



Parent/Guardian Information for Camp Counselor

Dear Parents and Guardians,

We look forward to welcoming you and your child to CYO Camp this summer. In order to be as prepared as possible for our campers, the staff at CYO Camp welcomes any comments from parents/guardians concerning their child. The following information will be used to provide a rich and meaningful camp experience for your child and will only be available to your child's Counselor, Village Director and Camp Director. Thank you for the trust you've shown in us by sharing this information.

Camper's Name: _____

Please check your camper's program: Youth Camp Teen Camp

What session are you registered for? _____ Camper's grade _____

1. Has your child been away from home at an overnight camp before? Yes No

If yes, please explain: _____

2. Please describe any of your child's special health or behavioral needs that his/her Counselor should be aware of: _____

3. Please list all the people living in the home and their relationship to the camper: _____

4. What would you like your child to gain from his/her camp experience? _____

5. Please indicate activities your child is most eager to participate in: _____

6. Does your child have a birthday while at camp? If so, please list the date: ____/____/____

7. Additional comments or suggestion that will assist the camp staff: _____



Camper's "Letter to my Counselor"

Dear Camper, CYO Camp is the place to be this summer! We are busy making plans and getting camp ready for you. We can't wait until you get here so the summer fun can begin. We need your help. Please let us know a little more about you so that we can make sure you have a great time at camp this summer.

Dear Counselor,

My name is: _____

When I get to camp, these are some things I really want to do:

- | | | |
|---|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Nature Hikes |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Orienteering course (hiking with a compass) | <input type="checkbox"/> Frisbee Golf |
| <input type="checkbox"/> Tie Dye | <input type="checkbox"/> Challenge course | <input type="checkbox"/> Gardening program |
| <input type="checkbox"/> Candle Making | | |
| <input type="checkbox"/> Field Games | | |
| | | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Board games | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Carom boards | <input type="checkbox"/> Eco Drama (Skits) |
| <input type="checkbox"/> Gaga Ball (dodge ball) | <input type="checkbox"/> Chess | <input type="checkbox"/> Meeting new friends!!!! |
| <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Dancing | |
| | | |
| <input type="checkbox"/> Outdoor Living Skills | <input type="checkbox"/> Campfires | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Sleep outs under the stars | <input type="checkbox"/> Skit night | <input type="checkbox"/> Night Hikes |
| <input type="checkbox"/> Outdoor cooking | <input type="checkbox"/> Camp songs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Survival Day! | <input type="checkbox"/> Movie night under the stars | |

These are some things that I like to do: _____

This is my favorite book/movie/T.V. show: _____

These are my hobbies: _____

I participate in these activities/sports at school: _____

CYO Camp Camper Agreement

I agree to abide by the rules established for all campers and to use behavior appropriate to CYO Camp. I agree to try new activities and to try to become part of my cabin group. I agree not to use drugs, tobacco, or alcohol in any form while in camp or on a camp-sponsored trip. I also agree to respect the camp's natural environment.

Campers Signature: _____

Date: _____

Parent's Signature: _____

Date: _____



RELEASE CONSENT FORM

Please be sure to complete both sections of this form

RELEASE CONSENT

Name of Camper: _____

(Circle one) Freestone Middle Earth Wildwood Session Number: _____
 Miwok Teen Camp Huckleberry Day Camp

MOTHER'S Name: _____

Home Phone: _____

Work Phone: _____

Hours of Work: _____

Place of Work: _____

FATHER'S Name: _____

Home Phone: _____

Work Phone: _____

Hours of Work: _____

Place of Work: _____

If divorced or separated, custody arrangements are: _____

CHILD PICK UP CONSENT FORM

Please indicate below the individuals to whom your son or daughter may be released. Please sign your name in the first spot if YOU are picking up your child. If you are NOT picking up your child, please be specific and indicate to whom we may release your child. This includes listing mother, father, other relatives, friends, etc.

Name: _____

Home #: (____) _____

Relationship to camper: _____

Work #: (____) _____

Name: _____

Home #: (____) _____

Relationship to camper: _____

Work #: (____) _____

Name: _____

Home #: (____) _____

Relationship to camper: _____

Work #: (____) _____

You may make changes to this list at any time. ALL changes must be made in writing.

Do Not Write Below This Line

Signature of Person Picking Up Child

____/____/____
Date of Check Out

Time of Check Out

What to Bring to Camp Checklist



Use this list to help you pack your camper's luggage. Involving your camper in this process familiarizes him/her with what you are sending to camp. Some items are optional. What to bring to camp will depend on the length of stay and nature of the program. In some cases, there are specialty items that are mandatory for all campers. Please note these items carefully. **All items brought to camp should be clearly marked with the camper's first and last name.**



CYO Camp is not responsible for lost or damaged items.


Bedding

- | Packed | | Brought Home |
|---------------------------------------|--|--------------------------|
| <input type="checkbox"/> Sleeping Bag | | <input type="checkbox"/> |
| <input type="checkbox"/> Pillow | | <input type="checkbox"/> |

Clothing

- | Packed | | Brought Home |
|---|--|--------------------------|
| <input type="checkbox"/> Underwear (daily change) | | <input type="checkbox"/> |
| <input type="checkbox"/> Socks (daily change) | | <input type="checkbox"/> |
| <input type="checkbox"/> Shorts | | <input type="checkbox"/> |
| <input type="checkbox"/> Sweatshirt/ Sweater x2 | | <input type="checkbox"/> |
| <input type="checkbox"/> T-shirts (daily change) | | <input type="checkbox"/> |
| <input type="checkbox"/> Jeans / Sweat Pants x2 | | <input type="checkbox"/> |
| <input type="checkbox"/> Long Sleeve Shirt | | <input type="checkbox"/> |
| <input type="checkbox"/> Light Jacket / Coat | | <input type="checkbox"/> |
| <input type="checkbox"/> Pajamas | | <input type="checkbox"/> |
| <input type="checkbox"/> Swimsuit (one piece) / Trunks | | <input type="checkbox"/> |
| <input type="checkbox"/> Shoes / Hiking Boots | | <input type="checkbox"/> |
| <input type="checkbox"/> Sandals / Shoes that can get wet | | <input type="checkbox"/> |
| <input type="checkbox"/> Hat / Baseball Cap | | <input type="checkbox"/> |

