FAMILY PACKET

Thank you for your interest in **Lift Winter Retreat (LWR)** All of the application pages that follow must be completed, with applicant's signature and returned with $50 deposit for each member of the family to our Office or email at: lift@liftdisability.net. Credit card payments can be made on our website https://www.liftdisability.net/florida/winter-retreat/pay/

If someone else or an organization is paying your way, ask them to clearly mark the payment with your name in the memo section of the check.
Checks should be made payable to Lift Disability Network

Dear Family: We are excited that you are considering joining us for Lift Winter Retreat. This weekend will give you an opportunity to find kindred spirits that understand the uniqueness of living with disability. Equipped volunteers will assist your family with practical needs as well as spiritual needs to assure your family a weekend of relaxation, spiritual renewal and fun. This weekend is sure to give you memories and friendships that will last a lifetime.
The cost to you for this unforgettable weekend is just **$199.00** per person, **$139.00** for children (under age 10)

Please use the following check list to complete your application:

- ☐ Please read all materials included in this packet.
- ☐ Complete each portion of the application/s.
- ☐ Sign and attach a recent photo and include your **$50 non-refundable deposit for each member** (or full payment if desired.) **Balance is due upon arrival.**
- ☐ Mail your completed application with deposit to our office.
- ☐ A completed Adult Application must be done for each person age 18 and over who will be attending.
- ☐ A completed Individual Under18 Application must be done for each person under 18 who will be attending.
- ☐ Approximately one month before Lift Winter Retreat you will receive a packet of information with directions, schedule and suggested packing ideas.

If you have questions, please contact the **Rhonette Hukill at 407-228-8343 or email lift@liftdisability.net**.

2020 APPLICATION FOR FAMILY

PLEASE TYPE OR PRINT. In order to reserve you spot please complete the **entire** application/s. Send all forms with $50 deposit per person and recent photo of family to Lift Disability Network, PO Box 770607, Winter Garden, FL 34777. Applications with missing or invalid information will be considered incomplete.

FOR OFFICE USE ONLY
Received: _____
Deposit Paid: _____
Balance Paid: _____
Scanned: _____
Scholarship: Y: ____ N: ___

FAMILY APPLICATION | Adult Information

PLEASE COMPLETE FOR YOURSELF AND EACH MEMBER OF THE FAMILY OVER 18. (MAKE COPIES AS NEEDED) Please put as many details as possible. These answers will help us to provide you with the most enjoyable weekend possible.

GENERAL INFORMATION

Location of Lift Winter Retreat (LWR): Life Enrichment Center February 21-23	Primary Contact (Last, First, Middle):	Family Position (Dad, Mom, Caregiver, etc.):
Your Legal Name (Last, First, Middle):	Your Preferred Name: (for Name Tag)	
Street Address:	City, State:	Zip Code:
Primary/Home Phone:	Work Phone:	Cell Phone:
Email Address:	Date of Birth:	
Gender: M ☐ F ☐	Age:	Married: ☐ Yes ☐ No
In case of emergency please contact: (first and last name)	Relationship:	
Address:	City, State & Zip:	Daytime Phone: / Cell Phone:
Would you like your contact information on a mailing list? (this is shared only with those who are attending the weekend)		☐ Yes ☐ No
Do you have a church home? Are you a member or regular attendee?	☐ Yes ☐ No ☐ Yes ☐ No	What is the name of your church?
This is my first time applying for LWR: ☐ Yes ☐ No	What would you like to gain from LWR?	
What are your favorite activities?	Please describe in detail challenging behaviors you may struggle with?	
What usually triggers challenging behaviors?	What are effective responses to challenging behaviors?	
What are two or three effective rewards/reinforcements?		

