

LUCKY MINDY ADVENTURES, LLC
PROGRAM APPLICATION
66683 288th St. Litchfield, MN 55355 320 593-9561

APPLICANT'S NAME EXACTLY AS SHOWN ON GOVERNMENT I.D. OR PASSPORT

TRIP NAME _____ TRIP DATES _____
****PROOF OF FULL COVID VACCINATION IS REQUIRED FOR ALL TRIPS.

PARTICIPANT INFORMATION:

General information: PLEASE PRINT LEGIBLY WITH DARK INK

Age _____ Birthdate _____ Height _____ Weight _____ Sex (male)(female)
Home address: _____ City _____
State _____ Zip Code _____ Home phone: _____
Type of living situation (check one) Family__ Group home__ Superv. apt.__ Independent__

Agency Name _____ Agency address _____
Agency phone number _____ and contact person _____
Agency City _____ Agency State/Zip _____
Agency fax _____ Agency email _____

EMERGENCY NUMBER FOR ALL HOURS, DAY OR NIGHT _____

To which address should trip information be sent? (Home)(Agency)

Person completing this application _____ Title _____

WHOM DO WE CONTACT IN CASE OF EMERGENCY? _____

Medical information

Physician _____ Clinic _____ phone _____

MA or Health Insurance# _____ Health Insurer _____

Medication information: PLEASE SEND A COPY OF M.A.R. ON THE VACATION.

PAYMENT INFORMATION: Balances are due at least 45 days before departure date (60 days for cruises). Deposits, less \$50 processing fee and less any prepaid, non-refundable costs, will be refunded for cancellations received in writing at least 45 days prior to trip. Airline tickets are not refundable or reusable, unless new trip is booked prior to ticket date. Rebooking charges apply. **TRIP CANCELLATION/INTERRUPTION/MEDICAL INSURANCE IS STRONGLY RECOMMENDED.**

Trip cost _____ Amount enclosed (30% to hold spot on trip) _____

Balance due _____ (please pay in full by 45 days prior to trip)

Optional medical/cancellation insurance _____ (call for quote)

Medical/cancellation insurance declined: _____ (sign and date)

Extra fees (Attendant) _____ **LMA will purchase airline tickets and bill you.**

LUCKY MINDY ADVENTURES, LLC
APPLICATION MEDICATION SHEET
66683 288th St. Litchfield, MN 55355 320 593-9561

CLIENT NAME _____ DATE _____

(circle one) Completely Independent / Staff reminders / Staff must supervise

PLEASE INCLUDE THE FOLLOWING WHEN YOUR VACATIONER TRAVELS WITH US:

1. A photo copy of the client's CURRENT Medication Administration Record
2. ONE FULL DAY ADDITIONAL MEDICATION (for emergencies, missed flight, etc.
3. A list of approved PRN "Over the Counter" medications (we will not administer any OTC medication without contacting you first).
4. We prefer meds to be pre-set-up in daily envelopes (one for each med administration time).
5. **A PHOTO COPY OF THE CDC COVID VACCINATION RECORD SHOWING ALL CURRENT VACCINATIONS HAVE BEEN RECEIVED.**

CLIENT SHOPPING: It will help us a great deal if we have detailed information about what sorts of souvenirs your client might like to buy.

___ Anything at all, he/she has no restrictions with the spending money sent.

___ Client should NOT purchase any of the following (list these; we have vacationers who occasionally are obsessive about certain items and they are not to purchase them)

Occasionally vacationers want to buy tee shirts for friends and family. If this is the case, please tell us exactly what sizes to buy. (eg: Sister: Large; Brother: XXL). This is very helpful so we can help the vacationer pick the appropriate gift.

If money is sent for luggage fees but turns out to not be necessary (Mindy and some other staff are able to get free bags because of Frequent Flyer status), what would you like us to do with the extra cash?