Toiletries

- | Packed | | Brought Home |
|--|---|--------------------------|
| <input type="checkbox"/> Shampoo | | <input type="checkbox"/> |
| <input type="checkbox"/> Soap | | <input type="checkbox"/> |
| <input type="checkbox"/> Toothpaste & Toothbrush | | <input type="checkbox"/> |
| <input type="checkbox"/> 2 Towels | | <input type="checkbox"/> |
| <input type="checkbox"/> Washcloths |  | <input type="checkbox"/> |
| <input type="checkbox"/> Laundry Bag | | <input type="checkbox"/> |
| <input type="checkbox"/> Insect Repellent | | <input type="checkbox"/> |
| <input type="checkbox"/> Sunscreen | | <input type="checkbox"/> |
| <input type="checkbox"/> Sunglasses | | <input type="checkbox"/> |
| <input type="checkbox"/> Water Bottle | | <input type="checkbox"/> |

Optional Items

- | Packed | | Brought Home |
|--|--|--------------------------|
| <input type="checkbox"/> White T-shirt for Tye-Dyeing | | <input type="checkbox"/> |
| <input type="checkbox"/> Stationary / Envelopes / Stamps | | <input type="checkbox"/> |
| <input type="checkbox"/> Flashlights | | <input type="checkbox"/> |
| <input type="checkbox"/> Camera | | <input type="checkbox"/> |
| <input type="checkbox"/> Stuffed Animal | | <input type="checkbox"/> |
| <input type="checkbox"/> Fitted Sheet for Bunk Bed | | <input type="checkbox"/> |
| <input type="checkbox"/> Journals / Books | | <input type="checkbox"/> |
| <input type="checkbox"/> Backpack | | <input type="checkbox"/> |
| <input type="checkbox"/> Friendship Bracelet String | | <input type="checkbox"/> |

Please DO NOT Bring These Items

Electronic Games
 CD Player / Walkman / MP3 Players
 Food / Candy / Snacks
 Cell Phones / Pagers
 E-Readers / Tablets
 Knives / Weapons
 Tobacco / Drugs



Medications

All medications should be given to the Bus Monitor at time of check-in. All medications must be in original container. For over-the-counter medications, a dosage schedule signed by a physician must be on the camper's health form. All medication will be returned at the end of the stay.



CYO Camp is not responsible for lost or damaged items

CYO TRANSPORTATION GUIDE

Summer Camp 2014

Session One:
 Depart: June 22 Return: June 28

Session Two:
 Depart: June 28 Return: July 4

Session Three:
 Depart: July 6 Return: July 12
Miwok Teen Camp 3:
 Depart: July 6 Return: July 12

Session Four:
 Depart: July 12 Return: July 18
Miwok Teen Camp 4:
 Depart: July 12 Return: July 18

Session Five:
 Depart: July 20 Return: July 26
Miwok Teen Camp 5:
 Depart: July 20 Return: July 26

Session Six:
 Depart: July 26 Return: August 1
 Will Drive

Will Drive
 CYO Camp
 2136 Bohemian Highway
 Occidental, CA. 95465

Check-in: 2:00 pm
Pick up: 10:30 - 11:00 am

San Francisco
 Serramonte Del Ray
 (old Serramonte High School)
 699 Serramonte Blvd.
 Daly City, CA 94015

Check-in: 11:00 am
Depart for Camp: 12:00 pm
Return from Camp: 12:30 pm

San Mateo
 St. Matthew's Elementary School
 910 South El Camino Real
 San Mateo, CA 94402

Check-in: 10:45 am
Depart for Camp: 11:15 am
Return from Camp: 1:30 pm

San Rafael
 St. Vincent School for Boys
 One St. Vincent Drive
 San Rafael, CA
 (Marinwood/St. Vincent Exit off Hwy. 101)

Check-in: 12:30 pm
Depart for Camp: 1:00 pm
Return from Camp: 12:00 pm

East Bay
 Salesian High School
 2851 Salesian Avenue (off Vale Road)
 Richmond, CA 95804

Check-in: 11:00 am
Depart for Camp: 12:00 pm
Return from Camp: 12:30 pm

Cotati
 8510 Gravenstein Hwy,
 Cotati, CA
 (Park and Ride Lot behind Burger King/76 Gas
 Station)

Check-in: *Camp staff arrives with bus at 1:30 pm*
Depart for Camp: 1:45 pm
Return from Camp: 11:15 am

PLEASE BE ADVISED THAT DEPENDING ON TRAFFIC CONDITIONS
 BUSES MAY RUN SLIGHTLY BEHIND SCHEDULE

CYO TRANSPORTATION GUIDE

Summer Camp 2014

Bus Stop Procedures:

Departure - It is of the utmost importance that we have your full cooperation and patience to help ensure the safety of all campers and a timely departure. All parents/guardians will be required to check-in their children at the registration table to receive your child's luggage tags, receive further instructions and to check in medication. Campers will be called to the buses approximately 15 minutes before the departure time for loading luggage and boarding the bus. At this time you must accompany your child to the luggage check in. Please do not leave until your child has boarded the bus, unless you have made arrangements with CYO Camp staff. Again, this is to ensure the safety of your children and streamline the loading/departure process.

*Please make sure your child uses the restroom before arriving as there are no restrooms at the bus stops.

