Camp Erin Family Camp 2022 Application

Must be completed & signed by guardian

Mail to: Camp Director, c/o Solace House, 8012 State Line Road, Ste 202, Prairie Village, KS 66208

Camp Carousel 2022 is partnering with Eluna to offer a retreat weekend for families who have experienced a death due to covid.

Primary Guardian Information

1. _____ 2. _____
   First Name Last Name Phone Number ☐Cell ☐Home ☐Work
3. _____
   Email Address *(Camp communication occurs primarily through email)*
4. _____
   Address City State Zip
5. _____
   Relationship to Children Applying
6. _____
   Emergency Contact Name & Phone Number
7. Have you/your family experienced a COVID-19 death? ☐ Yes ☐No
8. Is someone in your family who is attending camp a frontline healthcare worker? ☐ Yes ☐No

ALL L Children and Adults in Family Applying

1. _____ ☐ M ☐ F ☐ N _____
   Name (yourself) Age (Gender: male, female, non-binary) Relationship to Deceased
2. _____ ☐ M ☐ F ☐ N _____
   Name DOB Age Current Grade & School Relationship to Deceased
3. _____ ☐ M ☐ F ☐ N _____
   Name DOB Age Current Grade & School Relationship to Deceased
4. _____ ☐ M ☐ F ☐ N _____
   Name DOB Age Current Grade & School Relationship to Deceased
5. _____ ☐ M ☐ F ☐ N _____
   Name DOB Age Current Grade & School Relationship to Deceased

Internal Use Only

_____ **Date Application Received** **Status:** _____**Attending Camp**

_____ **Date Notice Sent** _____**Does not meet criteria**

_____**Interview Date** _____**Cancelled**

_____**Waivers/Forms Signed & Completed** _____**Remains on Waiting List**

☐ Yes ☐No **Attending Camp Picnic**

Grief History

Please Complete All Information Requested on Form. Questions? Call Solace House at 913-341-0318

1. Name of person who died:_____
2. Relationship to child:_____
3. Was the deceased a significant caregiver of the camper? ☐ Yes ☐No
4. Date of death:_____ Age at death:_____
5. Was the deceased active or retired military? ☐ Yes ☐No If yes, what branch:_____
6. Was the deceased on Kansas City Hospice & Palliative Care services? ☐ Yes ☐ No
7. What was the cause of death? _____

   _____

   _____

8. Please briefly describe your family's experience during your loved one's illness/death: length of illness, place of death, your children's knowledge/awareness of the situation, etc: _____

   _____

   _____

9. Was the child present at the time of death? ☐ Yes ☐No 10. Was there a funeral/memorial service? ☐ Yes ☐No
11. If so, did the child attend the funeral memorial services? ☐ Yes ☐No
12. What concerns do you have about you or your children's grief? _____

    _____

    _____

13. How would you describe yours and your child's relationship to the deceased? _____

    _____

    _____

14. What do you hope you and your children get out of their experience at Camp Carousel? _____

    _____

    _____

Additional

1. Other Life Changes *It is common for grieving families to experience other challenges that make it difficult to cope with grief.* Have you experienced the following?

   ☐ Moves ☐Loss of pet ☐Job Loss ☐Job Change ☐Change of school ☐Divorce/separation
   ☐Other deaths ☐Financial difficulties ☐ Health ☐Other
   Explain:_____

2. Has your family received any additional support? *If checked, approximate dates and/or number of sessions and name of therapist or facility please)*

    a. ☐Solace House individual or group services _____
    b. ☐ Play or art therapy for children _____
    c. ☐ Individual counseling _____
    d. ☐ School counseling _____
    e. ☐Other _____

3. Religious or spiritual affiliation (optional) _____

4. Ethnicity (optional) ☐White ☐Black or African American ☐ American Indian or Alaska Native ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐ Hispanic or Latino

5. Does your camper qualify for free or reduced lunch? ☐Yes ☐No

6. Are there any family customs or cultural aspects to your child's grieving that we should be aware of? _____

    _____

7. Is there anything we should know to better serve you and your child? _____

    _____

    _____

Common Reactions to Grief

Behavioral:

Name(s) of person experiencing problem	When did this symptom begin?	Is this a current symptom?
_____ ☐Bed Wetting	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Aggression (Verbal & Physical)	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Excessively avoids Reminders (people/places/situations)	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Cannot function without the deceased	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Decline in grades	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Withdrawal/Isolations	☐Before the Death ☐After	☐Yes ☐No

