



# Ontario Aphasia Camp 2019

Person with Aphasia Application

Application #: \_\_\_\_\_

Thank you for your interest in Aphasia Camp 2019!

**Date:** Friday **October 4** to Sunday **October 6, 2019**

**Location: YMCA Camp Wanakita**

1883 Koshlong Lake Rd  
Haliburton, ON, K0M 1S0

**Application:** Complete application form by **August 9<sup>th</sup>, 2019**. Submit to Mara Manzato ([mmanzato@marchofdimes.ca](mailto:mmanzato@marchofdimes.ca)).

Have you attended Aphasia Camp before?





- 2012     2013     2014     2015  
 2016     2017     2017     2018



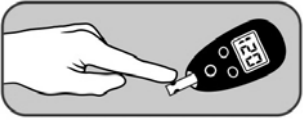

## Your Information


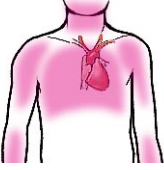


Last Name:	First Name:	
Address:	City:	Postal Code:
Telephone number #:	Email Address:	
Date of Birth:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female	
Emergency Contact Name:	Contact Person's Phone Number #:	

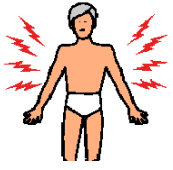



Health Information


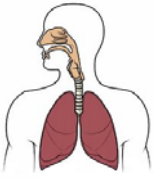
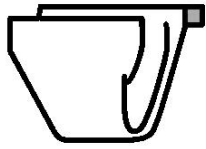

Please circle all that apply.

 <p>stroke</p>	 <p>Seizures</p>	 <p>brain injury</p>	 <p>headaches</p>
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 <p>swallowing</p>	 <p>digestion</p>	 <p>diabetes <input type="checkbox"/> type 1   <input type="checkbox"/> type 2</p>	 <p>pregnant</p>
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 <p>blood pressure <input type="checkbox"/> high ↑   <input type="checkbox"/> low ↓</p>	 <p><input type="checkbox"/> angina <input type="checkbox"/> heart attack</p>	 <p>heart disease</p>	 <p>vision <input type="checkbox"/> wear glasses</p>
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 <p>chronic pain / arthritis</p>	 <p>other joint concerns</p>	 <p>back pain</p>	 <p>hearing <input type="checkbox"/> wear hearing aid</p>
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 <p>asthma</p>	 <p>breathing problems</p>	 <p>incontinence</p>	 <p>bowel problems</p>
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What else do we need to know about your medical condition?

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List your medications (or attach list).

I will need help managing my medications.

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Allergies:  yes ✓  no ✗

trigger	mild	moderate	severe
 wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 other nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 soy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Outside : trees, grass, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Insects: bees, wasps etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Do you use an EpiPen®?  yes ✓  no ✗

Special Diet:  yes ✓  no ✗

diabetic  vegetarian  vegan

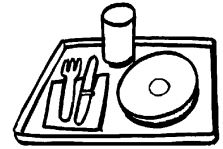
gluten free  low salt  dairy free

pureed  soft  chopped

thickened liquids (  nectar  honey  pudding)

no pork products

other: \_\_\_\_\_



### Daily Activities



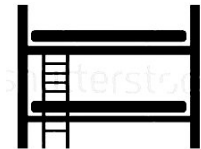
**NOTE:** There will be personal support workers available for assistance.

Will you require personal support during camp?  yes ✓  no ✗

Are you able to climb stairs safely without help?  yes ✓  no ✗



I will be able to sleep in:  the top of a bunk bed  
 the bottom of a bunk bed







When going to the **toilet**, I use a:

 raised toilet seat	 commode	 grab bars <input type="checkbox"/> left <input type="checkbox"/> right	 catheter
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none of these  other: \_\_\_\_\_

I need help with:



		no		
		no	some	a lot
	eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	showering or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## MOBILITY

Do you use any of these assistive devices to move around?  yes ✓  no ✗

If yes, what device do you use?





How much help do you need?






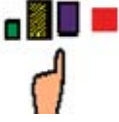










device	none	some	a lot
 <input type="checkbox"/> cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Communication

Do you have difficulty with:

	no	some	a lot
 <input type="checkbox"/> understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <input type="checkbox"/> writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What helps you to communicate? Please circle.

 writing	 drawing	 communication book
 choices	 iPad or device	 camera
 family or friend	 extra time	 gesture
 pointing	 pictures	 maps
 speak slowly	key words	 quiet

**Other:**

**TRANSPORTATION**

Do you require transportation to participate in camp?  yes ✓  no ✗

Would you be willing to pay an additional fee for transportation?  yes ✓  no ✗

I would be able to pay:  Up to \$50.00  Between \$50.00 - \$100.00

**PAYMENT**

All financial information is confidential.

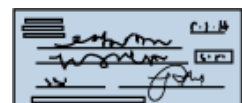
Your financial information will be destroyed after you pay.

Cost: \$150.00 per person

You can pay by cheque or credit card.

Cheque

Make payable to: March of Dimes Canada

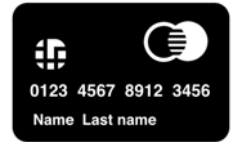




Please attach your cheque to this form.

Credit Card:

We accept Visa, MasterCard, and American Express.



We will call you for your credit card information upon acceptance to camp 2019.

### Consent

The personal support worker may help me with my medications.

yes ✓     no ✗



If I have a medical emergency, staff will call my emergency contact.

If my emergency contact can NOT be reached, staff will call 911.

yes ✓     no ✗



Photographs, videos, and/or stories of me may be used by March of Dimes Canada:

yes ✓     no ✗



Signature of applicant:

Date:

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**Important...**

We will review your application. This will help us meet your medical needs.

At this time we can NOT offer support for some medical conditions.

Send your application form to Mara Manzato by **August 9<sup>th</sup>, 2019**.

**Mail:** Mara Manzato  
March of Dimes Canada  
Suite 202  
13311 Yonge St.  
Richmond Hill, ON L4E 3L6

**Email:** [mmanzato@marchofdimes.ca](mailto:mmanzato@marchofdimes.ca)

**Fax:** 905-773-5176



Please note that submitting an application does NOT guarantee acceptance.

Applicants will be notified by email or mail by **September 1<sup>st</sup>, 2019**

We will not charge you if you are not accepted.