



## **2017 Parent Handbook**

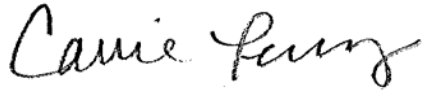
Camp Red Cedar's goal is to encourage children and adults with disabilities to move beyond their boundaries through recreational activities, outdoor education, creative arts and interaction with horses, in an integrated environment, serving people of all abilities.

Dear Parent/Guardian,

Thank you for the opportunity to be a part of your child's experience! For the past 25 years, Camp Red Cedar has given campers the experience of a lifetime – a place where they can be themselves and unplug. Camp Red Cedar is committed to creating a positive, educational, safe and fun atmosphere through patience, tolerance, and laughter to explore, play and grow. We agree to focus on each individual's strengths and commit to helping others be confident in their unique potential.

For more information, please feel free to check us out on Facebook or our website at [www.campredcedar.com](http://www.campredcedar.com). Also, please do not hesitate to call if you have any questions or concerns. We hope this information will assist you in preparing for your time at Camp Red Cedar.

Sincerely,



Carrie Perry, Director



Shelly Detcher, Program Manager

## HANDBOOK CONTENTS

### **FORMS TO RETURN TO CAMP: MUST BE RETURNED 2 WEEKS BEFORE CAMP BEGINS**

- Participant's Application and Health History
- Medication Administration Record
- Current picture
- (Juvenile Diabetes Campers Only)**
- Diabetes Medical Management Plan (Page 1)
- Diabetes Medical Management Plan (Page 2)
- Diabetes Medical Management Plan (Page 3)
- Insulin Pump Supplement Information (Page 1)
- Insulin Pump Supplement Information (Page 2)
- Diabetes Supplemental Information Form and Physician's Statement

#### **If applicable:**

- Equine Liability Release Form  
**(All Riders and Specialty Camps)**
- Rider's Medical History and Physician's Statement  
**(All Riders and Specialty Camps)**
- Health Care Plan
- Seizure Risk Plan/Dining Risk Plan
- Participant's Consent for Release of Information
- Skin Risk Plan
- Mobility/ADL's/Fall Risk Assessment
- Other Risk Plans
- ISP/PCP
- BSP

### **ARRIVAL AND DEPARTURE TIMES**

#### **Sign-In**

Camp Red Cedar requires that all children are to be properly signed in by an adult and turned over to staff personal before leaving. This helps ensure the safety of your child. Camp Red Cedar does not and will not assume responsibility for children that arrive before the start time.

#### **Early Pick-up**

If your child will be leaving early, please notify the office personal, in writing, on the morning of the designated day. The staff will have your child prepared to depart at your request time. Remember that you will still need to sign your child out.

#### **CHECK-IN - 8:00am**

- Located near the camp entrance, just past the parking lot.
- Confirm payment and accurate camper paperwork. Identify individuals who are able to pick up camper.
- Medication check in with the nurse (if applicable)
  - All medication (prescription and over-the-counter, including vitamins) must be brought to camp in their **ORIGINAL CONTAINERS**. Please bring adequate medication to cover your camp stay, leaving extra medication at home.
- Cabin and counselor assignments.
- Meet the counselor
  - Provide short review of the health history with Camp Counselor. Campers then go to their cabins where parents can talk with the counselor and help the camper set up their area. Once your camper is settled, they will join the group and camp will begin with fun and games!

## **CHECK-OUT**

Times vary for different camps, see schedule below.

- All campers must be signed out daily by parents/guardians or authorized adults with a picture ID
- Please note camper pick up times. Late fees will occur if camper is picked up late.
- Charges as follows: \$5.00 for first 15 minutes late; \$1.00/minute each minute after.
  - Quest Retreat (overnight) Friday, 1:00pm
  - Quest Day, Adventure, DSANI, and ACT 3:00pm Daily
  - Range Rider's, Juvenile Diabetes and Discovery Camp 4:00pm Daily

## **Parking**

Please remember to drive slowly and carefully. Park in spaces provided and utilize curbside drop-off/pick-up when weather is inclement.

