Barber Behavioral Health Institute

CONNECTIONS CAMP
2018 Application

Name		Age as of 6/27/18	
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	☐ CCBH ☐ HIPP		
Private Insurance Company		Name of Insured	
Relationship to Child		Insured DOB	
Insured Employer		Work Phone	
Individual ID		Group ID	

Transportation To/From Camp	☐ Parent/Guardian ☐ Other - _____

Does your child have any medical concerns?	☐ No ☐ Yes
If Yes, Note	
Does your child need to take medications during camp hours?	☐ No ☐ 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?	☐ No ☐ Yes – Please Note:

CAMPERS MUST BE POTTY TRAINED

Child's Current Mental Health Diagnosis	
Does your child have a current psychological evaluation?	☐ No – BNI will contact you to schedule ☐ 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			
☐	Difficulty meeting and making friends	☐	Trouble with anger management
☐	Difficulty keeping friends	☐	Difficulty initiating appropriate conversation
☐	Difficulty being assertive	☐	Difficulty maintaining appropriate conversation
☐	Difficulty entering into a play situation	☐	Difficulty switching topics in conversation
☐	Difficulty in reciprocal play - leading play	☐	Difficulty using and understanding humor
☐	Difficulty in reciprocal play - letting a peer lead play	☐	Difficulty using language socially in a flexible way
☐	Difficulty with sportsmanship – winning and losing	☐	Difficulty with picking up nonverbal social cues
☐	Poor self esteem	☐	Exhibits socially inappropriate behavior
☐	Trouble with stress management	☐	Difficulty understanding the needs of others

Will your child be attending before care?	☐ No ☐ Yes
If Yes, Select Days	☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri
Will your child be attending after care?	☐ No ☐ Yes
If Yes, Select Days	☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri

Will your child be absent from camp due to a planned absence or vacation?	☐ No ☐ Yes
If Yes, Note Dates	

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