

**RECREATION UNLIMITED SPECIALTY CAMP
2010 EPILEPSY FOUNDATION – CAMP FIREBIRD (EFCO)
SUMMER RESIDENTIAL CAMP
** NEW DATES & TIMES****

The mission of Recreation Unlimited Farm & Fun (Recreation Unlimited) is to provide year round programs in sports, recreation and education for individuals with disabilities and health concerns while building self-confidence, self-esteem and promoting positive human relations, attitudes and behaviors. Recreation Unlimited in conjunction with the Epilepsy Foundation is pleased to offer this summer residential camp specifically for individuals with Epilepsy.

- Monday, July 12, 2010 to Friday, July 16, 2010.
- Arrival time is Monday from 10:00 a.m. to 11:30 a.m.
- Departure time is Friday from 10:30 a.m. to 11:30 a.m.
- Youth and teens with Epilepsy, ages 7 to 17.
- Recreation Unlimited provides a full schedule of activities, lodging, meals and snacks, counselors, program leaders and on-site nursing.
- Due to the generosity of the Epilepsy Foundation, the 2010 EFCO **Camp fee is \$100 for individuals living in the Epilepsy Foundation service area** consisting of the following counties: Franklin, Licking, Delaware, Knox, Holmes, Coshocton, Muskingum, Fairfield, Pickaway, Madison, Ross and Union.
- For those **individuals who do not live inside the Epilepsy Foundation service area (the counties listed above), the EFCO camp fee is \$225.**
- **However, if you so choose, Recreation Unlimited is an Ohio Home Care Waiver, Individual Options Waiver and Level One Waiver provider and you may pay the full camp fee of \$795 (non-Epilepsy Foundation support) through your waiver.** Please inform your service coordinator of the dates you have registered for camp and submit a request for service prior to coming to camp so that camp fees will become part of your service plan. You will be responsible for payment of any camp that is not included on your service plan.
- **All individuals must pay a one-time annual, non-refundable \$35 registration fee.** The \$100 camp fee (inside service area) and the \$225 camp fee (outside the service area) must be paid before June 26, 2010.
- **Registrations are held on a first-come, first-served basis.** The maximum camp capacity will be held at 28 campers.
- Send the form below, plus the one-time annual \$35 non-refundable registration fee to:

EFCO Summer Residential Camp
Recreation Unlimited
7700 Piper Road
Ashley, Ohio 43003

Make **checks** payable to **Recreation Unlimited**. For more information or questions regarding the Camp Firebird (EFCO) Summer Residential Camp, please contact Laura Smith at 740-548-7006 or lsmith@recreationunlimited.org. Also visit our website at www.recreationunlimited.org.

Upon receipt of the check and registration form, an application packet will be sent to the contact person listed below for completion. Also, included will be a medical history/physical form to be completed by a physician. Acceptance to camp is based upon timely return of packet, review and approval of packet and camp capacities. Remember, the camp fee must be paid before June 26, 2010.

Please complete the following camp registration form.

2010 Camp Firebird (EFCO) Summer Residential Camp

July 12, 2010 – July 16, 2010

Camper Name _____ Birth Date _____ M ___ F ___

Contact Name _____

Address _____

Email _____ Cell _____

Daytime Phone _____ Evening _____

PAYMENT TYPE:

___ Individuals living in the Epilepsy Foundation Service Area - \$100 Camp Fee due by June 26, 2010.

___ Individuals who do not live in the Epilepsy Foundation Service Area - \$225 Camp Fee due by June 26, 2010.

Individuals who will be paying their camp fees utilizing Ohio Home Care Waiver, Individual Options Waiver or Level One Waiver - \$795 Camp Fee

Please complete appropriate section below.

___ Ohio Home Care Waiver

Case Manager (CM): _____

Phone Number: _____ Fax: _____

Email: _____

Medicaid Billing Number: _____

NOTE: Waiver recipient, parent or guardian must coordinate camp dates with CM. Camper, parent or guardian will be responsible for payment of any camp not included on the All Services Plan (ASP).

CM needs to submit the ASP to Recreation Unlimited a minimum of 3 weeks prior to camp attendance and have correct dates, billing information and list Recreation Unlimited as the provider. Email to mhiggins@recreationunlimited.org.

___ Individual Options Waiver / Level One Waiver

Service and Support Administrator (SSA): _____

Phone Number: _____ Fax: _____

Email: _____

Medicaid Billing Number: _____

NOTE: Waiver recipient, parent or guardian must coordinate camp dates with SSA. Camper, parent or guardian will be responsible for payment of any camp not included on the PAWS (Payment Authorization for Waiver Services).

SSA is responsible for submitting forms for the PAWS. PAWS must be available online a minimum of 3 weeks prior to camp attendance and have correct dates, billing information and list Recreation Unlimited as the provider.

SSA is responsible for providing Recreation Unlimited a copy of the Individual Service Plan (ISP). Please email to mhiggins@recreationunlimited.org.