## **FINANCES**

### **PAYMENT OPTIONS**

1. If you need to make additional payments, contact our registration manager, Shelley Johnson at (260)207-5678 or sjohnson@benchmarkhs.com
2. To pay by check: please make check payable to  
**Camp Red Cedar C/O Shelley Johnson**  
**8515 Bluffton Road, Fort Wayne, IN 46809**
3. Please contact us if you would like to set up a payment plan.

### **Final payment is due two weeks prior to your camp session.**

Payments received after the two week deadline will be assessed a \$5 late fee. All returned checks will be charged \$20.

### **Transfer Policy**

Camper transfers from one session to another or from one program to another will only be made if space is available. Transfer requests must be submitted in writing to the director.

### **Waiting List**

In the event that a camp or riding session fills prior to your registration, we may place your child on our waiting list. You will be contacted if a spot becomes available.

### **Age Exceptions**

Camps must be the age indicated in the camp brochure by the first day of camp. There will be no age exceptions. Camps are designed with curriculum and programming for campers of a certain age.

### **Pro-rating Camps**

We believe that a true camp experience is a week-long experience. For this reason, we do not pro-rate camps.

### **Tax Information for Camp Red Cedar**

Tax ID: 35-1049596 Camp Red Cedar is a non-for-profit 501 C3 organization

## **CANCELLATIONS**

If you must cancel your attendance, please contact the camp office immediately. Full refunds are given for certified medical reasons only. Late arrivals/early departures and campers sent home for disciplinary reasons receive NO refunds. The \$75 registration fee per week is non-refundable. If you develop a schedule conflict, you may change your session attendance with no penalty, as long as space is available.

## **CAMPER COMMUNICATION**

### **VISITORS, TELEPHONE CALLS, AND HOMESICKNESS POLICIES**

We ask that parents and/or friends do not visit or call campers during the camping session as campers are busy playing, developing independence, and being kids. Campers are not permitted to have cell phones at camp. This policy helps reduce homesickness and results in an improved program. Please feel free to call the camp office and speak with the Director or Program Manager for any extenuating or family situations. We post camper pictures on our Facebook page weekly, giving parents the opportunity to see our wide variety of camp activities. You might even see your child in one of the pictures!

### **STAY CONNECTED TO YOUR CAMPER**

Facebook has become a valuable tool in allowing you to stay connected to your child while at camp. Pictures, videos, updates and blogs will be posted weekly. All updates can be found at [facebook.com/CampRedCedar](https://facebook.com/CampRedCedar). A Facebook account is not required to view the pictures. Be sure to tag your photos so you can share them with your camper when they arrive home.

## **HEALTH & WELLBEING INFORMATION**

In case of illness or accident, campers are cared for by camp staff with direction from a medical nurse, if needed. Parents are contacted when there are any important medical concerns. In case of an emergency, campers are taken to Parkview Regional or DuPont Hospital. Camp Red Cedar is compliant with HIPPA (Health Insurance Portability and Accountability Act). No one will be given copies of your plans or reports without your permission.

Camp Red Cedar is a no smoking facility.

## GENERAL INFORMATION

### NON-DISCRIMINATION POLICY

It is the policy of Benchmark Human Services/ Camp Red Cedar to provide employment, training, and other services to individuals without regard to race, color, sex, religion, national origin, age, and/or mental or physical disabilities.

### PACKING LIST

The following are some items you will want to pack for camp to help ensure your enjoyment and safety

#### Daily Backpack (All Camps):

Lunch  
Additional Lunch if staying Thursday  
Medication for the week (first day)  
Jacket  
Change of clothes  
Any necessary personal items or undergarments  
Swimming suit  
Beach towel  
Sandals or flip-flops for the beach  
Sunscreen  
A hat to keep sun off face  
Any special eating utensils  
Any supplements or special snacks if required  
Money for snacks and souvenirs  
Needed briefs  
Any adaptive eating utensil

#### Overnight Camper (Quest Retreat Only):

Sleeping bag or bed roll  
Pillow and pillowcase  
Flashlight  
Towels and washcloths  
Change of clothes  
Underwear/briefs  
Sweatshirts  
Socks  
Boots or tennis shoes for riding  
Pajamas  
Shower items (shampoo, soap)  
Toothbrush and paste  
Deodorant  
Other hygiene supplies  
Water bottle  
Bug spray with deet  
Camera

### PERSONAL CONDUCT & DRESS

Campers are responsible for their behavior while at camp. If a camper's behavior causes undue risk for the safety and/or well-being of themselves or others, we will contact the parent/guardian and the child will be required to leave camp. Additional cause for immediate dismissal can include, but is not limited to: continual behavior disruptions, possession of alcohol, tobacco, drugs or firearms.

