

A Touch of Country Vacations, Inc.

Submission of Application Checklist

- APPLICATION FORM - 2 PAGES *Needs Signature (Return)
- MEDICATIONS FORM - 1 PAGE *Needs Signature (Return)
- RELEASES AND CONSENTS FORM – 1 PAGE *Needs Signatures (Return)
- RELEASE AND LIABILITY WAIVER – 1 PAGE *Needs Signatures (Return)

Include with returned paperwork:

- PICTURE OF VACATIONER OR A **COLOR** COPY OF CA PHOTO ID (Will not be returned)
- COPY OF MOST RECENT PHYSICAL
- COPY OF INSURANCE CARDS
- DEPOSIT OF \$200 (Does not apply to Respite)
*Please do not send payment in full until your application has been accepted

APPLICATION FOR:

A Touch of Country Vacations, Inc.

P.O. Box 158 Ramona, CA. 92065 Phone: (760)789-8019 or Toll Free: (800)920-4473
www.ATouchOfCountryVac.net E-mail: triptree1@gmail.com Fax: (760)789-8018

Vacationer's Name: _____ Nickname: _____ Date: _____

Name of Person filling out this form: _____ Relationship: _____

Email: _____

Facility Level or In-Home: _____ (ex.2, 3, 4 Supp/Ind Living, ICF-DDH(H or N), Sm Fam Hm)

Date of Session Choice #1 _____ Date of Session Choice #2 _____

Regional Center/Branch: _____ Worker's Email: _____

Reg. Center Worker Name: _____ Phone: _____ Fax: _____

Financial Information to be sent to: Name: _____ Organization: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Fax: _____

****Note: Vacationer's acceptance is based on space and A Touch of Country Vacation's ability to meet applicant's needs and safety/health issues. Severe Behaviors are disqualifying.**

Vacationer's Personal Information

Birth Date: _____ Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Facility Name (if applicable): _____

Address: _____ City: _____ Zip Code: _____

Person Responsible for Vacationer: _____ Relationship: _____

Home Phone: _____ Cell Phone/Other: _____ Email: _____

Note: If you are unavailable, the Emergency Contact will take responsibility for the vacationer in an emergency.

Emergency Contact: _____ Home Phone: _____ Cell: _____

Primary Doctor: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Medical Insurance Carrier: _____ *Include copy of cards

CONTACT RESPONSIBLE FOR DROP-OFF AND PICK-UP OF VACATIONER:

Name: _____ Home Phone: _____ Cell: _____

Behaviors

Note: Severe undocumented behaviors can result in vacationer being sent home early without refund of fees. Assaultive or destructive behaviors or refusal to cooperate with ATCV Staff will not be accepted. See **Policies and Protocol** section.

I, _____, have read and understand the **Policies and Protocol** section of the application information.

SIGNATURE: X _____ **Title:** _____ **Date:** _____

List behaviors and describe antecedents, frequency, and severity of behaviors and how they are handled (use attachment if necessary):

_____ Updated 2/13/14

Vacationer's Name: _____

Medications

See Medications Form

Special Needs

*This information will assist staff in meeting the needs of your vacationer. Please tell us as much as possible.

Is assistance needed in hygiene? Describe: _____
Does the water temperature need to be regulated for showering? _____
Do they need help dressing? _____
Toilet trained? _____ Assist needed? _____ Describe: _____
Does applicant wet the bed? _____ Need to be taken to the bathroom at night? _____
Does applicant wear Depends/diapers? _____ At all times? _____ Only at bed? _____
Does Applicant indicate bathroom needs? _____ Explain: _____
Describe special eating needs (cut up food, special diet, etc.): _____
Difficulty swallowing or choking? _____ Describe helps: _____
Will Applicant expect menstrual period while on vacation? _____ Describe assistance/problems: _____

Medical/Physical Information

Is Applicant taking medications? No _____ Yes _____ List medications on *Medications Form*.
Does Applicant have a history of seizures? _____ Date of last seizure: _____ Describe: _____

Food likes: _____ Food dislikes: _____
Is applicant on a special diet? _____ Describe/Purpose: _____

Describe all physical limitations/handicaps/developmental disabilities/weight problems: _____

Uses wheelchair? _____ Manual? _____ Electric? _____ Collapsible? _____ Can transfer weight? _____
Uses walker? _____ If yes, please read "Other Protocols" section of *Policies and Protocols* form. *Needs a rental wheelchair? _____
Does Applicant have trouble sleeping? _____ Awake during the night? _____
Describe night-time behaviors: _____
Does Applicant wear dentures? _____ Have orthodontic brace? _____
Is applicant blind? _____ Deaf? _____ Wear hearing aids? _____ Do they bring them on vacation? _____
Any communication problems? _____ Describe: _____
Use sign language? _____ Describe: _____
Wear orthopedic equipment? _____ Describe: _____
Does Applicant have heart condition? _____ Explain: _____

IMPORTANT: I have read and understand the POLICY AND PROTOCOL section for A TOUCH OF COUNTRY VACATIONS, INC.

