



Rancher APPLICATION

- What?** Ranch Respite Weekend
Who? Adults 18 years old and older with intellectual disabilities
Where? Beautiful Abilities Ranch at Lone Pecan in Edge, On 60 beautiful acres, 20 miles east of Bryan/College Station
When? See schedule
Why? To get away and have fun, Fun, FUN!!
How much? \$ 150 Full Weekend / \$50 Day Respite (Saturday ONLY) 8am-8pm OR HCS/TXHL Respite
 Reserve spot with \$25 non refundable deposit. If HCS/TXHL deposit will be refunded at sign in or you can donate.
Check in: Saturdays at 9:00 am. Ranchers check-in begin promptly at 8:00 am. Transport from Integration Station.
Check out: Sundays at 12:00 am (noon) - 1pm (return to Integration Station) or pick up at ranch by 12.
 A \$15.00 per hour fee will be charged for late pick up for any campers picked up after 1:00 pm.
Application: If you are not currently served by Beautiful Abilities, Please fill out the attached forms. A deposit of \$ 25 per session is required with the application. The deposit will apply to the \$150 camp fee. If application is not accepted for any reason or the camp is canceled, you will be notified and the deposit will be refunded . The remaining balance is due on or before check in unless a payment plan is approved prior to camp.
Refunds: Application is considered complete only if signed in ALL places signatures are requested.

Ranch Respite is a residential ranch experience designed for persons 18 years of age and older who 1) have intellectual disabilities, 2) are emotionally and physically well, and 3) whose behavior is within acceptable guidelines. If behaviors listed below occur with sufficient frequency to disrupt the normal functioning of Ranch Respite, they may result in a rancher's dismissal and no refund of fees will be granted. Such behaviors include but are not limited to:

- | | | |
|-----------------------------|---------------------------------|----------------------------------|
| Wandering, running away | Fighting | Foul language, cursing |
| Refusal or inability to eat | Self-injurious behavior | Extreme hypochondria |
| Throwing objects | Refusal or inability to sleep | Incontinence of bowel or bladder |
| Emotional outbursts | Willful destruction of property | Inability to adjust to Camp life |
| Biting, scratching, kicking | Tantrums | |

PLEASE NOTE:

- 1) Ranch Respite does not accept ranchers requiring one-on-one supervision and ranchers requiring such supervision will be dismissed.
- 2) Ranchers with controlled seizure disorders, cerebral palsy, autism spectrum disorders and other physical disabilities will be individually evaluated for admission.
- 3) Medical conditions and equipment which Ranch Respite may not be able to accommodate include G-tubes, feeding pumps, and baclofen pumps.
- 4) Smoking is not allowed at Ranch Respite and no accommodations are made for smokers. If a prospective Rancher cannot comfortably go one week (seven full days) without smoking, then he or she should not apply.

Beautiful Abilities CANNOT ACCEPT FAXED APPLICATIONS OR E-MAIL ATTACHMENTS without deposit on file or credit card information on application.

Please mail application with deposit to:
Beautiful Abilities
Attn: BAR Respite
4100 E. 29th St.
Bryan, TX 77802

Beautiful Abilities Ranch (BAR) Rancher APPLICATION

I affirm by signature below that my Rancher for whom this application is made meets the health and behavior guidelines described on the cover page. If misrepresentation is made as to my rancher's health or behavior, or if my Rancher becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from Ranch Respite. I understand that if my Rancher is dismissed due to health or behavior considerations, it is my sole responsibility to pick up my Rancher on the day I am notified and that no refund will be made for the session from which my Rancher is being removed. I further understand that after event starts there are no refunds.

Attach
Photo
Here
(Required)

Parent/Legal Guardian Signature _____

Date _____

Rancher INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Primary Diagnosis/Disability _____

Date of Birth _____ Age at Camp _____ Height _____ Weight _____

Gender: Male Female Adult Shirt Size S M L XL XXL XXXL

PARENT/GUARDIAN INFORMATION

Name _____ Relation to Rancher _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #1 (THIS PERSON MUST BE AVAILABLE DURING the Event)

Same as Parent/Guardian Information? Yes No (If no, please complete the information below)

Name _____ Relation to Rancher _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #2 (THIS PERSON MUST BE AVAILABLE DURING the Event)

