



2017 Camp Erin® Oakland/Bay Area Camper Application Instructions

Apply early! Space is limited. Applications accepted through June 23, 2017

Camp Erin® Oakland/Bay Area is a free, grief support camp weekend for ages 6-17, hosted by Hospice by the Bay with support from The Moyer Foundation. Camp is held at the CYO Retreat Center in Sonoma County. Free transportation is provided to and from camp from Hospice by the Bay's Larkspur office.

STEP 1: Complete a separate application for each child. Parent or legal guardian must sign and date each application. All items on the application must be filled out — **do not** leave any items blank. **Incomplete applications will not be processed.** (*Helping Professionals: please do not fill out applications for parents/guardians unless you can also facilitate the completion of Steps 2–3.*)

- **To access an application from our website:** go to www.hospicebythebay.org and choose **Types of Care** from the menu at the top of the page. Then, on the left-hand menu, click on **Camp Erin**. There are two links to the application on this page.
- Print or save the application to your computer desktop and complete it off-line. Mail or fax the completed and signed application to the address /fax number below.
- **Important:** Email messages do not guarantee the privacy of your information, so please fax or mail your camper application.

Space is limited. Preference is given to first-time Camp Erin attendees. Applicants who previously attended Camp Erin will automatically be placed on a waiting list and notified about space availability in mid-late July.

STEP 2: You and your child will attend a **mandatory family interview** (choose from the available interview dates listed on Page 6 of the application). For directions to our San Francisco and Larkspur offices, where the interviews will be held, visit www.hospicebythebay.org and choose your interview site from the **Locations** drop-down menu at the top of the page.

Once we receive your child's application, we will contact you to confirm the date and location of your interview. Please write it down on your calendar.

STEP 3: You will be notified of whether your child is admitted within two to three weeks of your completion of Steps 1–2. *If your child is accepted*, we will mail you information about camp and additional paperwork to complete. **Since registration is limited, your child's attendance is not guaranteed until this additional paperwork is completed and returned.** Return all the paperwork quickly to secure his/her place at Camp Erin 2017.

Return Completed Applications To:

Mail:

Hospice by the Bay
17 E. Sir Francis Drake Blvd.
Larkspur, CA 94939
Attn: Camp Erin Admissions

Fax:

Hospice by the Bay
Attn: Camp Erin Admissions
Fax: (888) 958-7438

For more information: CampErin@hbtb.org • (415) 230.6310 • Se habla español

Keep a copy of this page for camp dates and information about the registration process.



Camp Erin® Oakland / Bay Area
August 11-13, 2017
Camper Application



CHILD: (please print)

First Name: _____ Last Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Gender: _____ DOB: _____ Age at Time of Camp: _____

T-shirt Size: *Child:* S M L XL *or Adult:* S M L XL XXL

Has your child attended Camp Erin in the past? Yes No

If yes, When? _____ Where? _____

Has your child ever:

Spent the night away from home? Yes No; Attended any overnight camp? Yes No

Have you talked with your child about attending Camp Erin? Yes No

What do you hope your child will gain from attending Camp Erin? _____

PARENT/GUARDIAN:

First Name: _____ Last Name: _____

Address: _____ Relationship to Child: _____

City: _____ State: _____ Zip: _____

Phone w/Area Code: _____ Cell w/Area Code: _____

Email: _____

STATISTICAL REPORTING:

(The information requested below is confidential and used strictly for statistical and reporting purposes only. It is not considered in admission decisions and completion of any or all questions is optional.)

Military affiliation:

a) Was the deceased an active, reserve or National Guard member or military veteran?
Yes No *If yes, which branch?* _____

b) Is/was any other family member an active, reserve or National Guard member or military veteran?
Yes No *If yes, which branch?* _____

Child's Ethnicity: _____ Annual Family Income: \$ _____

Child's First Name _____ Child's Last Name _____

Grief and Loss History

Please include as many details as possible when answering the following question so that we may fully understand your child's needs and provide the best possible care.

1. Full name of deceased _____
2. Date of death _____ Relationship to child _____
3. Age of deceased at time of death _____ Child's age at time of death _____
4. Was the death expected or sudden? _____
5. What was the deceased's cause of death? _____

6. Please check if either of the following statements is true:

- Child/Teen has not been told the facts about the deceased's cause of death.
 Child/Teen does not understand the facts about the deceased's cause of death.

If either statement is checked, please explain:

7. Is this your child's first experience with death? Yes No

If no, please comment on other deaths your child has experienced:

8. Where did this person die? _____

9. Was the child present at the time of death? Yes No

10. Did the child see the deceased after the death? Yes No

11. Was there a funeral or memorial service? Yes No

If yes, did your child attend?

Yes No

What were your child's comments/reactions to the service?