___ Add it to the vacationer's spending money.

___ Bring it back at the end of the trip.

ABILITIES DESCRIPTIONS FOR _____

YOU'VE GIVEN INFORMATION ABOUT PHONE NUMBERS AND CONTACT NAMES ON THE PRECEDING PAGE. NOW PLEASE TAKE A FEW MINUTES TO CHECK OVER THE QUESTIONS BELOW. *THIS INFORMATION IS CRITICAL IN HELPING ME TO PROVIDE THE VERY BEST CARES FOR YOUR CLIENT. PLEASE GIVE ACCURATE ASSESSMENTS OF THE FOLLOWING ABILITIES. IF THE QUESTIONS ARE NOT RELEVANT TO YOUR CLIENT, LEAVE THE LINE BLANK.*

Mobility: (check all that apply)

- ☐ Fully ambulatory ☐ Slow walker ☐ Uses Cane ☐ Uses Walker
- ☐ Will bring a manual FOLDING wheelchair on this tour (if your client brings a chair, it MUST be manual and foldable. Power wheelchairs cannot be accommodated on tours)
- ☐ Require someone to push chair
- ☐ Can bear weight during transfer
- ☐ Can NOT bear any weight (will need to bring his/her own staff)
- ☐ Can transfer without assistance
- ☐ Can walk short distances
- ☐ Can board a 12 passenger van

Personal cares (check all that apply)

- ☐ Completely independent in all cares
- ☐ Require help toileting (describe needs) _____
- ☐ Require help bathing (describe needs) _____
- ☐ Require help dressing (describe needs) _____
- ☐ Require roll-in shower with shower chair (not all hotels can accommodate this)
- ☐ Can use bathtub with shower chair
- ☐ Can sit in bathtub to bathe
- ☐ Require help with general hygiene (teeth, etc.)
- ☐ Require help with meals (describe assistance needed below) _____

MISC:

- ☐ blind ☐ Memory deficit disorder ☐ seizures ☐ autism ☐ obsessive/compulsive

STAFF RATIO REQUIRED: (circle one) 1:1 1:2 1:3 1:4 (in some cases an individual needing 1:1 care can bring his/her own staff for 65% of tour fee plus staff air)

☐ Client requires staff in room at night (this option is not always available. Client must sleep through the night)

MEDICATION ADMINISTRATION: ☐ reminders ☐ Need assistance ☐ Require a Nurse (if this can be accommodated it will require special arrangements and additional fees)

Specialized medical treatments such as injections or blood testing? ☐ yes ☐ no
(injections or blood testing will depend on availability of our staff)

Money Management

- ☐ can handle all money
- ☐ needs assistance with purchases
- ☐ can keep (\$_____) with staff keeping balance
- ☐ staff must control all money (we will keep all receipts)

Communication difficulty (Y) (N) If yes, describe below:

___ Can read
___ has his/her own cell phone (number here _____)
___ can use the telephone unassisted
___ will ask for help if there's a problem
___ will report pain if any

Emotional needs:

___ verbally aggressive (cannot be accommodated)
___ physically aggressive (cannot be accommodated)
___ cries easily
___ fabricates stories
___ excessive talking
___ excessive teasing
___ reacts inappropriately for any reason (describe below)

Bowel/bladder management

___ Daytime incontinence (Bowel/Bladder) (circle) (you must provide undergarments)
___ Nighttime incontinence (Bowel/Bladder) (circle) (you must provide plastic sheet)
___ Iliostomy bag
___ Colostomy bag
___ Condom catheter

(NOTE: if incontinence is even a remote possibility, be sure to send adult undergarments and a full-size plastic sheet for the hotel bed)

___ Diet restrictions (describe) _____
___ Food sensitivities or allergies (list below) _____
___ Alcohol allowed? Y N HOW MUCH _____
___ specific fears? _____

IS THERE ANYTHING I'VE FORGOTTEN TO ASK THAT YOU FEEL IS IMPORTANT TO SHARE? _____

Form filled out by _____ Date _____

LUCKY MINDY ADVENTURES LLC
AGREEMENT OF RISK, WAIVER, AND TERMS

This section must be completed by all applicants

Risk: Risk to body or property may be present in any travel experience. Participants may wish to inquire about specific tour dangers from Lucky Mindy Adventures LLC prior to travel, and/or seek the advice of a physician.

