

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

APPLICANT'S NAME _____

TRIP NAME _____ TRIP DATES _____

YOUR DEPARTING CITY _____ (indicate nearest airport if flying; we will do the ticketing)

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 NUMBERS FOR NIGHTS OR WEEKENDS _____

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 FILL OUT MEDICATION SHEET AND MAIL WITH APP.

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.**

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 power wheelchair on this tour (dry/gel cell) (wet cell) **CIRCLE ONE**
- Will bring a manual FOLDING wheelchair on this tour (if your client brings a chair, it MUST be foldable)
- Can push or power own wheelchair AT NORMAL PACE ON MOST SURFACES
- Require someone to push chair
- Need a two person transfer Need a one-person transfer
- Can bear weight during transfer
- Can NOT bear any weight
- Can transfer without assistance
- Can walk short distances
- Can transfer into a car minivan must have a lift-equipped van

Personal cares (check all that apply)

- Completely independent in all cares
 - Require help toileting
 - Require help bathing
 - Require help dressing
 - Require roll-in shower with pull-down bath bench
 - 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 (1:1 staffing can be provided for 60% of tour fee)

Medication administration (check one)

- Independent Need assistance Require a Nurse (this may require special arrangements)

Money Management

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

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

___ Can read

___ Can follow instructions such as "remain in the aircraft gate area if staff is not there to meet them"

___ can use the telephone unassisted

___ will ask for help if there's a problem

___ will report pain if any

Emotional needs:

___ verbally aggressive

___ physically aggressive

___ cries easily

___ fabricates stories

___ excessive talking

___ excessive teasing

___ reacts inappropriately for any reason (describe below)

Bowel/bladder management

___ Daytime incontinence (Bowel/Bladder) (circle)

___ Nighttime incontinence (Bowel/Bladder) (circle)

___ 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)

___ Is alcohol allowed? (yes/no) amount: _____

___ specific fears? _____

___ Can fly independently from originating airport to destination airport (with transfer assistance from airlines if changing planes)

___ Must have staff on aircraft to assist (LMA cannot provide escort but attendant can be brought on trip for a reduced rate)

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 outdoor or travel experience. Participants may wish to inquire about specific tour dangers from Lucky Mindy Adventures 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 staff from liability for 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 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 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 for a reasonable fee prior to travel. **THIS IS STRONGLY RECOMMENDED FOR ALL TRAVELLERS.**

Photographs: Lucky Mindy Adventures 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 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 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 traveller's medical insurance (purchased from TRAVELEX through Lucky Mindy Adventures).

"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

(this section is unnecessary if participant is his/her own guardian)

Permission is granted for _____ to participate in the _____ tour. 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. If we have already purchased airline tickets we will charge you for the tickets but send them to you for future use. Airline tickets are never refundable. 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.

LIABILITY LIMITS: Lucky Mindy Adventures shall not be responsible or liable for any damages due to public transport misconnection caused by transport delays, transport cancellations, or lack of supervision or guidance to you by public carriers. On tours involving airlines or trains, our responsibility begins when the carrier has turned you over to us and ends when we turn you over to the carrier.

TRAVEL BY AIR: Despite implementation of the Air Carrier Access Act, airlines can refuse to transport an individual they determine cannot travel safely by himself/herself. Persons who are not ambulatory will not be able to use the restroom onboard the aircraft unless they can do so independently (an onboard wheelchair is available on most aircraft). If an airline determines that a personal care attendant must accompany the passenger, they cannot charge for the attendant. It is VERY RARE that an airline will refuse to transport an individual, but it has happened. Make certain that you are prepared for the long flight by using the restroom just before boarding. *If you believe you will need staff on your flight, please indicate this when you register for the Lucky Mindy Adventures tour, and we will tell you if this can possibly be arranged.* Note that any time one agency provides two vacationers, they can bring their own staff with them for no charge.

We make every effort to book only non-stop flights. When this is not possible, we request "Meet and assist" service from the airline carrier, which means airline personnel will help you get off the first flight and will take you to the next flight's departure gate. *Staff will not stay with the vacationer, unless a special "escort service" is purchased from the airline at the point of departure.* If you have questions about the degree of service your air carrier provides, please contact them personally or contact Lucky Mindy Adventures for assistance.

Lucky Mindy Adventures staff will be at your gate to meet your arriving flight at the destination airport. Should problems beyond our control occur (flight delays due to weather or mechanical problems) we will contact the airline and give them instructions to give to you. If staff is not at the gate to meet you, please remain in the arrival gate area until further instructed.

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 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 60% 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. Persons needing awake overnight cares or medical cares will need to provide an assistant.