X _____

Signature of Applicant/Care Provider or Conservator

Title

Date

A Touch of Country Vacations, Inc.

Medications Form

_____ Session _____
Vacationer Name (Please Print)

Instructions:

1. "Medication" – List name of medication as it appears on label and the reason for it.
2. Under "Dose" list dosage as indicated on label.
3. Check [V] time of day (A.M., P.M., etc.) dosage is to be administered (**indicate specific time only if doctor requires**)

Medication / Purpose	Dose	AM	Lunch	PM	Bed
PRNs for Behaviors/Pain/Etc. _____					

ADDITIONAL INFORMATION:

List any information that will assist A Touch of Country Vacations, Inc. to aid vacationer with personal needs:
(Possible medications administration problems – suggestions, prosthetics, topical medications, etc.): _____

MEDICATIONS CHART [ATCV staff only]

Staff administering medication will place initials in space each time dosage is given.

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
AM							
Lunch							
PM							
Bed/HS							

Staff Initials: 1. _____ Staff Signature: _____
Staff Initials: 2. _____ Staff Signature: _____
Staff Initials: 3. _____ Staff Signature: _____

A Touch of Country Vacations, Inc.

Releases and Consents Form

Vacationer's Name: _____

Acceptance of Terms of Vacation Fees/Refund Policy

Vacationer or Conservator, if appropriate, agrees to the stated fees for the confirmed session and guarantees full payment for same. Fees will either be paid in advance of the session or by agreement with the Directors of **A Touch of Country Vacations** for an alternative method of payment.

Once the vacation has started, if the vacationer decides to leave or is sent home due to behavioral or medical reasons, all fees will be retained by A Touch Of Country Vacations, Inc.

If ATCV, Inc. cannot accept vacationer or cancels the session you are requesting, all fees will be returned by ATCV to vacationer or may be applied to another session if you wish. **If Session is cancelled in advance by vacationer or their designee:**

75% of fee (less deposit) will be returned if cancellation is within 6 weeks prior to start of session.

50% of fee (less deposit) will be returned if cancellation is within 5 weeks prior to start of session.

25% of fee (less deposit) will be returned if cancellation is within 4 weeks prior to start of session.

No fees will be returned if cancellation if cancellation is less than 2 weeks prior to start of session.

***I have reviewed and understand the Fees and Refund Policy, of A Touch of Country Vacations, Inc.**

SIGNATURE: X _____ **Date:** _____
Vacationer/Conservator

*Signature of Witness: X _____

Photo Release

I authorize the use of likeness, voice, and words of this vacationer while on vacation for the purpose of advertising or communicating the purposes and activities of A Touch of Country Vacations, Inc. and to send home with vacationers. I understand the above will be used with discretion and no photos will be taken of an inappropriate nature or when privacy would normally be expected.

I have reviewed and understand and accept the terms of A Touch of Country Vacations, Inc. advertising policy.

Signature: X _____ ***Witness:** _____

Authorization To Release Information and Administer Emergency Medical Treatment

I, _____, authorize any representative/employee
(Name of Responsible Party)

of A Touch of Country Vacations, Inc. to release the following specific information and/or documentation and to administer emergency First Aid/CPR, and for any emergency center/hospital to provide emergency dental or medical care prescribed by a physician (M.D.), osteopath (D.O.) or dentist and the dispensing of specifically prescribed medication by A Touch of Country Vacations, Inc. staff.

For: _____
(Vacationer's full name)

This information is required to facilitate medical treatment in the event of an emergency and also to reimburse the treating person/organization for same. This authorization is to remain valid from _____ through _____ or from one year from today's date, whichever is shorter. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of the person named above.

Signature of Responsible Party: X _____

Relationship to Vacationer: _____ Date: _____

Vacationer/Conservator: _____ Date: _____

Witness: X _____ Date: _____ Updated 2/13/24

*Signature of witness required if vacationer used "mark" or cannot sign full name.

A Touch of Country Vacations, Inc.

RELEASE & LIABILITY WAIVER

A Touch of Country Vacations, Inc. makes every attempt to maximize safety for our guests. The application process is comprehensive, not for the purposes of exclusion, but to clarify and enhance the self-help needs and health issues of vacationers. Activities are designed to accommodate the limitations of each person. Notwithstanding, there are potential risks involved with any exposure to new environments. The following is a standard waiver typically used by vacation services.