Waiver: Participants, or their guardians or agents, applying for this trip agree to participate at their own risk, and release and hold harmless Lucky Mindy Adventures LLC plus its independent contractor staff from liability for any harm to persons or property that may occur during the tour., including during routine activities of daily living, during personal care assistance, or medication administration. In addition, participants, their guardians or agents agree to release and hold harmless any harm to persons or property that may occur due to self-injurious behaviors, actions by any other tour participant, voluntarily departing from the tour group or malfunction of adaptive equipment. Lucky Mindy Adventures LLC will make every effort to prevent loss or breakage of personal items brought or purchased on tour, but will not be held responsible should it occur.

Medications: All medications administered by Lucky Mindy Adventures LLC staff must be packaged by date and time in individual dose packets ("med envelopes") unless prohibited by your state's medication administration regulations. Medication prescription information and times of dosages must be included in application paperwork.

Personal Emergencies: If applicant has to be removed from the tour or needs additional staff attention for medical, behavioral, psychological or other personal reasons, all costs of return or additional staffing will be paid by applicant or guardian. Such costs can include, but are not limited to, airfare, lodging, meals, vehicle rental, fuel, phone calls, and cost to hire staff. Medical trip cancellation/interruption can be purchased through Lucky Mindy Adventures LLC for a reasonable fee prior to travel. THIS IS STRONGLY RECOMMENDED FOR ALL TRAVELLERS.

Photographs: Lucky Mindy Adventures LLC may use photographs of participants in its web page or other promotional material, unless objection is stated in writing.

Medical treatment: Staff or appointees of Lucky Mindy Adventures LLC are granted authority to register applicant for medical treatment if deemed necessary by said staff or appointees. Authorization for treatment at the hospital or clinic is granted. Lucky Mindy Adventures LLC cannot assume responsibility for any medical expenses that may occur if the participant must receive medical care. Applicants are advised to carry their own medical insurance, or traveler's medical insurance (purchased from a licensed travel insurance provider through Lucky Mindy Adventures LLC).

"I have read the above information and information on page two of this form and agree to the conditions stated above for the above tour."

Signature of Legal Guardian

Date

PERMISSION TO PARTICIPATE
(signed by participant if he/she is his/her own guardian)

Permission is granted for _____ to participate in this and future Lucky Mindy Adventures tours. I am the legal guardian for the above individual and grant permission for attendance with knowledge of the risks involved on this tour. I understand and agree that the Agreement of Risk, Waiver and Terms listed above applies to the trip or trips specified above.

Signature of Legal Guardian

Date

OTHER IMPORTANT INFORMATION

CANCELLATIONS, REFUNDS, CHANGES-If you decide to cancel the tour you must notify us in writing at least 45 days prior to the departure date. We will return your money, less \$50 cancellation fee, and less any prepaid, non-refundable expenses. If we cancel the trip or if the trip is already full when you register, we will refund all money you've paid in full.

CANCELLATION INSURANCE: We strongly recommend that you purchase trip cancellation/interruption insurance for all tours. We require this insurance for international trips including cruises.

INDEPENDENT TRAVEL TO THE DESTINATION: Due to many airline schedule changes and disruptions in recent years, we do not serve clients who fly from airports other than Minneapolis St Paul, unless the client brings his/her own staff to assist. We will always have staff on our flights from MSP.

POST TOUR CHARGES: If we incur any of the following charges on your behalf we will bill you for those charges, which can include, but are not limited to, long-distance phone charges, pay-TV charges, charges made by airlines for special assistance, excess baggage charges, toiletry, clothing or medical charges we make on your behalf, and extra lodging or meal charges caused by public transportation delays, illness that requires the client not be able to travel home with the group (staff will remain with him/her) or weather beyond our control.

SUPERVISION AND ASSISTANCE: Lucky Mindy Adventures will provide one staff to assist for each two vacationers, or 1:4 at the “more independent” rate. If you need a higher staff ratio, you can bring a personal assistant for 65% of the tour cost, plus airfare for the assistant. Lucky Mindy Adventures staff will assist with wheelchair pushing, all activities of daily living including assistance with meals, dressing, bathing and toileting, during normal daytime hours. **Staff is on-site at the lodging, but not necessarily in the vacationers' room.** If you need to have staff in the room just let us know in advance. However, persons needing awake overnight cares or medical cares will need to provide an assistant.