



## APPLICATION

- Summer Camp Program (July 10<sup>th</sup> - August 4<sup>th</sup>, 2017)  
 Social Skills Program for Young Adults (September-June 2x/Month)

Applicant Information				
Name	Last	First	Middle	DOB
Age				Weight
				Gender
Address	Street: City, State, Zip code: County:			
Medicaid Service Coordinator	Name: Agency: Telephone:			

Emergency Contact Information	
Parents Names: Guardian Name: Address:  Telephone # Home: Telephone # Cell: Telephone # Work: E-mail address:	Alternate Emergency Contact Name: Relationship to Applicant: Address:  Telephone # Home: Telephone # Cell: Telephone # Work: Email address:

Medical Information	
Physician	
Physician Telephone	
Hospital Preference	
Diagnosis/Classification	
Current medications	
Allergies (including food)	
Toileting Abilities	
Walking and Stair Abilities	

School Information	
School District	
Therapy services	No/Yes Resource Room / PT / OT / Speech / Other:
Aide at school	No/Yes 1:1 / Shared / Program Aide
Grade in September	

Education/Employment		
Program		Full time Part time
College	Courses	Full time Part time
Employer		Full time Part time

Behavior	
Interests/Hobbies	
Dislikes	
Triggers	
Calming Strategies/ Interventions	
Flight risk	No/Yes Explain:
Other	

**ATTENDANCE INFORMATION and COMMITMENT:**

Summer Camp requires Applicant's consistent daily attendance throughout the four week program.  
 Parents/Guardian: Initial to acknowledge this commitment. \_\_\_\_\_

Social Skills Program for Young Adults requires Applicant's consistent attendance twice per month, September - June.  
 Parents/Guardian: Initial to acknowledge this commitment. \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature Date

Mail Application to: G&E Therapies Attention: Missy Wilson  
 236 Burts Road  
 Kirkwood, NY 13795  
 Secure Fax: 607-775-2874

- Send Application with:
- Copy of Applicant's recent immunization record
  - Copy of Applicant's Notice of Disability Determination from OPWDD with TABS number

**Contact for Summer Camp:**

Anne Marie Murphy  
 1-877-426-3307, Ext. 0  
[amurphy@gandetherapies.com](mailto:amurphy@gandetherapies.com)

**Contact for Social Skills Program for Young Adults:**

Kerry Zostant  
 1-877-426-3307, Ext. 707  
[kzostant@gandetherapies.com](mailto:kzostant@gandetherapies.com)

*Please do not sign below until Application is reviewed annually with staff.*

\_\_\_\_\_  
 This information has been reviewed and updated as appropriate.

\_\_\_\_\_  
 Parent/Guardian Signature Date

This information has been reviewed and updated as appropriate.

\_\_\_\_\_  
 Parent/Guardian Signature Date