Campers dismissed because of inappropriate conduct are not eligible for any refund of fees. In striving to provide an environment of caring, honesty, respect, and responsibility, campers wearing clothing and/or bringing equipment with inappropriate messages and/or are deemed overly revealing (including bathing suits) will be asked to change their clothing/cover up.

## **LOST ITEMS**

As campers get involved in activities, they tend to leave clothing and other belongings around camp. Every attempt is made to return lost items while your camper is at camp. Camp Red Cedar is not responsible for the loss or breakage of clothing and equipment, and we encourage you to only bring items that would not upset the family if lost. Please include the last name (not initials) on all clothing, equipment, bedding (sleeping bag) and baggage. This includes water bottles and cameras. This is especially important with all overnight campers. Take time to check for lost items before you leave camp. If you notice something is missing after returning home, please call the office immediately. If you find some items that do not belong to your child, please return them to camp the following day. Unclaimed items are distributed to local charities.

## **HORSEBACK RIDING**

Participants enrolled in traditional lessons, therapeutic lessons, specialty camps, Quest Retreat and Range Rider camp are scheduled for riding times with the horses. It is required to complete all paperwork annually, including the Equine Liability Release Form, Rider's Medical History and Physician's Statement with a Doctor's signature, for the individual to be able to participate in horseback riding.

## **CAMP STORE PRICES** (fees are subject to change)

Camp T-shirt \$12  
Souvenirs \$.50-\$5 (pencils, backpacks, water bottles, etc.)  
Sweatshirts \$30  
Snacks \$1/item (candy bars, sour candy... etc.)

Each camper will receive a free 8" x 10" group picture at the end of the week. Additional pictures will be available, if interested.

## **SHOWDEO – FAMILY FUN NIGHT**

Don't miss Showdeo, our family fun night at Camp Red Cedar. All campers, riders, and their families are invited to attend. Families participate in a variety of exciting activities with their camper including boat rides, hayrides, making s'mores by the campfire, walking the trails, arts and crafts and more! All Range Riders campers are invited to demonstrate to their family and friends, the riding skills they learned at camp. This is a great opportunity for parents to experience and see first-hand, all of the fun their campers enjoyed at Camp Red Cedar. Open to the public.

## **CAMPERS WITH SPECIAL DIETARY, EMOTIONAL, COGNITIVE OR PHYSICAL NEEDS**

If your camper has any special dietary, emotional, cognitive, or physical needs or has difficulty in a mainstream situation, please contact the camp office. We are able to accommodate campers with a wide variety of needs when we are made aware of the needs and have adequate time to insure that we can place the proper staff with the individual. Counselors are told about camper situations on a "need to know" basis. Please arrange a meeting and/or tour of the camp with the program manager to ensure that the needs of the participant do not exceed our training and capabilities. Your full disclosure of abilities is much appreciated.

Annually, we require each camper to submit updated paperwork and have an accurate health history on file. Doctor's signature is required only if the camper is participating in horseback riding activities. All paperwork and balance of fees are due a minimum of 2 weeks before camp begins.

## **ASSESSING SERVICES WITH BENCHMARK HUMAN SERVICES/CAMP RED CEDAR THROUGH WAIVER**

If you are interested in any Benchmark program(s) that you are not in right now, contact your case manager or Benchmark staff to see if you are eligible to enroll. Your case manager or Benchmark staff can also help you look into receiving services from other programs in the community. In Indiana you can apply for any Benchmark program through the Bureau of Developmental Disabilities Services (BDDS), Vocational Rehabilitation (VR) or Area Agency on Aging (AAA). Each program has its own guidelines. Your application will be reviewed to see if you meet these guidelines.