Emotional:

	When did this symptom begin?	Is this a current symptom?
_____ ☐Depressed Mood or Intense Sorrow	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Feeling Hopeless/Hard to plan for future	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Often Tearful	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Feelings of Self-worthlessness	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Guilt	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Unable to Feel Positive Emotions	☐Before the Death ☐After	☐Yes ☐No

_____ ☐ Irritability, Bitterness, Anger or Temper Tantrums	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Easily Startled or Frightened	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Constant Yearning/Longing for Deceased	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Experiencing Disbelief/Emotional Numbness	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Issues Separating from Primary Caregiver(s)	☐Before the Death ☐After	☐Yes ☐No

Physical: When did this symptom begin? Is this a current symptom?

_____ ☐Change in Diet (Increase/Decrease)	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Fatigue or Loss of Energy	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Sleep Disturbance	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Other	☐Before the Death ☐After	☐Yes ☐No

Relational: When did this symptom begin? Is this a current symptom?

_____ ☐Parenting Issues/Not Responding to Discipline	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Difficult Peer/Family Relationships	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Problems at School	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Not Feeling Connected to Others	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Hard to Trust Others	☐Before the Death ☐After	☐Yes ☐No

Cognitive: When did this symptom begin? Is this a current symptom?

_____ ☐Inability to Concentrate/Make Decisions	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Repeated Distressing Dreams/Flashbacks	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Constant Thoughts Around the Event of the Death	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Unable to Accept the Reality of the Death	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Less Interest/Pleasure in Activities	☐Before the Death ☐After	☐Yes ☐No
_____ ☐Excessively Avoid Upsetting Thoughts/Memory/Feelings	☐Before the Death ☐After	☐Yes ☐No

Challenges: When did this symptom begin? Is this a current symptom?

_____ ☐ Substance Use	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Harm to Self or Others	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Repeated Thoughts of Death/Suicide	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Suicide Attempt/Plan	☐Before the Death ☐After	☐Yes ☐No
_____ ☐ Other	☐Before the Death ☐After	☐Yes ☐No

About Your Family

1. Name Interests/hobbies **t-shirt size (please circle 1 per person)**

_____Child S M L XL // Adult S M L XL XXL

_____ Child S M L XL // Adult S M L XL XXL

_____ Child S M L XL // Adult S M L XL XXL

_____ Child S M L XL // Adult S M L XL XXL

_____ _____Child S M L XL // Adult S M L XL XXL

_____ Child S M L XL // Adult S M L XL XXL

2. Has your child ever attended day camp? ☐Yes ☐No
3. Has your child ever attended overnight camp? ☐Yes ☐No
4. Has your child spent the night away from home? ☐Yes ☐No
5. Do you have any concerns regarding your child attending an overnight weekend camp? _____

_____

6. Does your child have any concerns regarding attending camp? _____

_____

7. Please indicate your child's horseback riding level: ☐Beginner ☐Intermediate ☐ Advanced

8. Family activity preference (can't guarantee preference will be available) ☐ Horseback Riding ☐Challenge Course☐ Archery

Medical

1. Will your child be taking medications at camp ☐Yes ☐No

Child	Medication	Dosage	Frequency	Reason	Time given

2. Allergies or dietary restrictions

   a) Name:_____Type of allergy: _____ Reaction:_____ EpiPen ☐Yes ☐No

   b) Name:_____Type of allergy: _____ Reaction:_____ EpiPen ☐Yes ☐No

   c) Name:_____Type of allergy: _____ Reaction:_____ EpiPen ☐Yes ☐No

   d) Name:_____Type of allergy: _____ Reaction:_____ EpiPen ☐Yes ☐No

3. Other health concerns or restrictions we should be aware of: _____

   _____

   _____

4. Date of latest Tetanus shot: _____

5. In case of emergency, we will call contact provided on page 1:

   Child's Physician: _____ Number:_____

   Additional Emergency Contact: _____ Number:_____

There is no cost for families. Applications are processed first come first serve and spaces are limited.
Early application is recommended.
Please mail completed application to: Camp Director, c/o Solace House, 8012 State Line Road, Ste 202, Prairie Village, KS 66208

Once we receive your application, we'll be in touch to schedule a camp interview at Solace House with yourself and your child(ren).

Name (printed): _____

Signature: _____

Relationship to camper: _____

Date of application _____

How did you learn about us? _____

SOLACE HOUSE
Kansas City Hospice
& PALLIATIVE CARE