

# RISING TREETOPS AT OAKHURST

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www.risingtreetops.org  
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## APPLICATION FOR SERVICE

(To be filled out by the applicant/family)

Name \_\_\_\_\_ Gender Identity \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of Disability & Diagnoses \_\_\_\_\_

\_\_\_\_\_ Onset: \_\_\_\_\_

Name of Doctor or Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Medical Insurance:** Uninsured Medicaid or Medicare **A COPY OF MEDICAL INSURANCE CARD(S) MUST BE SUBMITTED**  
Private Insurance: Name of Company \_\_\_\_\_

***In case of emergency notify the following person or persons:***

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### STATEMENT OF CONSENT

Rising Treetops at Oakhurst (RTO) has permission to contact the professionals (Doctors, Caseworkers, Teachers, Therapists, etc.) listed on this application for further information, including evaluations. Based on an ongoing evaluation of level of care needs, acceptance and enrollment at RTO for services may be revoked at any time. RTO also has permission to use photographs and video of the applicant in its promotional materials, both in print and digital form. RTO also has permission to take the applicant on escorted trips off RTO's grounds. In the case of emergency, the person or person(s) listed above will be notified. The Camp Director or an authorized representative is granted permission to arrange for emergency medical treatment should it be required before notification is achieved.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Signature of Adult Client if no Guardian Date

\_\_\_\_\_  
Print Name of Person(s) Signing Consent

**Services Requested:** \_\_\_ Overnight Respite \_\_\_ After School Respite \_\_\_ General Overnight Summer Camp  
\_\_\_ Autism Overnight Summer Camp \_\_\_ Summer Day Camp



**PERSONAL CARE NEEDS**

(Check all that apply)

**Use of a Wheelchair or Scooter**      Never uses one      Uses one all of the time  
Uses one some of the time: \_\_ for trips \_\_\_\_ for sports \_\_\_\_ when tired    Other \_\_\_\_\_

Applicant owns:    Manual Wheelchair      Power Wheelchair      Electric Scooter

Name and number of repair service or technician: \_\_\_\_\_

If Applicant uses a manual chair does he/she need to be pushed?    Yes      No

**Walking Ability**    Walks without assistance      Needs help when walking      Does no walking

When walking applicant uses:    Crutches    Walker      Braces      Cane

Other orthopedic appliances used:    Prostheses      Other \_\_\_\_\_

Describe how long during the day they are used: \_\_\_\_\_

**If the applicant is an adult and would like to bring his/her own personal attendant, check here.** \_\_\_\_\_

**Ability to Transfer to and from a Wheelchair**    Needs no help      Needs to be completely lifted

Needs some help    Can bear weight and pivot      Cannot bear weight or stand

**Communication Skills**    Verbal      Non-Verbal      Uses a communication device

**Dressing Ability**    Needs no help      Needs help with everything

Needs help with the following: \_\_\_\_\_

**Eating Ability**    Needs no help      Needs help with everything

Needs help with the following: \_\_\_\_\_ cutting food \_\_\_\_\_ pour liquids \_\_\_\_\_ serving

**Bathing Ability**    Needs no help      Needs help with everything

Needs help with the following: \_\_\_\_\_ getting into the shower \_\_\_\_\_ washing body \_\_\_\_\_ washing hair

**Toileting Ability**    Needs no help      Needs help with everything

Needs help with the following: \_\_\_\_\_

**If Applicant is incontinent check all that apply in his/her management program.**

Self catheterizes      Needs help with catheterizing

Uses diapers all day      Uses diapers at night only      Can change own diaper

Independent bowel program      Needs help with bowel program

How successful is applicant with his/her continent management programs? \_\_\_\_\_

Has the applicant ever had a skin breakdown? \_\_\_\_\_ If yes, describe when and where. \_\_\_\_\_

### MEDICAL INFORMATION

The information contained in this section of the application does not substitute for a **Health Examination & History** form, which must be completed by a physician and updated annually.

Is the Applicant up to date with his/her required immunizations?  Yes  No  Not Sure

If not, explain \_\_\_\_\_

Is the Applicant fully COVID-19 vaccinated (Proof of vaccination is required)?  Yes  No  Not Sure

Manufacturer: \_\_\_\_\_ 1<sup>st</sup> shot date: \_\_\_\_\_ 2<sup>nd</sup> shot date: \_\_\_\_\_ Booster shot date: \_\_\_\_\_

Does the Applicant have a history of seizures or convulsions?  Yes  No  Not Sure

If yes, describe type, frequency and date of most recent episode \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant been hospitalized in the past three years?  Yes  No  Not Sure

If yes, indicate reason for hospitalization and date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant been injured or ill during the past 6 months?  Yes  No  Not Sure

If yes, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant take medication daily or on a regular basis?  Yes  No  Not Sure

If yes, list name of medication and dosage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant allergic to any medication, food or other substances?  Yes  No  Not Sure

If yes, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any reason why the Applicant cannot go into the swimming pool?  Yes  No  Not Sure

If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant ever attended Rising Treetops or other similar programs?  Yes  No

If yes, when and where \_\_\_\_\_

Please submit this application by email to [info@risingtreetops.org](mailto:info@risingtreetops.org), by fax to 732-531-0292, or by mail to Rising Treetops at Oakhurst's New Jersey office at 111 Monmouth Road, Oakhurst, NJ 07755