

**R.A.V.E PROGRAM APPLICATION**

R.A.V.E. ~ PO Box 80185  
Billings, MT 59108-0185  
Outside Billings: 1-888-882-1927 Within Billings: 406-237-0025

Applicant's Name \_\_\_\_\_

Trip Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

**Participant Information** *Please Print*

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I live with: Family \_\_\_\_\_ Group home \_\_\_\_\_ my own \_\_\_\_\_ Foster Care \_\_\_\_\_

The agency that assists me is: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Agency Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Where do we send trip information? \_\_\_\_\_

**Emergency Contact Information:**

Relation: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical & Physical Information** *Please attach a copy of the insurance card*

Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Number \_\_\_\_\_ Health Insurer \_\_\_\_\_

**Medications** *List all medication on the attached medication form.*

Medication Supervision: Independent \_\_\_\_\_ Requires reminder \_\_\_\_\_ Requires supervision \_\_\_\_\_

Eyeglasses: **Y / N** Hearing Aid: **Y / N** Dentures: **Y / N** Smokes: **Y / N** Recognizes and reports pain: **Y / N**

Known Allergies: \_\_\_\_\_

Language/Communication Difficulties: \_\_\_\_\_

Fully ambulatory: **Y / N**, if no, what aids do you use: \_\_\_\_\_

Seizures: **Y / N**, if yes, please describe frequency and type: \_\_\_\_\_

Bowel and Bladder control: \_\_\_\_\_ If occasional incontinence, describe frequency, times and treatment \_\_\_\_\_

**Wheel Chair Users**

Indicate type of assistance needed for transfers: \_\_\_\_\_

Do you self propel your chair or do you require assistance: \_\_\_\_\_

Please list any other assistant devises you will need to bring on this tour: \_\_\_\_\_



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**Social/Behavioral Information** Check any of the following that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Shy or withdrawn       | <input type="checkbox"/> Vulnerable (explain)                        |
| <input type="checkbox"/> History of stealing    | <input type="checkbox"/> Interacts inappropriately with opposite sex |
| <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Interacts inappropriately with same sex     |
| <input type="checkbox"/> Fabricates stories     | <input type="checkbox"/> Interacts inappropriately with children     |
| <input type="checkbox"/> Excessive-talking      | <input type="checkbox"/> Interacts inappropriately with strangers    |
| <input type="checkbox"/> Physically aggressive  | <input type="checkbox"/> Excessive teasing                           |
| <input type="checkbox"/> Verbally aggressive    | <input type="checkbox"/> Memory deficit                              |
| <input type="checkbox"/> Other (describe)       |  |

Please describe any behavioral problems or idiosyncrasies and how to best handle them: Use additional pages or include behavior programs.

What situations, if any, provoke anger, frustration, or outburst? How these situations are best dealt with? \_\_\_\_\_

**Self Care Skills**

	<u>Independent</u>	<u>Needs Assistance</u>		<u>Independent</u>	<u>Needs Assistance</u>
Dressing	_____	_____	Street Safety	_____	_____
Bathing	_____	_____	Eating	_____	_____
Toileting	_____	_____	Hygiene	_____	_____

**Spending money / Money management**

\_\_\_\_\_ Independently handles all money  
\_\_\_\_\_ Can have some money each day (amount \_\_\_\_\_), but needs assistance with purchases  
\_\_\_\_\_ Tour guides should keep control all money

**Special Needs Information** Please describe any physical problems or physical disabilities, activity limitations, special equipment needed.

**What Staff to Vacationer ratio is required?** \_\_\_\_\_ If one to one assistance is required please call the RAVE office.

Is alcohol O.K. (with a meal) **Y / N** Amount \_\_\_\_\_ Swimming ability: \_\_\_\_\_

Specific fears (animals, dark, escalators, elevators, etc) \_\_\_\_\_

Sleep Habits: \_\_\_\_\_ RAVE does not have overnight awake staff.

If RAVE staff discover an application to be misleading and/or a vacationer must be sent home early due to inability to meet tour requirements vacationer or guardian will bear the full cost of vacationer's return.

## R.A.V.E. AGREEMENT OF RISK, WAIVER AND TERMS

**Risk:** Our leaders are experienced guides and travel escorts and are prepared to lead a safe and enjoyable trip. But, as in any outdoors or travel experience, risk to body or property may be present. Some trips may take place in wilderness environments, an area without immediate available medical attention or outside of the United States. Participants may wish to inquire about specific tour dangers from RAVE prior to enrollment or departure and or seek the advice of a physician.

**Waiver:** Participants or their guardians or agents, applying for this trip do so at their own risk, and release RAVE and its staff, volunteers from liability for any harm to person 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. RAVE will not be responsible for loss or breakage of personal items brought or purchased on the tour.

**Medication:** Medication assistance may be provided by staff/volunteers with limited training therefore all medications to be supervised by tour leaders or volunteers should be packaged by date, time, medication name and dosage, purpose and in individual dosage packets (medication envelopes). Nurses are not available on tours.

**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 cost of return or additional staffing will be paid by applicant or guardian. Such costs can include, but are not limited to: air fare, lodging, meals, vehicle rental, fuel, phone calls, and cost to hire additional staff.

**Photographs:** RAVE is granted permission to use trip photographs of applicant for promotional purposes (e.g. catalogs, and slide shows, Christmas cards) unless objection is stated here in writing before tour.