Return/Arrival - Please follow the instructions given by CYO Camp staff. Buses will be unloaded one at a time by our staff, and children will be led to the waiting area. They will then need to be signed out to parents/guardians. Please have a photo ID available. If someone other than the parent/guardian or persons designated on the enclosed consent form will be picking up your child, please make sure the CYO Camp staff is made aware of this prior to the children's return from camp. Luggage will be unloaded for you. **Please do not take luggage off of the buses unless you are a volunteer.**

Attention Parents/Guardians:

* In the event of a cancellation or change in schedule due to an emergency or situations beyond the camp's control, such as weather, road closures, or extreme traffic, the camp will make every effort to directly contact the parent/guardians and emergency contacts to notify them of the changes or emergency. In the event of a shorter delay due to traffic or weather, the bus stop will be notified by the camp and parents/guardians will be notified upon their arrival at the bus stop

Safety Rules for Children on Buses:

Prior to your child's departure day, please discuss with them the importance of following all instructions, rules, and directions while at the bus stop, riding the bus and at camp, as this is in their best interest and helps keep them safe and having fun. Though our staff will provide campers with safety rules and instructions once loaded onto the bus, please remind your child of a few general rules that are in place for their safety, before they board:

- Remain seated at all times
- When the counselors or driver speaks, listen and follow directions-the first time
- Keep your body inside the bus and to yourself (no touching, poking, kicking, other campers, etc.)
- Follow all rules and directions given by the counselor and driver - these are to keep you safe
- No yelling, shouting, fighting, eating.
- If you need something raise your hand or ask politely-please don't yell at the counselor or driver.

YOU MUST CONTACT US AT (707) 874-0200 IF YOU DECIDE TO CHANGE BUS STOPS.

NOTE: PLEASE MAKE SURE ALL CAMPERS HAVE A HEARTY BREAKFAST/BRUNCH BEFORE BOARDING THE BUS-THANK YOU!



\$35 Hooded Sweatshirts

price includes tax

-----Order Form-----

Child's Name _____

Session Attending _____

Phone Number _____

Please check one size:

Child Medium

Adult Small

Adult Medium

Adult Large

Adult XL

Paid By (circle one): **Money Order** Check # _____

*Please mail in with check payable to CYO Camp by June 30th



\$17.50 T-Shirts

price includes tax

-----Order Form-----

Child's Name _____

Session Attending _____

Phone Number _____

Please check one size:

Adult Small

Adult Medium

Adult Large

Adult XL

Paid By (circle one): **Money Order** Check # _____

*Please mail in with check payable to CYO Camp by June 30th

Parent Information for Health Services at CYO Camp

Our health service practices are shaped by regulations and/or guidelines from entities such as American Camp Association, Association of Camp Nurses, and state of California, Department of Health and Human Services. Please contact CYO Camp at 707-874-0240 if you have questions.

HEALTHCARE PLAN

We want to provide a safe and healthy experience for each camper and we partner with you to accomplish this goal. You know your child's health needs; we know the capabilities of our program. Our healthcare plan is designed to complement the growth and development needs of children and youth within normal parameters.

HEALTH FORMS

Each health form is reviewed by our Health Officers prior to and during your child's stay. If at any time we have a question, we will contact you for clarification. We rely on the information you provide to care for your camper. Please complete your camper's health form thoroughly and return to CYO Camp by June 15th.

ABOUT CAMP AND YOUR CHILD'S HEALTH

We expect that your child will be healthy upon arrival and ready to fully participate in the summer camp experience. If there are questions or concerns about this policy, contact us immediately. We reserve the right to not admit a person who poses a communicable illness threat. (Note: CYO Camp has a "no nit" policy.)

Our program has a busy schedule filled with activity. Campers live with eight or more people in a cabin. Prepare your child so these experiences are exciting rather than intimidating.

Our program expects that campers can meet their own personal needs, can move independently from place to place and are capable of community living in our cabin environment.

CYO Camp is not a therapeutic environment nor prepared to provide psychiatric support. Please consider these facts when determining if our program is appropriate for your child.

Community living skills are new for many campers. Your child may appreciate knowing that his or her bedroom will be shared with many other people and everyone sleeps in bunk beds. Talk with your child about picking up personal items, the noises people make when they sleep and whether a top or bottom bunk would be best.

Healthcare Personnel

Our Health Offices are staffed by Camp Health Officers (CHO). At minimum a person has been certified in First Aid Emergency Care; Professional Rescuer CPR/AED, and Blood Borne Pathogens. Each CHO also completes an orientation that includes a review of medical protocols as approved by our licensed health provider, medication administration, documentation, and caring for our campers. Our Camp Health Officers are supervised by a Registered Nurse who is available 24 hours a day.

Healthcare Facilities

Palm Drive Hospital in Sebastopol is about 15 minutes away.

Scope of Service

The scope of service provided by our Health Officers is limited to care of routine illness and injury; we do not have physicians in residence. We do, however, have treatment protocols established from the Emergency Care and Safety Institute and reviewed by our licensed health provider that we use to care for common problems. We stock some over-the-counter medications which are dispensed as directed in our protocols. Your camper will be referred to the local medical community when need is beyond the scope of our care.

Treatment of Chronic Health Concerns

We expect children with chronic health concerns (i.e. asthma, allergies, diabetes) to be capable self-managers and to bring the supplies they need to manage their diagnosis. Because treatment modalities vary, our Health Officers rely on your camper's familiarity with and ability to do their own treatments. Our Health Officers will provide general oversight and partner with your camper to follow individual treatment plans.

Asthma, Diabetes, Anaphylaxis Forms

Use the appropriate form to tell us about your child's treatment plan. Special forms have been developed for asthma, diabetes, and anaphylaxis.

MEDICATION

All medications including prescription, over the counter, vitamins and natural remedies, with the exception of some inhalers and Epi-Pens, are collected by the health officers at check in. Once at camp, all medication is required to be kept locked in the Health Center with the exception of emergency medication. The Health Officer distributes daily medication at routine times and maintains office hours during which medication is available.