As a non-conserved adult or guardian/conservator of an adult participant in **A Touch of Country Vacations, Inc.**, I am fully aware of the hazards involved in exposing vacationers to new activities and new people.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns to:

Or; I, the undersigned, do hereby represent that I am, in fact, acting in such capacity and agree on behalf of the vacationer and his/her executors, administrators, heirs, next of kin, successors, and assigns to:

A. waive, release and discharge A Touch Of Country Vacations, Inc., its officers, agents, employees and volunteers from any and all damages, claims, demands, losses or causes of action of any and every kind, including for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me and/or my estate, arising out of or relating to any vacation activity or occurrences;

B. indemnify and hold harmless A Touch Of Country Vacations, Inc., its officers, agents, employees and volunteers from and against any and all liabilities, damages, claims, demands, losses, or causes of action made by other individuals or entities as a result of my involvement in or actions during the vacation; and

C. assume full responsibility for the risk of bodily injury, death, disability or property damage arising out of or related to the above-described activities.

I, the undersigned participant, voluntarily sign this agreement, acknowledge that I have read and understand the above release, waiver and indemnification, and intend my signature below to be a complete and unconditional release of all liability to the most liberal and most inclusive extent allowed by the law of the State of California.

My signature below also confirms that if I failed to understand anything in this document, I have sought and received and explanation of its meaning and significance to my complete satisfaction.

For Session Dates: _____ through _____

Signature: X _____ **Date:** _____

Vacationer's Name: _____

*Signature of Witness: X _____ **Date:** _____

***Signature of witness required if vacationer uses "mark" or cannot sign full name**

(OR IF CONSERVED)

Signature of Parent/Guardian/Conservator: X _____ **Date:** _____

Name: _____ Relationship: _____
(Print)

Send this form along with other information, consent and waiver forms.

A Touch of Country Vacations, Inc.

POLICIES AND PROTOCOL

*Please Read Completely AND Keep for your Records

Note: A minimum number of vacationers are required per session. If a session is not filled it will be cancelled and an alternative session of your choosing will be offered.

Vacation Exclusion Policy

A Touch of Country Vacations, Inc. is unable to accommodate the following:

Behaviors: (Please call us if you have questions about your vacationer's behaviors)

- ✓ Any aggressive/assaultive behaviors, smearing, stealing, running away, refusal to follow directions in regard to safety or health situations, property destruction (i.e. stuffing toilets), and sleeping disorders (awake at night).
- ✓ Smokers - Smoking will not be permitted due to secondary smoke and fire hazard.

Medical Issues:

- ✓ Positive for Hepatitis or Tuberculosis.

Note: Discretion must be exercised by care providers in sending clients who have serious behaviors/medical issues that must be treated or monitored by a health professional. ATCV staff is limited to First Aid/CPR only. Invasive procedures such as insulin injection, tracheal or colostomies are beyond our scope of care. Failure to disclose these conditions/behaviors will result in the vacationer being returned and fees retained by A Touch Of Country Vacations, Inc.

Please complete the following and mail back

- 1) Application with a recent photograph – picture will not be returned.
- 2) Personal Information Section
- 3) Send \$200.00 deposit (check or money order) to A Touch Of Country Vacations, Inc. (Does not apply to ELARC or Respite)
- 4) Medications Form (also copy of most recent physical and insurance card/s)
- 5) Releases and Consents/Liability Waiver Forms with needed signatures.

***Please be sure that all forms requiring signatures have been signed. The application will not be accepted without completed forms and proper signatures.**

Fees

Read the fee return policy on the Releases and Consents Form

The balance of the fees are due three weeks (or 15 working days) prior to the session. *The confirmation or denial will be mailed back by ATCV with either an acknowledgment of the depositor a return of the deposit with an explanation.*

Advanced Payment Plan (Quick trust spend down)

An advanced payment plan is available – make small or larger payments toward a future vacation.

Medications Protocol

Fill out enclosed Medication Form. This will be mailed back to us.

- 1) Please make sure all oral medications are bubble packed (a different bubble pack for each time of day) – “AM, Noon, PM, HS or Bedtime”). Birth control pills are an exception. Please call if bubble packs are a problem.
- 2) Upon departure for vacation, at pick-up points, responsible person will bring bubble packs and “other” meds to designated vacation staff. Indicate if meds regimen has been altered since Medication Form was originally submitted with Vacation Application. Changes will be noted.

Policies And Protocol continued...

Physical

Send copy of latest physical, signed by physician or qualified practitioner and COPIES of all insurance cards (MediCal, MediCare, etc.) with application.

Money Handling

A Touch of Country Vacations, Inc. will not be responsible for spending money vacationers carry on their person or in their luggage. Vacationers should bring their own money for gaming or miscellaneous purchases. If requested, our agency can assist with money securing, purchases, and retrieval of change and provide receipts.

Transportation Policy

Transportation will be managed by either sedan, van, bus, charter bus, or any appropriate vehicle, depending upon the size of the group and choice of vacation session.