Name _____ Relation to Rancher _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

SESSION INFORMATION

(Please fill in date of all respite sessions you wish your camper to attend. See schedule)

Day Respite Session Date _____

Residential Rancher APPLICATION

Rancher INFORMATION (CONTINUED - If served by Beautiful Abilities, skip and complete pg. 5 & 6)

Name of Rancher _____
Has Rancher attended Ranch Camp? Yes No Has Rancher attended a residential camp? Yes No
Social Security Number _____ Date of Last Physical Exam _____
Insurance Carrier _____ Group Number _____
Member Name _____

My Rancher does NOT have insurance
If Down Syndrome, stable for atlanto-axial subluxation (AAS)? Yes No
Most recent cervical x-ray for AAS _____
Physician _____ Phone _____

IMMUNIZATION

Proof of immunizations required for campers 16 and under.
Dates of illness or Immunization: _____ Measles ('red') _____ Rubella ('German')
_____ Diphtheria/pertussis/Tetanus _____ Hib Virus _____ Chicken Pox
_____ Other (specify): _____

PERMISSION TO GIVE OVER-THE-COUNTER MEDICATIONS (OTC) ON AS NEEDED BASIS

Please initial each medication or its generic equivalent that may be administered to your Rancher. Write "NO" beside any medications you do not wish administered to your Rancher. NOTE: You must have a doctor's written orders for any OTC medications to be administered on a regular, scheduled basis to your Rancher.

_____ Bendaryl (allergies)	_____ Midol
_____ Cortaid (skin cream)	_____ Pamprin
_____ Emetrol (nausea)	_____ Pepto Bismol (upset stomach)
_____ Ibuprofen (pain, fever)	_____ Robitusson (cough)
_____ Immodium (diarrhea)	_____ Sudafed (congestion)
_____ Lanacane (skin itch, pain)	_____ Tylenol (pain, fever)
_____ Laxatives (constipation)	_____ Tylenol PM (congestion & pain)
_____ Maalox (heartburn)	
_____ Other: _____	

PLEASE READ & SIGN

Permission to Obtain Medical Treatment: I give my consent by signature below for medical treatment to be obtained for my self/child/ward by a representative of Beautiful Abilities in the event I (or my designee) am unable to be reached.

Agreement to Pay for Medical Treatment: I understand that in the event of a medical emergency affecting my self/child/ward, EMS may be called and my self/child/ward may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold Beautiful Abilities, its staff, Board of Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Rancher Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

This form will be copied and given to the counselors caring for your Rancher. Please complete all sections.

Name of Rancher: _____

Chronological age: _____ Mental age: _____

DIABETIC

- Yes (see eating/diet section) No
- Insulin dependent

EATING/DIET

- Diabetic Diet Special Diet
- No help needed at meals
- Needs help only with _____
- Food must be: cut chopped mashed pureed
- Rancher must be totally fed
- G-tube
- Retainer Braces Dentures

ALLERGIES

- None Yes(list below)
- Food: _____
- Medication: _____
- Other: _____
- _____
- _____
- _____

SEIZURES

- None Regularly One or two as a child
- Type: _____ Date of last seizure: _____
- Usual frequency: _____
- Usual duration of seizures _____ minutes
- Triggered by: _____

AMBULATION

- Walks unassisted
- Walks using: walker crutches braces canes
- Wheelchair: manual electric-bring charger
- Transfers: alone needs assistance

COMMUNICATION

- No problems
- Limited abilities but can communicate daily needs
- Non verbal Sign Language

VISION

- normal limited glasses blind

HEARING

- normal aids hard of hearing deaf

SLEEP

- No problems Usual bed time: _____
- Walks in sleep Awakes at: _____

TOILETING

- Toilet trained
- Wears diapers/training pants all the time
- Wears diapers/training pants at night only
- Bring to bathroom every _____ hours
- Needs help with _____

SELF CARE (EX: BRUSH TEETH, BATHE, RESTROOM, DRESSING)

- Does all alone
- Needs some help with: _____
- Needs total help in all areas

DIAGNOSIS

Please list all (ex: seizures, asthma, diabetes, MR, psychosis, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICATIONS

- No meds PRN meds only

Medication	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach sheet for additional medications

Comments:

BEHAVIOR PROBLEMS

- Yes No
- Problems triggered by: _____
- Suggested strategies: _____
- _____
- _____
- _____

ACTIVITY RESTRICTIONS

- Yes No
- Explain: _____
- _____

HEAT TOLERANCE

- Good Fair Poor
- Dehydrates easily

SWIMMING

- Knows how? Yes No
- Ear plugs when swimming? Yes No

WANDERS?