Stocked Medication

The Health Center stocks the following over-the-counter (OTC) medications and remedies; do not send these with your camper. Health Officers have medical protocols from the camp physician which directs the use of these medications for common and routine human health problems. Use the health form to indicate which of our stocked OTC remedies should not be given to your camper:

Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)	Chloraseptic Spray (Sore Throat)
Ibuprofen (Motrin, Advil)	Docusate Sodium (Stool Softner)	Tums and Cola Syrup
Pseudoephedrine (Sudafed)	Loperamide HCL (Anti-Diarrhea)	Cough Drops
Guaifenesin DM (Cough Medicine)	Silver Sulfadiazine	Calagel and Aloe Vera Lotion
TechNu Extreme (Poison Oak)	Hydrocortisone Cream	Tolnaftate (Anti-Fungal Cream)

If You are Sending Medication with Your Camper

- Send enough for your child's entire stay.
- Place the medications in a zip lock bag with your child's full name, Village and session.
- Each medication must come in its original and appropriately labeled bottle/container, including vitamins and other nutritional supplements.
- Do not mix medications.
- Do not presort medications into a daily medication box or container.
- Use the health form to record the medication and explain why your child is using the medication.
- Our health officers expect that medication indicated on the health form will arrive with the camper. If a medication status changes, notify us in writing of that change.

Prescription Medication

- Must come in a pharmacy container with a legible label in the camper's name.
- Must be labeled with the camper's name, the name of the medication and current instructions for administration.

NOTE: Health Officers must follow labeled directions. If there is a change to your camper's medication, make sure the label correctly reflects that change, or please have your healthcare provider write a new prescription with the change of dosing and send that with your child. It must be signed and dated by the healthcare provider.

Over-the Counter Medication

- Must come in its original container with a legible label.
- Must have the camper's first and last name clearly written in indelible ink on the container but in a place which does not obscure label information.
- Must be appropriate to the age of the child with the proper dosing information.
- If different, please send your healthcare providers instructions, signed and dated by him/her.

Methods for Treating Common Problems

We are sensitive to the fact that there are different ways to treat common health problems. If your child is susceptible to sore throats, headaches, and/or upset stomach, and you have identified a treatment to which your child responds, please share that information with us by writing it on the health form. We may not be able to provide exactly the same treatment, but we will complement it as our practices allow.

Insulin and Other Injections

We expect that campers who use injectables (e.g. insulin injections, growth hormone shots) are capable of doing their own injection. Our Health Officers are not permitted to administer injections. Refrigeration, a sharps container and alcohol preps are available. Please send all your camper's medication and the necessary syringes with them to camp.

Immunizations

Immunizations, especially an up-to-date tetanus inoculation are important because your camper will be outdoors and in close proximity to other program participants. We recommend that campers are immunized; however, our program also recognizes that some choose not to immunize their children for various reasons. Please attach appropriate documentation to your child's health form if this is your position.

Communicable Disease

Please notify CYO Camp if your child is exposed to a communicable illness within the three weeks prior to arriving at camp. We are especially concerned about chicken pox, mumps, sore throat, colds and flu. We reserve the right not to admit campers who arrive ill or exposed to communicable disease.

Head Lice or Nits

Because our program has a "no nits" policy, if a child is found to have nits once they are at camp, you will be contacted to come pick up your child per our medical protocols. In addition, please instruct your camper not to share items such as brushes, hats, pillows, hair ties and clothing with other people.

HEALTH CHALLENGES OF SONOMA COAST SUMMERS:

As in any geographic area, program participants are exposed to risks associated with location. Our program has developed risk reduction strategies, and we rely on the help of parents and campers so these strategies are as successful as possible. Even then, there are no guarantees of success. Of particular note are the following:

- **Poison Oak** is part of our natural flora. Instruct your camper to keep to paths and tell a counselor or health officer about red, itchy patches of skin. Campers who participate in overnight camping have a greater risk of exposure to this obnoxious plant. If your camper is especially sensitive to poison oak, teach your child to identify the plant, advise the child to sit upwind during campfire programs and consider use of a barrier cream (talk with your pharmacist) as a preventive measure.
- **Dealing with mosquitoes** is part of our location. Especially active at dawn and dusk, there will be more mosquitoes when our weather is warm and wet. Help minimize mosquito bites by providing your child with an insect repellent. Teach your child how and when to apply their repellent.

Cabin counseling staff remind campers to put on repellent at various points throughout the day. Your child should talk with their counselor or our health officers if their repellent is not effective. While preventing bites is our goal, the Health Center has resources available during office hours to help ease itching.

- **Avoiding wood ticks** is sometimes hard, because both the common dog tick and the small deer tick are in our area. Teach your camper to do a daily "tick check." In particular campers should check their hair and hairline, groin, axillary area, back, and behind their ears. A tick that is merely crawling on a person poses little concern; those that attach to the skin should be removed. You

may teach your child to remove ticks that attach, but it is our preference that campers come to the Health Center to do so. Using an insect repellent is fairly effective in eliminating tick bites.

- **Avoiding sunburn.** Most of our activities are done outside so be sure your camper brings and knows how to use their sunscreen. At minimum, an SPF 30 product is recommended. We consider sunburn a preventable injury and will minimize this health risk as much as possible.
- **Dressing for the weather.** CYO Camp weather can vary from hot to quite chilly from sunny and warm to drizzly and damp. Your camper should bring everything recommended on the packing list, including rain gear.
- **Staying hydrated.** Talk with your child about drinking enough fluids. Outdoor activities are generally quite active, so drinking enough is a constant challenge and is the reason why a water bottle is on our packing list.
- **Eating enough at mealtime** is important. Some children don't understand that it's okay to ask for more food. Please talk with your camper and explain that counselors at their table will help them get more if they are hungry. They simply need to ask.

