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Photo  
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## Traveler Application

Traveler's Name:	Date of Birth:		
Address 1:			
Address 2:	Home Tel.:	Cellular:	
City:	State:	Zip:	Work Tel: Ext.
Mother's Name:	Other Numbers:		
Father's Name:			
Alternate Address:			
City:	State:	Zip:	

SAVE THIS DOCUMENT TO YOUR HARD DRIVE. This is an editable document. Use the TAB key to go between fields/questions. Use your mouse to check yes and no questions. Then, SAVE the document and email to : [scott@frontiertravelcamp.com](mailto:scott@frontiertravelcamp.com). Please attach a digital photo of the traveler along with this application.

Important: Please answer the following questions to the best of your ability with complete honesty with regard to your answers. Remember, this is a program for those with special needs. We need to know about strengths and weaknesses to better service your traveler's needs. Therefore, answering questions honestly and fully will contribute to a successful summer experience for all.

This questionnaire is tailored toward gaining a better of understanding of the potential traveler's level of functioning in the areas of socialization, independence, and over all level of functioning. A more detailed medical evaluation will be required to be completed once your traveler has been accepted in to our program.

### Subjects Covered in this Application are:

1. Independence
2. Psychological/Behavioral
3. Communication Skills
4. Socialization

Note: All information supplied in this application is strictly confidential and protected by Frontier Travel Camp, Inc. This information WILL NOT be shared to anyone outside of Frontier Travel Camp, Inc. staff, GUARANTEED!

You may return this application by mail to: Frontier Travel Camp, Inc.  
1000 Quayside Terrace #904  
Miami Shores, FL 33138

Independence:

1. Where does traveler live: Parents \_\_\_ School Setting \_\_\_ Group Home \_\_\_ Independently \_\_\_
2. Is traveler presently employed? Yes\_\_\_ No\_\_\_ If so, please describe current position and job responsibilities:

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3. Please list any other work experience with duration of employment: \_\_\_\_\_

4. How did these work experiences end? \_\_\_\_\_

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5. Does traveler drive a car? Yes\_\_\_ No\_\_\_

6. Does traveler use public transportation independently? Yes\_\_\_ No\_\_\_.

7. Has traveler ever traveled before without family? Yes\_\_\_ No\_\_\_ . If so, please explain: \_\_\_\_\_

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8. Please share any additional information you would like us to know about this subject matter: \_\_\_\_\_

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Psychological/Behavioral:

1. Last clinical Diagnosis given by a practicing physician: \_\_\_\_\_

2. Any other past Diagnoses given: \_\_\_\_\_

3. Hospitalizations due to non-medical reasons? Yes\_\_\_ No\_\_\_ .

If so, please explain with dates, duration, location, and reason for hospitalization:

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4. Has traveler had any history of depression? Yes\_\_\_ No\_\_\_ If so, please explain:

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5. Any history of suicidal ideation? Yes\_\_\_ No\_\_\_ If so, please explain how long ago, nature of attempt, etc.:

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6. Any history of physical, emotional, and/or sexual abuse? Yes\_\_\_ No\_\_\_ . If so, please explain in more detail:

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7. Would you consider your traveler to be sexually active? Yes\_\_\_ No\_\_\_

8. Does your traveler exhibit sexually provocative behavior? Yes\_\_\_ No\_\_\_ If so, please explain:

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9. Is there any reason to believe that he/she would attempt to initiate sexual behavior with a roommate and/or traveling companion? If so, please explain your thoughts:

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10. Does your traveler have temper tantrums? Yes\_\_\_ No\_\_\_ If so, please explain their duration, severity, and frequency. Also include specific methods that help to bring an end to these tantrums:

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11. Does your traveler have any history of fighting with peers? Yes\_\_\_ No\_\_\_ If so, please explain:

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12. Does he/she exhibit aggressive/confrontational behavior (i.e. bullying, antagonizing, name calling, etc.)? Please explain your answer: \_\_\_\_\_

13. Does the traveler smoke? Yes\_\_\_ No\_\_\_ Use illegal substances/drugs? Yes\_\_\_ No\_\_\_.

14. Is traveler capable of taking care of all basic hygiene needs (i.e. bathing, washing, brushing, etc.)? Yes\_\_\_ No\_\_\_ If not, please explain, specifically, what assistance is needed: \_\_\_\_\_

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15. Please let us know anything related to this subject that we did not ask: \_\_\_\_\_

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### Communication Skills

1. Is traveler capable of using words to let needs be known (i.e. ailments, expressions of feelings, dietary needs, etc.)?

Yes\_\_\_ No\_\_\_ Please describe, in detail, any specific needs: \_\_\_\_\_

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If you answered no, please describe anything that may help us to identify difficulties? \_\_\_\_\_

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2. Please supply any advice on what works for your traveler in dealing with the above issue: \_\_\_\_\_

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3. Is there any apparent speech deficit? If so, please explain: \_\_\_\_\_

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4. Is traveler capable of making purchases and/or ordering food unassisted? Yes\_\_\_ No\_\_\_.

5. Please let us know anything that we did not ask that you feel is pertinent related to the area of Communication:

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Socialization:

1. What kinds of social outlets, if any, does your traveler have? Please include frequency and duration?

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2. Please describe any social difficulties that your traveler may have. Please be as specific as possible: \_\_\_\_\_

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3. Please list any behaviors that you would deem inappropriate which Frontier staff may need to be prepared for?

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4. Is there anything that you can tell us that may make your traveler more comfortable during the first few days of the tour (i.e. words that typically cheer-up traveler, photos of family, television shows, music, etc.)? \_\_\_\_\_

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5. Please let us know anything we did not cover in the area of socialization that you would like to elaborate on:

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Please send this completed Application to:

Frontier Travel Camp, Inc.  
1000 Quayside Terrace #904  
Miami Shores, FL 33138