## **RECREATIONAL THERAPY**

Recreation Therapy uses structured activities in dynamic settings that unlock your potential for greater physical, mental and emotional well being. Activities designed to enhance your skills and abilities will get you up and moving, doing new and exciting things. Typical services are offered in the community and at Camp Red Cedar.

## **RIGHTS AND RESPONSIBILITIES OF PERSONS RECEIVING SERVICES**

Individuals receiving services at Benchmark Human Services/Camp Red Cedar are encouraged and assisted in recognizing and exercising their rights, as well as in honoring their responsibilities.

Individuals served have the right to:

1. Be informed of their rights in writing or in a manner that they can understand.
2. Exercise their constitutional, statutory and civil rights, including the right to vote, unless limited by adjudication or finding of mental incompetence in a guardianship or other civil proceeding.
3. Advocate for themselves or designate someone else to advocate for them.
4. Receive services in a safe, secure and supportive environment.
5. Receive humane care and protection from harm.
6. Direct the people centered planning process to the maximum extent possible and choose individuals to participate in the process.
7. Participate in planning their services, know the effects of receiving and not receiving such services, and be informed of the alternative choices of services or habilitation programs.
8. Receive services, as authorized in their individualized support plan that are meaningful and appropriate, in accordance with standards of professional practice, guidelines and budgetary constraints.
9. Choose any qualified, approved provider and case manager to deliver their services.
10. Evaluate the services they receive.
11. Request an update to the individual plan at any time.
12. Refuse to receive services if they are an emancipated adult however, certain programs require that individuals receive services to remain eligible for that program.
13. Petition the committing court for consideration of services if they are being involuntarily committed.
14. Not participate in experimental research or treatment without their informed, voluntary written consent. They have the right to withdraw consent at any time.
15. Have their records treated confidentially, and give written consent before any information from the record may be released to someone not otherwise authorized by law to receive them.
16. Inspect and copy their records at their expense.



17. Be treated with consideration, dignity and respect, free from mental, verbal, emotional and physical abuse, neglect, maltreatment, exploitation and retaliation.
18. Be free from discrimination in the provision of services on the basis of age, race, color, sex, religious creed, national origin, ancestry, disability, sexual orientation, political affiliation, language, and socioeconomic status.
19. Have the opportunity to participate in social, religious and community activities as desired.
20. Contact & consult privately with an attorney of their choice, at their expense.
21. Consult with a doctor of their choice, at their expense.
22. Be free from seclusion, chemical and physical restraint, unless necessary to prevent danger of abuse or injury to themselves or others.
23. To be free of interference and coercion.
24. Be free from corporal punishment including but not limited to the application of painful or noxious stimuli, forced physical activity, hitting, pinching, and electric shock.
25. File a grievance and have access to an internal appeal if they feel a right has been violated, without reprisal, following the written procedure of the provider (see Benchmark Grievance Procedure for specific instructions).
  - If the complaint involves a clinical treatment matter or decision, contact the primary therapist or case manager.
  - If the complaint involves a matter or decision made by another service provider, contact the provider – the supervisor, program director, and administrator.
  - A decision regarding the grievance is made within ten (10) days of filing the grievance.
  - Appeal decisions made by a State agency, if they disagree with the decision.
26. Exercise their “conditional right,” which can only be restricted under these conditions:
  - In the circumstances and according to the procedures established by rules of the appropriate division.
  - On an individual basis, only for good cause as set forth in the individual treatment record and approved by them or their legal guardian.
27. Under their conditional rights, and based upon their Individualized Service Plan, they have the right to:
  - Wear their own clothes.
  - Keep and use personal possessions.
  - Keep and be allowed to spend reasonable amounts of their money.
  - Have access to individual storage space for their private use.
  - Have a reasonable means of communication with persons outside their home.
  - Be visited at reasonable times.
  - Converse privately with others.
  - Receive and send mail – unopened.
  - Place and receive telephone calls at their expense.
  - Come and go at any time.
  - Eat whenever they choose.
  - Decorate your own room.
  - Choose roommate(s) and options regarding where to live and receive services.
  - Participate in meaningful non-work activities in an integrated setting.
  - Be free from a requirement to work for the service provider or others without pay or special minimum wage rate, except for commonly required personal housekeeping, volunteer work (if desired by the individual) in the community or in a sheltered workshop if Benchmark or outside workshop has a certificate from the United States Department of Labor authorizing the employment of workers with a disability at a special minimum wage rate.