COMMUNICATING HEALTH ISSUES WITH PARENTS AND GUARDIANS

Our Health Officers and Village Directors will make every effort to contact you by phone if your child has need for out-of-camp health care. Because of timing and schedule conflicts we cannot promise that we will be successful in reaching you. The phone numbers you provide on your camper's health form will be used. Please make sure that we know how to reach you at all times during your child's stay.

We generally do not contact you if your child is seen in the Health Center for routine problems (e.g. skinned knee, sore throat, bee sting, headache, upset stomach). We will call if we have questions determined on a case-by-case basis by the Health Officer. If you would like us to do something different, attach a letter to your child's health form explaining your alternate plan.

A child's usual response when not feeling well is to tell the parent or guardian. Sometimes children at camp react the same way – they write a letter telling you how they feel and may not consider telling their cabin leader or our Health Officers. Talk with your child and explain that the counselors, staff, and Health Officers are there to help. Instruct your camper to tell these people about needs so care can be provided.



**CYO SUMMER CAMP
YOUTH HEALTH FORM**

**Return all signed forms to:
CYO Camp
2136 Bohemian Hwy.
Occidental, CA 95465**

- Having adequate information about your camper is crucial to our ability to provide a supportive environment. We rely on you to tell us what we need to know about your camper.
- Form must be complete and signed by a custodial parent/guardian.
- Our healthcare and leadership staff have access to the information on this form.
- **Keep a copy of the completed form; notify our health services department of changes in writing.**
- Questions? Call CYO Camp at 707.874.0240.

***Asthma, Diabetes, or Anaphylaxis?**
Complete an additional form available online at www.cyocamp.org

This box for CYO Summer Camp Health Office use ONLY!

Camper's Name _____
First Middle Last

Sex: M F Age: _____ Birth Date: _____
Month Day Year

PARENT CONTACT INFORMATION: We will contact you in an emergency or if we have questions about your child. Provide the following contact information for us to use during your child's village session:

Custodial Adult A: _____ Custodial Adult B: _____

Relationship to Camper: _____ Relationship to Camper: _____

Preferred Phone: (____) _____ Preferred Phone: (____) _____

Alternate Phone: (____) _____ Alternate Phone: (____) _____

Parent Email Address: _____

Parent Street Address: _____

City, State, ZIP: _____

Is this address also the camper's address?..... Yes No
Is this the camper's first time at CYO Summer Camp? Yes No

Allergies: Check those that apply to this camper.

This camper has no known allergies.
 This camper is allergic to this food(s): _____
Causes anaphylaxis? Yes* No
Describe the reaction if this food is eaten and what is done to manage it: _____

This camper is allergic to this medication(s): _____
Causes anaphylaxis? Yes* No
Describe the reaction and how it is managed: _____

This camper is allergic to the following: _____
Causes anaphylaxis? Yes* No
Describe the reaction and what is done to manage it (attach additional information if needed): _____

Nutrition:
We can work with some medically prescribed diets but do not cater to individual food preferences. Call if you have questions about your camper's diet.

- This camper eats a regular diet.
- This camper is the following type of vegetarian:
 - Semi-vegetarian (no pork or beef)
 - Pesco (no pork, beef or chicken)
 - Lacto-ovo (no beef, pork, chicken, seafood or fish)
 - Vegan (no meats, seafood, eggs or dairy)
 - Lacto (no meats, fish, seafood or eggs)
 - Ovo (no meats, fish, seafood or dairy)
- This camper needs a gluten-free meal plan. This camper does not eat pork.
(Please contact CYO Camp)
- This camper is lactose-intolerant. Note: our expectation is that the camper self-manages using products such as Lactaid.

Chronic Health Concerns: check those that pertain to this camper and describe how you handle this at home.

- This camper has no chronic health concerns and is capable of full participation in the program.
- This camper has the following chronic health concern(s):
 - Asthma*
 - Headaches
 - Sleepwalking
 - Diabetes*
 - Other (describe below)
 - Bedwetting
 - Menstrual Cramps
 - Frequent Ear Infections
 - Fainting
 - Encopresis
 - Seizure Disorder*
 - Frequent Colds
 - Surgical History of Consequence

Information about items above (attach additional information if needed): _____

Immunization History: Provide the month and year for each immunization or attach a copy of your child's clinic/school immunization record. Starred (★) immunizations must be current.

Immunization	Date: Month(s) & Year(s)	Immunization	Date: Month(s) & Year(s)
Tetanus Booster ★ (within 10 years)		Varicella (chicken pox)	
MMR (Measles, Mumps, Rubella) ★		Haemophilus influenza	
Polio Series ★		Hepatitis B	
Pertussis Booster		Hepatitis A	

If your camper has not been fully immunized, please sign the following statement: *I understand and accept the risks to my child from not being fully immunized.*
 Custodial Adult Signature: _____ Date: _____

Medication: "Medication" is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies.

- This camper will not take any daily medications while attending CYO Camp.
- This camper will take the following medication(s) while attending CYO Camp. Bring enough of each medication to last the entire session.

Note: ALL medication, including "Over the Counter", supplements, and homeopathic must arrive in the original, appropriately labeled containers.

Name of Camper

Name of Medication	Reasons for Taking It	Dose Given & When	Date Started?
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

The following non-prescription medications are representative of what may be stocked in the CYO Camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those your camper should NOT be given.

- | | | | | |
|-------------------------|-----------------------------------|------------------------------|----------------------------------|--------------------------------|
| Acetaminophen (Tylenol) | Chloraseptic Spray | Generic cough drops | Loperamide HCL (Anti-Diarrhea) | Tolnaftate (Anti-Fungal Cream) |
| Aloe Vera Lotion | Cola Syrup | Guaifenesin DM (cough syrup) | Pseudoephedrine | Triple Antibiotic Cream |
| Calagel | Diphenhydramine (Benadryl) | Hydrocortisone Cream | Silver Sulfadiazine | Tums |
| Calamine Lotion | Docusate Sodium (Sodium Softener) | Ibuprofen | TechNu Extreme — Poison Oak Wash | |

General History: Check "Yes" or "No" for each statement

- This camper has had mononucleosis ("mono") during the past school year Yes No
- This camper is prepared to fall asleep at night without supports such as reading or listening to music..... Yes No
- This camper is free of illness, injury or physical challenges that would affect program participation Yes No
- This camper has piercings..... Yes No
 If so, where? Ears Eyebrow Nose Belly Button Tongue Nipple Other: _____
- For girls: this camper knows about menstruation and/or has a normal menstrual history..... Yes No
- This camper has been in countries outside the United States in the past nine months..... Yes No
 If "Yes," list the countries and the length of time spent in each.