ADULT INFORMATION | MEDICAL HISTORY

Height:	Weight:	Do you have seizures: ☐ Yes ☐ No? Is yes what do they look like?
List any allergies: List any food allergies or restrictions: List any medications you are currently taking:		Medical History:
Insurance Policy Carrier:		Insurance Policy Number:
Doctor's Name:		Doctor's Phone:

ABILITIES

Do you have a disability? ☐ Yes ☐ No	If yes, please explain your disability:	
How do you communicate best? (verbally, sign language, liberator, iPad, other)		
Do you use a wheelchair? ☐ Yes ☐ No ☐ Manual ☐ Electric Width of chair:	Do you require any adaptive equipment? ☐ Yes ☐ No Please list:	List any physical and/or mobility limitations:
Do you require an Accessible Room? ☐ Yes ☐ No If yes, do you need Grab Bars or a Roll in Shower?		Are you bringing a Service Dog? ☐ Yes ☐ No Name:
Do you need assistance with toileting during the day?		
Do you use a Personal Caregiver? ☐ Yes ☐ No	Will your Personal Caregiver (not a family member) be with you at camp? ☐ Yes ☐ No If yes, please have them complete Personal Caregiver Application	

PLEASE READ CAREFULLY, INITIAL AFTER EACH ITEM AND SIGN BELOW THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

— **I affirm that I have legal custody of the minor children/persons indicated below. Should an emergency occur during the duration of LWR, I give my authorization and consent for the LWR staff to authorize necessary medical care for this child. Such medical treatment shall be provided upon the advice of and supervision by any physician, surgeon, or other medical practitioner licensed to practice in the United States.**

— I give my consent that information on this application may be communicated to LWR staff and Crew Members for the purpose of being equipped to provide the best care and assistance possible to my family.

— Permission is given only to Lift Disability Network to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Lift Disability Network. I understand that photographs/video/images I take at any LWR/Lift Disability Network function are for my personal use only. Personal internet use of any video/media should be approached with caution with regard to misrepresentation.

— I release Lift Disability Network, its staff, and Crew Members, and the LWR facility from all actions, damages, or personal injuries which may occur to me or a member of my family. I understand in the event of a minor injury I, or a member of my family, may receive first aid treatment. I will be informed as soon as possible of any injury or condition of one of my family members and will be responsible thereafter for their care. In the event of an emergency, injury, or illness, emergency medical services and I will decide the best course of action. If the LWR staff is unable to reach me, I authorize them to take whatever action is necessary for the safety and health of my family members.

— I realize that tobacco, alcohol, and illegal drugs are NOT ALLOWED.

_____ Date: _____

Signature

FAMILY APPLICATION | Individual Under 18 Information

PLEASE FILL OUT ONE PAGE FOR EACH CHILD UNDER THE AGE OF 18 (COPY AS NEEDED). Please put as many details as possible. These answers will help us to provide you with the most enjoyable weekend possible.

Location of LWR: Life Enrichment Center, February 21-23	Family Last Name:	Child's Name:
Who do you live with? ☐ Dad ☐ Mom ☐ Mom & Dad ☐ Other	Address:	City, State & Zip:
Last Grade Completed:		
Date of Birth:		
Gender: M ☐ F ☐	Age:	

This is my first time applying for LWR: ☐ Yes ☐ No	What would you like to gain from LWR?
What are your favorite activities?	Please describe in detail challenging behaviors you may struggle with?
What usually triggers challenging behaviors?	What are effective responses to challenging behaviors?
What are two or three effective rewards/reinforcement?	

MEDICAL HISTORY

Height:	Weight:	Do you have seizures: ☐ Yes ☐ No? Is yes what do they look like?
List any allergies: List any food allergies or restrictions: List any medications you are currently taking:		Medical History:
Insurance Policy Carrier:		Insurance Policy Number:
Doctor's Name:		Doctor's Phone:

ABILITIES

Do you have a disability? ☐ Yes ☐ No	If yes, please explain your disability:	
How do you communicate best? (verbally, sign language, liberator, iPad, other)		
Do you use a wheelchair? ☐ Yes ☐ No ☐ Manual ☐ Electric Width of chair:	Do you require any adaptive equipment? ☐ Yes ☐ No Please list:	List any physical and/or mobility limitations:
Do you require an Accessible Room? ☐ Yes ☐ No If yes, do you need Grab Bars or a Roll in Shower?		Are you bringing a Service Dog? ☐ Yes ☐ No Name:
Do you need assistance with toileting during the day?		