**Medical Treatment:** Staff or appointees of RAVE 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. RAVE cannot assume responsibility for any medical expenses that may occur if the participant must receive medical care. Applicants are required to carry or provide RAVE with a copy of their medical insurance card, medical assistance or traveler's insurance, although such insurance may not cover you when in a foreign country.

**Additional notes:** If the application received from a participant is determined to be inaccurate or misleading the vacationer may be sent home earlier. All costs incurred by the participant are the responsibility of the participant, their guardian or supporting agency.

***I have read the above information and agree to the terms and conditions stated.***

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of guardian (if necessary):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Participate: *The section is unnecessary if applicant is his/her own legal guardian.***

Permission is granted for \_\_\_\_\_ to participate in the tour(s) listed below or for the time period listed below. I am the legal guardian for the above individual and grant permission for attendance with knowledge of risks involved in this tour. I understand and agree that the *Agreement of Risk, Waive, and Terms* listed above.

**Signature (legal guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recreation Adventures Vacation Experiences

1-888-882-1927

Or

1-406-652-5443

Name: _____
Date of Birth: _____ Age _____
Contact Person: _____
Phone Number: _____

**IMPORTANT:**  
Please complete this form and submit it with your RAVE application.  
RAVE will not accept any applications without this completed form.

Please use this form to list any medications you are currently taking. Please include all medications which you take regularly, whether from your doctor, pharmacist, or purchased over-the-counter (without a prescription, such as antacids, aspirin, ibuprofen, vitamins, etc.)

Name of Medication	Dosage	Schedule	Level of assistance

**MEDICATIONS**

The following is the procedure for anyone requiring assistance with medication.

- ✓ **Label** all medication by traveler's name, time, day, along with medication name and dosage;
- ✓ Please **package** medication in envelopes or in medication containers that **will not** spill open with in transit.
- ✓ Please **give** all medication to RAVE guides prior to boarding the airplanes.
- ✓ **Do NOT pack essential medication in checked bags.**
- ✓ RAVE is **not** responsible for lost or stolen medication
- ✓ Please **bring** a copy of your Health Insurance Card

## R.A.V.E. CANCELLATION AND REFUND CONDITIONS

Whether you register for a tour by phone, fax or mail, or in person; such registration authorizes RAVE:

1. Sell a space on the tour to you; 2. Send you an invoice for the tour; 3. Purchase tickets for your tour. If you decide to cancel the tour you must notify us in writing at least 30 days prior to departure. We will return your money less a \$100.00 cancellation fee. However, if we have already purchased nonrefundable tickets for you per your registration, we will charge you for these tickets. If your tour involves air transportation, we cannot give refunds for any reason.

\* If RAVE declines to accept your application because of lack of space or because we are unable to accommodate your special needs we will refund your deposit in full.

**Liability limits:** RAVE shall not be liable for any bodily injury or property damage that may result from weather, theft, civil disturbances, or strikes. Furthermore, RAVE reserves the right to substitute accommodations, transportation, activities, leaders and to alter the itinerary when necessary; in which case substitutions will be of a similar nature whenever possible.

RAVE also reserves the right to modify prices, trip dates, or means of transportation. If this is necessary we will give you as much advance notice as possible. RAVE reserves the right to decline to accept or keep any applicant or participant whose actions or conditions impede trip operations. Anyone needing transportation home due to illness or behavior will bear the full cost of such evacuation. RAVE shall not be responsible or liable for any public transportation misconnection caused by transportation delays, transport cancellation, or lack of supervision or guidance by public carriers. On tours involving airlines or trains, our responsibility begins only when the carrier has turned over the vacationers to us. Public transport carriers have the right to refuse to transport.

**Post-tour Charges:** If we incur any of the following charges on your behalf during your tour you will receive an invoice for such charges after the tour. These charges include, but are not limited to: your long distance, pay TV, room service, charges made by airlines for escort assistance, excessive baggage, evacuation, toiletry or clothing charges made on your behalf, and extra lodging or meal charges caused by public transportation delays beyond our control.

**Supervision & Assistance Limits:** RAVE provides assistance on each tour, but the exact level of assistance varies with the tour type. Many of our tours are planned on a 1:4 (guide: participant) ratio. Each tour will be staffed to best meet the needs of the vacationers. Extra assistance trips may be arranged through the RAVE program office.

RAVE does not offer 24 hour in room assistance. Our guides assist people while in the community and during normal awake hours while at the lodging. We do not have guides sleeping in the rooms with participants. Those participants requiring less assistance will be allowed more unsupervised time. Guides will be available to provide information concerning available activities and to provide/arrange transportation to selected activities. However, on these tours participants may choose to leave the tour for part of the day for independent activities.

**Payment Instructions:** Enclose at least 50% of the trip cost to hold your space. Balances are due 30 days prior to departure date. Tours canceled prior to the 30-day limit will receive refunds less \$100.00 cancellation fee. If nonrefundable costs have been incurred, these will remain the responsibility of the vacationer. If you should need to cancel your tour within 15-19 days prior to departure, 50% of trip cost will be refunded, less nonrefundable expenses. If you cancel within 2 weeks of departure 0% will be refunded.

**Signature of participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of guardian (if necessary):** \_\_\_\_\_

**Date:** \_\_\_\_\_