Country: _____

Country: _____

Dates: _____

Dates: _____

Mental, Emotional, Learning and Social Health: Check "Yes" or "No" for each statement. See **Parent Information** for further explanation.

1. This camper has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem) Yes No
2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
3. This camper has an emotional health concern (specify _____) Yes No
4. During the past academic year, this camper saw or is currently seeing a professional to address mental/emotional concerns Yes No

If "yes" was the answer to any of the four statements above, attach a statement from your camper's professional (e.g., psychiatrist, physician) that addresses the following three things:

- (a) Describes the concern and the camper's management plan (including medication) while in our program;
- (b) Describes the behaviors that will indicate to our staff that your camper needs professional referral.

5. This camper has had a significant life event that continues to affect the camper's life Yes No
 If "Yes," please attach written information about the event – death of a loved one, family change, adoption, new sibling, survived a disaster – its impact upon your camper's life, and care tips for the camper's cabin staff. Keep in mind, our staff are generally college students.

What Have We Forgotten to Ask? Provide additional information about your child's health and learning style that may have been neglected on this form. We are particularly interested in information that has impact upon your child's ability to fully participate in our program. Attach additional information if needed.

Billing Information for Healthcare: Parent/guardians are financially responsible for healthcare given by an out-of CYO Camp provider.

To whom should healthcare bills be sent?

Name: _____

Mailing address: _____

Preferred Phone: (_____) _____

- It is your responsibility to manage your health insurance; our staff may not do this.
- Call your insurance company; determine if your insurance will "work" while your camper is in our program and/or what you need to do should your camper need healthcare.
- Please instruct your camper if your insurance requires a copay.
- We will have you call a local pharmacy with your credit card number if we anticipate that a prescription will be needed.

If your camper has health insurance:

Name of person who holds the policy: _____ Birth date of this person: _____

Policy Number: _____ Name of Insurance Company: _____

Please attach a front and back copy of your child's health insurance card.

When You Aren't Available – If we cannot reach you, provide contact information for other people who know your camper and with whom we can consult.

We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate contact: _____ Phone: (_____) _____ Relationship to camper: _____

Alternate contact: _____ Phone: (_____) _____ Relationship to camper: _____

Camper's Physician: _____

Office Phone: (_____) _____

Camper's Dentist: _____

Office Phone: (_____) _____

Parent/Guardian Authorization for Healthcare and Participation:

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all camp activities except as noted by me and/or the examining physician. I give permission to the physician selected by CYO Camp to order x-rays, routine test and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with CYO Camp staff. I give permission to photocopy this form. In addition, CYO Camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. In consideration for being allowed to participate in the CYO Camp programs, I agree to assume the risk of such activities and further agree to hold harmless Catholic Charities CYO/CYO Camp, its officers, employees and representatives from any and all such claims, suits, losses, or related causes of action for damages. CYO Camp is not responsible for lost, stolen or damaged personal articles. I also authorize Catholic Charities CYO to have and use photographs, slides or video of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability and Authorization for Treatment of Catholic Charities CYO/CYO Camp is binding on me personally and on my heirs, personal representatives, successors and assigns. This agreement will be enforced in accordance with the law of the State of California.

★Signature of custodial parent or guardian: _____ Date: _____ Relationship to camper: _____

Send this completed Health History to our office **NOW**. **Keep a copy to record changes in your camper's health status.**
 Questions? Contact CYO Summer Camp at 707.874.0240 or email to summercamp@cccyo.org.

ANAPHYLAXIS
Individual Emergency Action Plan

Individuals with multiple anaphylactic responses should complete one form for each allergen.

Name of Child _____

Date of Birth: _____
Month Day Year

This child responds with anaphylaxis from _____

Village/Session: _____

About the Signs/Symptoms Experienced by this Person

Emergency Action Plan

Please note that **CYO Camp** is at least **20 minutes** from definitive care.

Check those that apply to this child's anaphylaxis response. It is assumed that the severity of these symptoms can change quickly; some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth.
- Swelling of the lips, tongue and/or mouth.
- Itching and/or sense of tightness in the throat.
- Hoarseness.
- Hacking cough; repetitive cough and/or wheezing.
- Swelling about the face.
- Hives; an itchy rash.
- Nausea, abdominal cramping, vomiting and/or diarrhea.
- Shortness of breath.
- "Thready" pulse; increased heart rate.
- "Passing out," fainting.

History

Does this child also have asthma?..... Yes
 No

Can this child recognize when s/he is experiencing signs/symptoms of anaphylaxis?..... Yes
 No

When did this child last experience an anaphylactic response?

Date: _____

Describe what happened and how the person responded: _____

ATTACH THIS COMPLETED FORM TO YOUR CHILD'S HEALTH FORM

Regarding an EpiPen®

Our expectation is that the child will bring at least one EpiPen®, carry that device on their person during their stay, and know how to use the EpiPen®.

Has this child ever administered the EpiPen® to themselves?..... Yes
 No

Our staff will help a child administer their EpiPen® if need arises.

Recognizing a Reaction

It is our expectation that this child will tell a staff member if s/he suspects s/he is having a reaction.

Parents: please instruct your child to do this.

