

# CAMP HOPE APPLICATION



**APPLICATION DEADLINE: Friday, July 15, 2022**

**Directions:** Please complete all forms (*may be completed and submitted electronically*) to the best of your ability, completing all sections. The information you provide helps us to determine whether or not your child would benefit from attending Camp Hope.

**SEND COMPLETED FORM TO:**

Jane Olivier, BSW  
 Wellspring Lutheran Services  
 100 Mayer Road, Frankenmuth, MI 48734  
 Fax: 989.652.3279 | [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com)

**APPLICANT INFORMATION**

Child's Name:		Gender:	
		Female	Male
Child's Age:	Date of Birth:	Grade in School:	
Child's Address:		City:	State: <b>MI</b> ZIP:

**CONTACT INFORMATION**

Relationship to Child:	Parent Grandparent	Aunt/Uncle Foster Parent	Other:
Contact's Name:		Email:	
Address:		City:	State: <b>MI</b> ZIP:
Primary Phone: (with area code)		Alternate Phone: (with area code)	

**EMERGENCY INFORMATION: Be sure you read, fully understand and sign attached Consent/Waiver/Permission forms.**

Primary Physician's Name:	Phone:
Emergency Contact Name: (other than parent/guardian)	Relationship to Child:
Primary Phone: (with area code)	Alternate Phone: (with area code)

**CIRCUMSTANCES OF LOVED ONE'S DEATH: Please list multiple losses, if applicable.**

Name of Deceased:	Relationship to Child:	Date of Death:
		Child present at time of death? Yes No
How did death occur:	Illness Accident Suicide Homicide Natural Causes Other:	
Name of Deceased:	Relationship to Child:	Date of Death:
		Child present at time of death? Yes No
How did death occur:	Illness Accident Suicide Homicide Natural Causes Other:	
Has child received counseling since the death?	Yes No	If yes, where?

# CAMP HOPE

## PARENT/GUARDIAN COMMENT PAGES



**THESE NEXT PAGES ARE VERY IMPORTANT** in helping us to determine whether or not your child would benefit from attending Camp Hope.

**Please include any details you feel would be beneficial for us to know.**

**STRESSORS:** Check ALL issues that the referred child and/or family members have experienced in the last year.

Divorce/separation	Legal issues	Substance abuse
Financial worries	Parenting struggles	School problems
Health issues	Moved homes	Struggles with peers
Loss of job/job stress	Moved schools	Problems with siblings
Abuse/trauma	New obligations	Separation from loved-ones (other than the identified death)

**Comment on any issues you feel requires further clarification.**

**SYMPTOMS:** Check ALL issues that apply to the child now or within past 6 months.

**Reported by child:** (please rate: **1=occasionally 2=frequently**)

Feeling depressed	Seeing things others don't	Feeling hopeless
Unusual thoughts	Hearing voices	Racing thoughts

**Observed by others:** (please rate: **1=occasionally 2=frequently**)

Verbal aggression	Hyper/anxious/nervous	Setting fires
Physical aggression	Sudden mood swings	Harming animals
Increased crying	Lack of emotions	Decreased activity
Isolating from others	Panic attacks	Suicidal talk
Loss of appetite	Can't concentrate	Suicide attempt
Food binging	Seems confused	Fear of dying
Nightmares	Self-harming	Decreased self-care
Sleep disturbances	Increased tantrums	Physical complaints (stomach aches, headaches, ect.)
Increased fears/phobias	Obsessive/compulsive	
Problems at school	Destroying property	

**Comment on any issues you feel requires further clarification.**

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## PARENT/GUARDIAN COMMENT PAGES



**CHANGES & TRANSITIONS:** Often when a loved one dies, the struggles and transition of family members has a big impact on children. Help us understand what changes your family has experienced since the death of your loved-one.

### COMMUNICATION

**How has communication changed?** *(more talking, more yelling, silence, etc.)*

### ACTIVITY

**How have activities changed since the death?** *(some activities have stopped, increased, decreased, new activities, etc.)*

### TIME

**What has changed about your schedule and the time you are together or apart?**

### ROLES AND EXPECTATIONS

**How have the roles or expectations of family members changed?**

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## PARENT/GUARDIAN COMMENT PAGES



**ADDITIONAL INFORMATION & DETAILS:** Please share any additional information or details that could help us in determining if your child would benefit from attending Camp Hope.

### ADDITIONAL INFORMATION & DETAILS

**SAVE** Form