- Yes No Occasionally

ADDITIONAL EQUIPMENT

- None CPAP/BiPaP G-tube Feeding Pump
- Baclofen Pump Other _____

ADDITIONAL INSTRUCTIONS & SUGGESTIONS

Add additional pages if necessary.

Rancher APPLICATION

PERMISSIONS

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

YES NO

- _____ _____ I give my Rancher permission to attend Beautiful Abilities Ranch. He/she may participate in all activities.
- _____ _____ I understand that there are live vaccinated animals at Beautiful Abilities and that opportunities are available for interaction. I give my Rancher permission to participate in those activities.
- _____ _____ I understand that every effort has been made to match the skills and experience of my Rancher to the horse(s) and equipment they will be working with and around. I understand that equine activities carry inherent risks. Understanding this, it is the desire of my Rancher to participate in opportunities at Beautiful Abilities that involve equines and equine events, including but not limited to grooming, leading and riding. I grant permission for my Rancher to participate in these activities.
- _____ _____ The medic staff at Beautiful Abilities may give my Rancher routine medications and over-the-counter medications, monitor health status and provide first aid and routine care.
- _____ _____ For non-emergency purposes, my Rancher may ride in a Ranch or privately owned vehicle with medical staff to the hospital for lab tests, x-rays or treatment.
- _____ _____ I authorize Beautiful Abilities staff and volunteers to share, without restriction, my camper's health information and medical records with any person (whether or not affiliated with Beautiful Abilities) as may be reasonably necessary in order to facilitate the care of my Rancher.
- _____ _____ If emergency treatment is necessary, I give permission for my Rancher to be brought to the nearest emergency room by ambulance or helicopter for treatment. I authorize staff to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests, and/or x-rays if necessary.
- _____ _____ I understand Beautiful Abilities allows parents/guardians to call and check the health status of their Rancher or speak with the Camp Director in regards to their camper's well being. Ranchers are not allowed to make or receive phone calls. Ranchers may receive e-mails at camps@beautifulabilities.com. Ranchers may not send e-mails.
- _____ _____ I give Beautiful Abilities permission to use my rancher's name, photograph, or video image for publicity purposes.
- _____ _____ I understand that Beautiful Abilities has no designated Lost and Found. If I leave Beautiful Abilities without my rancher's items, I will not hold Beautiful Abilities responsible for returning them.
- _____ _____ My Rancher is receiving a stipend from a state agency, school district, foundation or private organization to provide ranch respite.

I, _____, guarantee that the information on this application is accurate and hereby release and forever discharge Beautiful Abilities, its members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the respite session.

Rancher Signature _____ Date _____

Parent/Legal Guardian _____ Date _____



Respite Rancher APPLICATION

PAYMENT INFORMATION

Your payment of the \$25 deposit (per session) MUST be included.

CHECK

I have enclosed a check in the amount of \$ _____

CREDIT CARD INFORMATION

I authorize my credit card to be billed in the amount of \$ _____

Please charge my: VISA MasterCard Discover American Express **Note Please pay on line if possible**

Name as listed on card: _____

Account #: _____ Expiration Date: _____

Signature: _____

Please indicate payment distribution below:

- \$25 Ranch Respite deposit
- \$100 Ranch Respite balance (
- \$150 Total Ranch Respite fee
- \$_____ Other _____

I would like to donate to Ranch Respite Scholarships ():

- \$25 donation
- \$ 50 donation
- \$100 donation
- other _____

PAYMENT MADE BY THIRD PARTY

Please indicate third party: HCS/TXHL Provider CFC Scholarship _____

Name of Case Manager/contact person: _____

Contact phone number _____ Contact E-mail: _____

NO REFUNDS WILL BE MADE unless approved 2 weeks prior to camp date

FOR OFFICE USE ONLY

Date Application Received: _____ Deposit received – Amount: \$ _____

All Rancher list Ranch Camp List

Data entry completed _____

Sessions(s) confirmed on: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____