Treating a Suspected Exposure

If an exposure is suspected, but no signs or symptoms of anaphylaxis are present, we will monitor the child for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50mg diphenhydramine (e.g. Benedryl) by mouth. Remove child from contact with allergen if possible.
2. Inject 0.3 cc epinephrine stat; repeat dose as needed.
3. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
4. Contact parents per directions on child's health form.

If your physician wants a different protocol followed, have your physician legibly write that protocol on the back of this form followed by his/her signature and date.

Signature of Custodial Parent
Or Legal Guardian: _____

Printed Name: _____

Date Signed: _____

**Questions? Please Call CYO Camp at:
(707) 874-0200**

CYO Camp Health Service
**REQUEST FOR ADDITIONAL INFORMATION
ABOUT YOUR CHILD'S ASTHMA**

Camper Name: _____
Village/Session: _____

We want your child to receive appropriate care and support for his/her asthma while attending our program. Contact Health Services, at (707) 874-0200 with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About CYO Camp...

1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person). Please mark with the child's full name.
3. The closest hospital is in Sebastopol, approximately 20 minutes away.
4. If you have questions about the menu during your child's stay, please contact us.
5. Staff is told that children with asthma are capable self-managers and that these campers know when to use their medication or amend activity to compliment their health status.

❖ **ABOUT TRIGGERS...**

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Smoke
- Allergen _____
- Respiratory infections/common cold
- Other _____

Provide details about the triggers, including things which cabin and activity counselors should be told.

❖ **USING A PEAK FLOW METER...**

If you use a peak flow meter to monitor your child's status and note signs of a potential flare up, please have your child bring his/her peak flow meter.

When does this child take peak flow readings?

- Breakfast Lunch Supper Bedtime
 Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow): _____

What should be done if this child's peak flow reading drops to the caution/yellow range?

Danger range (red zone): _____

What should be done if this child's peak flow reading drops to the danger/red zone?

❖ **ABOUT MEDICATIONS**

Medications are supervised by the Camp Health Officers and kept in the health center with the exception of rescue inhalers that must be carried by the camper. Medications are usually dispensed at mealtimes and before bedtime. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g. mid-morning), mid-afternoon).

These Medications are Used Daily to Manage this Child's Asthma

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications are Taken "As Needed" to Prevent an Asthma Flare

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications are Used When this Child's Asthma Flares

Name of Medication	Dose to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to the camp? YES NO

IF YES... We expect the child know when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in the camp health center and available when needed by the camper.

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: _____ Phone: _____

Name: _____ Phone: _____

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

❖ **AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

Attach this completed form to your child's Health Form!

Your Signature: _____

Date: _____ Relationship to Camper: _____

Camper: _____
First Name Initial Last Name

About Your
Child's Diabetes

School: _____

Your child will continue self-care for his/her diabetes while attending our program. Our Health Center staff, while not diabetes educators nor specialists in diabetes care, would like to partner with you insofar as supportive care is concerned. They will rely on this form's information to direct that support.

We recommend that you complete this form in consultation with your diabetes educator. If you have questions or concerns, please call Health Services by dialing 707-874-0200 during business hours. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

Things to consider about the CYO Camp program...

1. Because the program takes place in the outdoors, your camper may be more physically active than at home.
2. Campers do their own diabetes care while with us. We ask that supplies (insulin, syringes, glucometer, etc) be kept in the camp Health Center where a sharps container is also available.
3. The closest hospital is in Sebastopol, approximately 20 minutes away.
4. Sometimes our meal times may vary due to activities, campers with diabetes should be capable of adapting to changes in meal time.
5. If you have questions about the menu during your child's stay, please contact camp at 707-874-0200. If your child requires special snacks you may send them and we will be keep them in our health centers for the child's convenience.
6. Staff are told that campers with diabetes know how to take care of themselves. We will brief cabin and activity staff about your child's diabetes, especially the signs that indicate low blood sugar level.

❖ ABOUT YOUR CHILD'S ROUTINE CARE FOR HIS/HER DIABETES...

When does your child check blood sugar (BS)? _____

What is your child's usual range of BS readings? _____

When does your child inject insulin? What type is used and how many units? (Please include your child's sliding scale if appropriate.)

In addition to meals, describe your child's pattern for snacks (time, what is eaten, etc.).

If a question about diabetes management comes up, who should we call and at what number?

❖ ABOUT LOW BLOOD SUGAR REACTIONS...

If your child's BS would get low, what signs or behaviors would our staff expect to see?

If your child's BS gets low, what should we do?

Are there particular stressors that tend to drop your child's BS? What are they?

When was your child's last low blood sugar reaction? How often does your child have low blood sugar reactions?

Has your child ever gone so low that s/he had a severe reaction (seizure, loss of consciousness)?

- No Yes, and here's what happened.

❖ **ABOUT YOUR CHILD'S INSULIN PUMP...**

How long has your child had an insulin pump? _____ Not Applicable

Is your child familiar with all the functions of their particular pump?
(history, basal adjustment, etc.) Yes No

Is your child familiar with managing pump malfunctions? Yes No

Is your child familiar with changing sites and/or replacing tubing? Yes No

Is your child familiar with counting carbs and how to adjust their bolus?
(at mealtimes and evening snack) Yes No

If you have answered NO to any of the above insulin pump questions, please provide us with information on who will assist your child while at camp.

❖ **ADDITIONAL INFORMATION...**

If your child's blood sugar is running high, what signs or behaviors would our staff note and what would you like us to do?

What type of notification and how soon do you want it to occur if your child has a reaction? Provide appropriate phone/fax numbers. If you are not at home, should we leave a message on your answering machine? Yes No

Name of your Diabetes Care Provider: _____ Phone() _____

What else would you like to tell us about your child's diabetic management plan?

❖ **Today's Date:** _____

Signature of Person Providing This Information: _____

Relationship to Camper: _____

*Attach this completed
form to your child's
Health Form!*

FINANCIAL ASSISTANCE APPLICATION

Please print clearly and complete all information on both sides.



