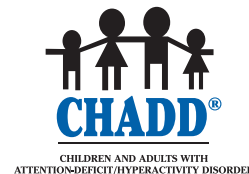


A photograph of three children in a forest. A boy in a white shirt is in the background, smiling. A girl in a blue hat and tank top is in the middle ground, also smiling. A girl in a red tank top and white shorts is in the foreground, leaning against a tree trunk and smiling. The background is filled with green foliage and sunlight filtering through the trees.

CHADD

SUMMER CAMP AWARD

APPLICATION



Dear CHADD Member,

Thank you for your interest in the CHADD Summer Camp Award, a benefit of CHADD membership.

Please complete the enclosed application materials and return them to the Award Committee as noted below. The forms are detailed and the information requested is designed to assure that campers, if selected, have the best possible experience.

Please keep the following guidelines in mind as you complete the application:

1. Label the bottom of each page of the application with your child's last name, first initial and your CHADD member ID number.
2. Submit both the application **AND** the student profile form completed by a professional (teacher, doctor, mental health professional, etc.) at the **same time**.
3. If you choose to include additional supporting documentation with your child's application, please note that **NO MORE THAN TEN (10)** additional pages will be accepted.
4. Return **COMPLETED** forms no later than midnight Wednesday, March 4th 2009. You may return them via.
 - **EMAIL** (preferred) the application to camp@chadd.org. Please note that emailed applications must be in **PDF format**.
 - **REGULAR POSTAL MAIL**. Applications postmarked on or before Monday, March 2, 2009 may be sent to:

Summer Camp Award Committee
CHADD — Suite 150
8181 Professional Place
Landover, MD 20785
 - **Overnight** applications **sent on or before March 3, 2009**, will also be accepted at the above address.
 - **FAX** the application to the Summer Camp Award Committee at 301-306-6788. **If you are faxing in your application, please be aware that others may also be faxing in the application. We cannot be responsible for a busy fax line on March 4. Get your application in early!**

Award recipients and alternates will be notified by April 8, 2009. All applicants will receive a decision by mail.

Please see the "Frequently Asked Questions" at www.chadd.org/summercamp for answers to commonly asked questions.

Thank you for your interest in the CHADD Summer Camp Award program!

Sincerely,

The Summer Camp Award Committee

FAMILY INFORMATION:

1a. Child's Name _____ 1b. CHADD Member ID# _____

2. Date of Birth _____ 3A. Age _____ 3B. Sex (circle one): M F

4. Child's Address _____
Street (Apt. No.)

City/Town State Zip

Daytime Phone Evening Phone Cell Phone

5. Name of Person Completing this Application _____

6. Applicant's Relationship to Child _____ 6b. Email Address* _____
*please include an email address so the Summer Camp Award Committee can notify you when your application is received and if it is complete.

7. Applicant's Mailing Address (if different from child's address): _____
Street (Apt. No.)

City/Town State Zip

Daytime Phone Evening Phone Cell Phone

8. Name(s) of parent(s) or guardian(s) living with child: _____

9. List people other than parent(s)/guardian(s) living in the same household as the child.

NAME	RELATIONSHIP TO CHILD	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Has your child ever been involved with the Juvenile Justice System?

Yes No

11. If so, please briefly describe the circumstances and the outcome. _____

FINANCIAL INFORMATION:

12. Does your child or family qualify for any type of governmental assistance?

- Supplemental Security Income (SSI) Yes No
- Social Security Disability Insurance (SSDI) Yes No
- Temporary Assistance for Needy Families (TANF) Yes No
- Food Stamps Yes No
- Medicaid Yes No
- School Lunch Program Yes No
- Women Infant Children (WIC) Food Program Yes No
- Other (please list): _____

13. List any income your child receives regularly (e.g., Social Security, child support).

TYPE OF INCOME	FREQUENCY	AMOUNT
_____	_____	_____
_____	_____	_____

14. What is the yearly income of parents/guardians (before taxes)?

- under \$30,000 \$30,000–\$60,000 \$60,000–\$90,000
- \$90,000–\$120,000 \$120,000–\$150,000 over \$150,000

15. Do the parent(s)/guardian(s) have assets worth more than \$100,000? (Do NOT include your primary home or cars)

- Yes No

If yes, describe these assets below.

