs of others

Will your child be attending before care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Select Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Will your child be attending after care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Select Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri

Will your child be absent from camp due to a planned absence or vacation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Note Dates		