A. CAMPER INFORMATION

Last name _____ First Name _____ Sex _____

Address _____ City/State Zip _____

Phone _____ County _____

Email _____ Birthdate _____ (mm/dd/yyyy)

Sponsoring Agency _____ Contact _____ Phone _____

Check here if the participant is a foster child. Case number: _____

Providing summer camp programs at rates that parents can afford is a growing challenge and requires us to take advantage of available funding resources. One of those resources is the USDA cash reimbursement program for food served to needy children. This benefits you because it helps us keep costs down and keep our fee schedule low while providing excellent food service for your child. All information will be kept strictly confidential. This program is available to all without regard to race, color, national origin, age, sex, disability or religion. Any person who believes that he or she has been discriminated against should contact USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington DC 20250-9410 or 202.720.5964.

INCOME ELIGIBILITY GUIDELINES

Family Size	Income per year	Income per month	Income per week
1	\$21,257	\$1,772	\$409
2	\$28,694	\$2,392	\$552
3	\$36,131	\$3,011	\$695
4	\$43,568	\$3,631	\$838
5	\$51,005	\$4,251	\$981
6	\$58,442	\$4,871	\$1,124
7	\$65,879	\$5,490	\$1,267
8	\$73,316	\$6,110	\$1,410

For each additional family member add:

\$7,437 \$620 \$144

2014 SUMMER SESSIONS

Session	Date	Cost	Deposit	Balance	Balance due date
1	6/22-6/28	\$485	\$200	\$285	6/15
2	6/28-7/4	\$485	\$200	\$285	6/15
3	7/6-7/12	\$485	\$200	\$285	6/15
4	7/12-7/18	\$485	\$200	\$285	6/15
5	7/20-7/26	\$485	\$200	\$285	6/15
6	7/26-8/1	\$485	\$200	\$285	6/15
CITs	all sessions	\$215	\$200	\$15	6/15

VISIT WWW.CYOCAMP.ORG FOR COMPLETE SESSION LISTINGS

B. If you are getting CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), Workforce Investment Act (WIA) or Kin-Gap benefits for your child, list the case number.

Food Stamp Case # _____ Calworks # _____

KinGap # _____ FDPIR # _____

Workforce Investment Act (WIA) # _____

Please complete side 2 ->

FINANCIAL ASSISTANCE APPLICATION

Please print clearly and complete all information on both sides.



C. Complete this part only if you do not receive CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), Workforce Investment Act (WIA) or Kin-Gap benefits for your child. Otherwise, go to part D. Under NAME you must list the name of EACH PERSON living in your household, including yourself AND the children listed above. In the columns list ALL income received last month on the same line as the name of the person who received it. You must list the GROSS income (before pre-tax deductions). If the person had more than one source of income, list each amount in the correct column. For monthly income, multiply the GROSS income (a) by 4.33 if received weekly; (b) by 2.15 if received every two weeks; or (c) by 2 if it is received twice per month.

Name (First/last)	Earnings from work before deductions AMOUNT/HOW OFTEN	Child Support, Alimony AMOUNT/HOW OFTEN	Payment from Pensions, Retirement, Social Security AMOUNT/HOW OFTEN	Earnings from any other income AMOUNT/HOW OFTEN
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

FINANCIAL: GROSS MONTHLY INCOME FROM ALL SOURCES

Earnings from work before deductions \$ _____

Child support, Alimony \$ _____

Payment from Pensions, Retirement, Social Security \$ _____

Earnings from any other income \$ _____

Number of persons in household dependent on above income _____

D. All applicants please note: A Parent/legal guardian MUST sign this Certification of Data before the application will be considered.

- I understand that this information will provide the basis for payment of Federal funds and other forms of financial assistance and that the information on the application is subject to verification.
- I certify under penalty of perjury under the laws of the State of California that all of the above information is true and correct and that all income is reported.
- Neither the Guardsmen nor any other sponsoring organization shall be held responsible for any loss or injury sustained by the applicant or child while at CYO Summer Camp.
- Deposit payment disclaimer: I understand that if I am eligible I must pay the non-refundable deposit amount for the chosen session for my child to attend camp.
- Should the CYO Summer Camp staff determine that the camper needs to return home for any reason (including illness, homesickness or behavioral difficulties) I, as the person responsible, understand that I will arrange to pick up the camper within 12 hours of that determination. If I cannot arrange for transportation within 12 hours, a CYO Camp staff member will drive the camper home and I agree to pay a \$150 transportation fee.

Printed name of parent/guardian completing form _____

Signature of parent/guardian completing form _____ Date _____

Parent/guardian's Social Security number (last four digits) XXXX-XX-_____ Check here if no S.S.N.

Phone (home) _____ Work _____

Home address _____ ZIP code _____

Section 9 of the National School Lunch Act requires that, unless your child's food stamp number is provided, you must include the Social Security number of the parent or guardian who is the primary wage earner, or the Social Security number of the adult signing the application, or an indication that neither household member possesses a Social Security number. Provision of a Social Security number is not mandatory, but if a Social Security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out our effort to verify the correctness of information stated in the application. These verification efforts may be carried through program reviews, audits and investigation and may include contacting employers to determine income, contacting a food stamp or welfare office to determine the current certification for receipt of CalFresh, CalWORKs, Food Distribution Program on Indian Reservations (FDPIR), Workforce Investment Act (WIA) or Kin-Gap, contacting the State employment security officer to determine the amount of benefits received and checking and checking documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

DO NOT WRITE IN THIS AREA

CATEGORICAL ELIGIBILITY

Household categorically eligible: Yes No

Foster child automatically eligible: Yes No

INCOME ELIGIBILITY

Yes No

Annual income conversion:

Weekly X 52, every 2 weeks X 26, twice a month X 24, monthly X 12

Total Income: _____ Household Size: _____

Not Eligible:

AUTHORIZED REPRESENTATIVE _____

DATE _____