Child's First Name _____ Child's Last Name _____

Grief and Loss History

12. Did the child ever live in the same household as the deceased? Yes No

13. How would you describe your child's relationship with the deceased?

14. How would you describe your family's communication style regarding the death?

Open Limited None

15. Does your child speak openly of the person who died? Yes No

16. Please explain how your child expresses his or her grief.

REACTION TO THE LOSS

Has your child has exhibited any of the following since the loved one's death:

- | | | | |
|--------------------------------|--|--|--|
| Lack of energy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Belief that death was his/her fault | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavior problems at school | <input type="checkbox"/> Yes <input type="checkbox"/> No | Changes in how he/she feels | |
| Peer difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No | about self | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Withdrawn or isolated | <input type="checkbox"/> Yes <input type="checkbox"/> No | Increased attendance at school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavior problems at home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Decreased attendance at school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug/Alcohol use | <input type="checkbox"/> Yes <input type="checkbox"/> No | Changes in weight | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Running away from home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Worries about his/her safety | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Headaches or stomachaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | Worries about safety of others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lying | <input type="checkbox"/> Yes <input type="checkbox"/> No | Belief that loved ones death is | |
| Difficulty with concentration | <input type="checkbox"/> Yes <input type="checkbox"/> No | a punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stealing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Special fears | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sleep walking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain _____ | |
| Bedwetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| Nightmares | <input type="checkbox"/> Yes <input type="checkbox"/> No | Causing harm to self or others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Night sweats | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain _____ | |
| Destruction of property | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| Loss of interest in activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suicidal thoughts/talk | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anger | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain _____ | |
| Sadness | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| Disbelief | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other (please describe) _____ | |
| Inappropriate sexual behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |

Child's First Name _____ Child's Last Name _____

Emotional and Physical Health

1. Does your child have a history of emotional or behavioral issues? Yes No

If yes, please explain:

2. Has your child been prescribed any medication for emotional or psychological reasons? Yes No

If yes, please explain:

3. Has your child received any professional mental health counseling (e.g. from a school counselor, therapist, psychiatrist or pastor)? Yes No

If yes, provide approximate dates of when support started _____ ended _____

Name of Counselor: _____ Phone: _____

Type of License: _____

4. Have there been any other changes/stresses in your child's life (e.g. illness, relocation, divorce, remarriage, finances or other losses)? Yes No

If yes, please explain:

5. Has your child ever experienced abuse of any kind? Yes No

If yes, please explain:

6. Are there any language, religious needs, family customs or cultural aspects to your child's grieving process we should be aware of? Yes No

If yes, please explain:

Child's First Name _____ Child's Last Name _____

Emotional and Physical Health

| Had your child ever have any of the following conditions or problems: | Yes | No |
|---|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any other current or recurring health issues? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Any history of operations or serious illnesses? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any serious or chronic physical limitations? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any significant allergies? (food, medicine, or other) If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Will your child be taking medications at camp? If yes, please state the name(s) of the medications and condition(s) for which your child is being treated | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any special dietary needs or restrictions? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |

Child's First Name _____ Child's Last Name _____

Mandatory Family Interview Process

Note: Returning Campers do not have to go through the interview process.

As part of the Camp Erin application process, new applicants and a guardians **must** attend a family interview. Once we receive your child's application, we will contact you to confirm the date and location for your interview session.

Maps to our San Francisco and Larkspur interview locations are available online at www.hospicebythebay.org. Choose *Contact Us* and click on *Our Locations*.

Please rank your first and second interview date choices by placing a #1 and #2 next to your preferred dates: *(Please keep this information for your records)*

| | |
|--|--|
| San Francisco Office Interviews 180 Redwood St., Suite 350, S.F. | Larkspur Office Interviews 17 E. Sir Francis Drake Blvd., Larkspur |
| <input type="checkbox"/> Tuesday, June 13, 6–7:30 p.m. | <input type="checkbox"/> Sunday, June 4, 10–11:30 a.m. |
| <input type="checkbox"/> Saturday, July 8, 2– 3:30 p.m. | <input type="checkbox"/> Monday, July 10, 6–7 p.m. |

How did you learn about Camp Erin Oakland/Bay Area?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Hospice by the Bay | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> School | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> KARA | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

Parent / Guardian Signature

Date

Print Name

Relationship to Child/Teen

Important: Completed applications MUST be received by June 23, 2017

Camp Erin Oakland/ Bay Area will held Friday – Sunday, August 11–13

Mail to:

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Larkspur, CA 94939
Attn: Camp Erin Admissions

Fax to:

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For more information, contact Hospice by the Bay Grief Counseling Department
(415) 230.6310 • CampErin@hbtb.org • Se habla español