A Touch of Country Vacation's responsibility for vacationer services begins when he/she is received at the transportation pick-up point and ends when vacationer is dropped off at the end of the session.

Vacationers will be provided a map and approximate times of the pick-ups. Exact pick-up times will be communicated closer to the session date. Vacationers must be on time for the pick-ups. Most sessions include several pick-up locations and times must be coordinated. Vacationers who are late may be left behind.

Other Protocols

Vacations are conducted in a retreat setting. **Sleeping accommodations** usually have two to several persons in a room, depending on the facilities used – a lot of flexibility is needed. Males and females are quartered separately at all times. There is no provision for sleeping arrangements for married couples. There are no exceptions.

Vacationers and staff are normally early risers and a 10:00 PM lights out policy will be observed during the vacation session so that sleepers are not disturbed.

Smoking is not permitted due to the problem of secondary smoke inhalation for our vacationers and fire hazard at some of our locations.

***For the comfort and safety of the vacationer who has difficulty walking, uses a walker, or gets easily tired after a short distance**, a wheelchair needs to be provided for outings. If one is not provided, ATCV can arrange for a wheelchair rental only at the outing locations where they are available (i.e. Sea World, SD Wild Animal Park, SD Zoo). ATCV needs to be notified in advance and the additional rental price will be added to the session cost. If a wheelchair is not provided, and not available, there is a chance that the vacationer will not be able to participate in the outing.

A TOUCH OF COUNTRY VACATIONS, INC. RETAINS THE RIGHT TO EXERCISE DISCRETION IN DETERMINING THE APPROPRIATENESS AND POSSIBLE EXCLUSION OF AN ACTIVITY BASED ON THE VACATIONER'S SUITABILITY (I.E. BEHAVIORS, MEDICAL ISSUES, AND SAFETY).

A Touch of Country Vacations, Inc.

Summary of Application Process/Meds Protocol

(Retain for your information)

Medication Instructions Review

Please make sure all **ORAL** meds are bubble packed (a different bubble pack for each time of day) - “AM, Noon, PM, HS”. Birth control pills are an exception. Please call if bubble packs are a problem.

Ground Transportation: Upon departure for vacation, at pick-up points, responsible person will bring bubble packs and other meds to designated vacation staff. Do not place medications in luggage. Indicate if meds regimen has been changed since meds form was originally submitted with application. Changes will be noted.

Summary of Vacation Application/Confirmation Process

STEP ONE: Fill out and send all paperwork at the same time:

- 1) Application, Medications Form, Releases and Consents Form, and Release and Liability Waiver
- 2) Current photo (will not be returned) or copy of ID picture
- 3) Copy of most recent physical
- 4) Copies of insurance cards (MediCare/MediCal/etc.)
- 5) \$200.00 deposit for each vacationer (Contact us for current ELARC policy/No deposit for Respite)
- 6) We provide billing invoices upon request

STEP TWO: You will be sent:

- 1) A Confirmation Notice (or phone call) acknowledging acceptance of vacationer, \$200.00 deposit, and a reminder of amount due, with date due.
- 2) If spot in vacation session is denied, you will be notified by mail/phone. Also the deposit of \$200.00 will be returned.
- 3) Note: Vacationer’s acceptance is based upon space and A Touch of Country Vacation’s ability to meet vacationer’s needs and health/safety issues.

STEP THREE: On the first day of vacation session:

- 1) Bring bubble packed meds, “other meds”, and updates of meds changes to ATCV staff at transportation pick-up point.
- 2) Pack what is recommended on Personal Checklist provided.
- 3) Make sure bag and all possessions are labeled with Vacationer’s name as appropriate.
- 4) For transportation, drop-off and pick-up points will be the same location.

A Touch of Country Vacations, Inc.

PERSONAL CHECKLIST

MAKE SURE ALL ITEMS ARE LABELED FOR IDENTIFICATION

(A Touch of Country Vacations, Inc. is not responsible for items lost, damaged, or stolen, including cameras, cell phones, cd players, walkmans, iPods, etc.)

Clothing

Jacket – Appropriate for the season

Shirts/Pants – Daily change

Underwear and socks – 1 pair for each day

Tennis or hiking shoes

Pajamas or nightgown

Soiled laundry bag with name (Trash bag is OK)

NO LARGE LUGGAGE PLEASE

Hygiene Items

NOTE: ATCV does not supply hygiene items or incontinent supplies.

Sunblock - VERY IMPORTANT!!!!

Incontinent Supplies

Sanitary Napkins

Toothpaste

Toothbrush

Comb/Brush

Soap

Shampoo

Deodorant

Shaving Cream

Razor *If vacationer does not shave independently, please send an electric razor. Otherwise, vacationer will return unshaven.

Medications

Bubble packs are preferred for oral meds. If that is not possible, please call for other arrangements.