28. An accounting of how the payee is spending their money. The payee is required by law to spend the check for their needs. Their funds will not be misappropriated
29. Expect their services to have a reasonable chance to improve their life.
30. An obligation to follow the rules of their service area and to carry out their responsibilities as agreed in the Individualized Support Plan (ISP).
31. Be free from any practice that denies them sleep, shelter, food, drink, physical movement for long periods of time, medical care/treatment, or use of the bathroom unless a physician's order is in place.
32. On a regular basis, as specified in my ISP, be informed on my medical condition, developmental status, behavioral status and right to refuse treatment.
33. File an initial complaint/grievance with an outside agency such as but not limited to Indiana Protection and Advocacy Services (IPAS) 1-800-622-4845.

### **INDIVIDUAL RIGHTS GRIEVANCE PROCEDURE**

The following procedures ensure that individuals receiving services are able to exercise their right to file grievance/rights and have access to an internal appeal if they feel their rights have been violated.

1. To file a formal complaint, grievance/right or appeal the person served must complete the Benchmark Grievance Form and submit it to his or her program coordinator or Q.I.D.P. Any individual who, without false intent, reports a grievance will be free of any form of retaliation.
2. The program coordinator or Q.I.D.P. must address the formal complaint, grievance or appeal in writing within ten (10) working days and arrange to meet with the person served to review it. The program coordinator or Q.I.D.P. will copy his or her director, the appropriate vice president, and the Human Rights Committee on all correspondence.
3. If an individual receiving services is not satisfied with the response he/she receives, he/she may file an appeal using the Benchmark Grievance Form. The appeal should be submitted to the appropriate program director. The program director must address the appeal in writing within ten (10) working days and arrange to meet with the person served, and all personnel deemed appropriate, at which time he/she will present their written response verbally. The program director will copy the program coordinator or Q.I.D.P., the appropriate vice president, and the Human Rights Committee on all correspondence.
4. If an individual is still not satisfied, he/she may file a formal appeal with the Human Rights Committee. The Committee shall have ten (10) working days to review the appeal and provide a written response detailing their decision.

At any point in this process, you may contact the following:

Indiana Protection and Advocacy Commission (IPAS) at 1-800-622-4845 or your local Bureau of Developmental Disability Services or local Aging and In Home Services.



Statement of Understanding  
(Reviewed annually)

I received a copy of the Rider Manual about CRC/Benchmark Human Services on

\_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

This handbook contains information about:

- Arrival and Pick-up Times
- Finances
- General Information
- Camper Needs
- Packing List
- Non-Discrimination
- No Smoking Facility
- Confidentiality/HIPAA
- Grievance procedure
- Other services
- Rights and responsibilities

I agree to follow the program guidelines:

Please check one of the following:

\_\_\_\_ I have read and understand the handbook.

\_\_\_\_ I had the contents of the handbook explained to me in my usual mode of communication,

which is \_\_\_\_\_ by \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(Please detach and place in individual's file.)

## **NEED MORE INFORMATION?**

Visit [www.CampRedCedar.com](http://www.CampRedCedar.com) for FAQs and all the exciting news about riding and summer camps!

Carrie Perry, Director: [cperry@CampRedCedar.com](mailto:cperry@CampRedCedar.com)  
Shelly Detcher, Program Manager: [sdetcher@CampRedCedar.com](mailto:sdetcher@CampRedCedar.com)  
Shelley Johnson, Registrar: [sjohnson@BenchmarkHS.com](mailto:sjohnson@BenchmarkHS.com)

### **Camp Red Cedar:**

3900 Hursh Road, Fort Wayne, IN 46845

Phone: (260)637-3608

Fax: (260)637-5483

### **Directions:**

Located at 3900 Hursh Road in Fort Wayne, between Old Auburn Road and Tonkel Road and less than 5 miles from I-69, Union Chapel Road, exit 317.