TYPE OF ASSET (EX: BANK ACCOUNT)	VALUE
_____	_____
_____	_____
_____	_____

DIAGNOSTIC INFORMATION:

16. Has your child been diagnosed with AD/HD? Yes No

17. Briefly describe your child's current areas of difficulty and symptoms. _____

18. Has your child been diagnosed with any of the following?

- Learning Disabilities Yes No
- Tourette's Syndrome/Tics Yes No
- Oppositional Defiant Disorder Yes No
- Conduct Disorder Yes No
- Depression Yes No
- Obsessive-Compulsive Disorder (OCD) Yes No
- Anxiety Disorder Yes No
- Bipolar Disorder Yes No
- Asperger's/Autism Yes No
- Other (please list): _____

19. Are any of the household members diagnosed with physical or emotional disabilities? Yes No

If yes, please answer the following:

DIAGNOSIS

RELATIONSHIP TO CHILD

DIAGNOSIS	RELATIONSHIP TO CHILD
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION AND TREATMENT INFORMATION:

20. Child's Current Grade Level _____

21. Does your child attend a special school for students with disabilities? Yes No

22. Does your child have any of the following?

- Section 504 Plan Yes No
- Individualized Education Plan (IEP) Yes No
- Title I Services Yes No

23. Does the child receive additional services? Please check all that apply.

- Resource Room Yes No
- Speech Therapy Yes No
- Occupational Therapy Yes No
- Sensory Integration Yes No
- Social Skills Training Yes No
- Psychological Services Yes No
- Physical Therapy Yes No
- Other (please list): _____

24. Please rate your child on the following items.

Scale:

1 = Very Poor 2 = Poor 3 = Average 4 = Strong 5 = Excellent DK = Don't Know or Not Applicable

a. Your child's overall level of daily functioning is:

1 2 3 4 5 DK

b. Your child's ability to develop friendships with peers is:

1 2 3 4 5 DK

c. Your child's ability to complete daily responsibilities is:

1 2 3 4 5 DK

d. Your child's ability to control anger/aggression is:

1 2 3 4 5 DK

e. Your child's ability to follow rules and accept authority is:

1 2 3 4 5 DK

f. Your child's ability to make transitions from one activity to another is:

1 2 3 4 5 DK

g. Your child's ability to express emotion appropriately is:

1 2 3 4 5 DK

25. Please tell us about any recent accomplishments or successes for your child. _____

26. Has your child been to overnight camp before? Yes No

If yes, please list all camps attended below

NAME OF CAMP	DATES ATTENDED	SPECIAL NEEDS CAMP?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, please skip to Question #29.

27. How would you rate your child's camp experience? Excellent Good Average Negative

28. Please list positive and negative aspects of the experience.

POSITIVE

NEGATIVE

29. What do you hope your child will achieve through a summer camp experience at one of the eligible camps? _____

30. Other than camp, has your child ever been away from home for more than one night? Briefly describe that experience.

31. Is there anything else you would like to share with us about your child? Please limit additional supporting documentation to **NO MORE THAN TEN (10) pages.** _____

continue on next page, if necessary

STUDENT PROFILE FORM

CHADD Summer Camp Award

PARENT INSTRUCTIONS:

Please give this form to a professional (teacher, guidance counselor, school psychologist, daycare provider, etc.) that is familiar with your child. This information will help us to better understand your child's disability and areas of strength and weakness. Please remember that this information is just one part of the information that will be used to make the selection for the summer camp award.

RATER INSTRUCTIONS:

Please complete this form by rating the student from one to five on each of the items presented below and then responding to the short-answer questions listed on back. Return this form to the parent or guardian as soon as possible so that they may submit a complete application. This information will be used to select recipients of the CHADD Summer Camp Award for students with AD/HD.

When you have completed the form, please return it promptly so that it may be submitted with the rest of the application.

Name of student/applicant _____

Name of rater/professional _____

Relationship to student/applicant _____

How long have you known the student? _____

Title/organization _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Scale:

1 = Very Poor 2 = Poor 3 = Average 4 = Strong 5 = Excellent DK = Don't Know or Not Applicable

1. The child's overall level of daily functioning is:

1 2 3 4 5 DK

2. The child's ability to develop friendships with peers is:

1 2 3 4 5 DK

3. The child's ability to complete daily responsibilities is:

1 2 3 4 5 DK

4. The child's ability to control anger/aggression is:

1 2 3 4 5 DK

5. The child's ability to follow rules and accept authority is:

1 2 3 4 5 DK

6. The child's ability to make transitions from one activity to another is:

1 2 3 4 5 DK

7. The child's ability to express emotion appropriately is:

1 2 3 4 5 DK

Child's Last Name _____

SHORT ANSWER:

Briefly respond to the following questions.

Please identify any recent accomplishments or successes for this child.

Please discuss why you believe this child might benefit from a summer camp experience:

Please discuss any problems that might prohibit this child from benefiting from a summer camp experience:
