

# Clover Patch Camp 2026 Application Guide

55 Helping Hand Lane, Glenville, NY 12302 (518) 384-3042 [campinfo@cfdsnny.org](mailto:campinfo@cfdsnny.org)

## APPLICATION INFORMATION

- ♣ We try to make the camping experience enjoyable for everyone. Please apply only for campers who you believe will benefit from a camp experience. We strongly encourage camp tours and a meeting with a camp administrator for individuals who have never attended camp before.
- ♣ Please include all important information relative to the camper's health and well-being on the application. Please do not rely on verbal instructions at the time of check-in to communicate important information about the camper.
- ♣ Camp is available on a first come first served basis. Receipt of an application or previous attendance does not guarantee a spot on the roster. Acceptance into camp is contingent upon evaluation of a complete application by the camp director and medical advisors.
- ♣ Campers are not enrolled until they receive an acceptance packet confirming a specific session.
- ♣ Financial assistance is available to overnight campers residing at home in the Capital District. The camper must submit a request for financial assistance with supporting household income statements. Assistance is awarded on a sliding scale based on household income and number of people living in the household.
- ♣ It is not advised to hold an application while waiting for an updated physical. Contact the camp office if a physical is delayed.
- ♣ Camp management will, to the best of our ability, meet the camper's session date preference. However, the session dates are not guaranteed and camp management reserves the right to enroll the camper into any appropriate session.

## SESSION DATES

Session	Dates	Age Range
1	June 7-12	18+
2	June 14-19	18+
3	June 21-26	5-18
4	June 28 – July 3	5-18
5	July 5-10	18+
6	July 12-17	18+

## HOW TO APPLY

1. Complete the requested information in each section of the application carefully and completely.
2. Please send a recent photograph of the applicant to identify him or her for medications and for security purposes.
3. Please review all medical forms for completeness before leaving the physician's office. Take note that all sections are complete, immunizations are up-to-date, any necessary lab reports are attached and **the physician has signed and dated each page**.
4. All medical information including the physical, medication orders and standing orders, must be submitted. **Progress Notes will not be accepted in place of the camp physical forms.**
5. Please return all medical information (Physical, Standing Emergency Orders, Immunization Record, and Medications) by email to [campinfo@cfdsnny.org](mailto:campinfo@cfdsnny.org) . Also Attach copies of all necessary paperwork (e.g. ISP, IPOP, Behavior Plan, etc.).

## APPLICATION CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> General Application                                 | <input type="checkbox"/> Health Assessment/Physical Exam<br>(Signed and dated within 12 months of attendance) |
| <input type="checkbox"/> Current Photograph                                  | <input type="checkbox"/> Medication Orders<br>(Signed and dated within 6 months of attendance)                |
| <input type="checkbox"/> Parent/Guardian/Advocate Signatures                 | <input type="checkbox"/> Life Plan, if applicable   |
| <input type="checkbox"/> CONSENT   | <input type="checkbox"/> Individual Education Plan (IEP), if applicable                                       |
| <input type="checkbox"/> NOTICE OF PRIVACY PRACTICES                         | <input type="checkbox"/> Risk Management or Behavior Plan, if applicable                                      |
| <input type="checkbox"/> EMERGENCY CONTACT INFORMATION                       | <input type="checkbox"/> Individual Plan of Protective Oversight and Safeguards<br>(IPOP), if applicable      |
| <input type="checkbox"/> SWIMMING PERMISSION                                 |   |
| <input type="checkbox"/> Transfer / Positioning / Mobility Information Sheet |   |
| <input type="checkbox"/> Dining Facts Sheet                                  |   |

## PAYMENT

- ♣ If a payment plan is desired, it must be set up prior to the camping session by calling Lori Hunt at (518) 437-5513.
- ♣ Camp tuition must be paid in full two weeks prior to the camper's first day of camp.
- ♣ If you have an OPWDD Self-Directed budget, please contact the Camp Office and we can provide support.
- ♣ Please send your check or money order made payable to *Clover Patch Camp* to the following address:

**Center for Disability Services**  
Finance Department  
314 South Manning Blvd.  
Albany, NY 12208  
Attention: Lori Hunt

Please put camper's name in the Memo of the check.

- ♣ If you wish to pay by credit card please call Lori Hunt at (518) 437-5513.

## MEDICATION INSTRUCTIONS

- ♣ All medications must be in their original, pharmacy-packed containers. Medications will not be accepted in any other containers.
- ♣ All medications (including over-the-counter medications and samples) need to be clearly labeled with camper name, drug name/strength and current dosage
- ♣ All medications and treatments must have a signed Physician's Order or a copy of the most recent script that match the medication label. It is the caregiver's responsibility to ensure the labels and orders/scripts match.
- ♣ The nursing director reserves the right to decline camp admission to a camper that arrives without their meds in order. It is the advocate's responsibility to ensure everything is in order, camp staff are not allowed to assist.
- ♣ All medications must be turned in and reviewed with the nurse during check-in, including all prescription and over-the-counter medications and vitamins. Please do not leave any medications in luggage.
- ♣ Please supply any specialty medication supplies necessary for the camper.
- ♣ Unused medications/supplies will be returned on the day of departure.
- ♣ On the first day of camp the first dose of medications will be dispensed at 4:00 pm.

## ENVIRONMENTAL CONSIDERATIONS

- ♣ Please note. Clover Patch Camp does not have air-conditioned or heated cabins or activity areas.
- ♣ The camp beds are standard twin-size beds. We do not have hospital or adjustable beds available. If the camper requires his or her head or feet to be elevated please bring the appropriate wedges. All beds are equipped with side rails.
- ♣ Campers must meet our medical requirements and be able to live in an outdoor environment with a 1:2 staff to camper ratio. We cannot provide 1:1 staffing. Any camper who requires 1:1 staffing is not eligible for camp. We are unable to make conditional offers.
- ♣ We do not provide awake overnight staff. Two staff members sleep in each cabin nightly and are responsible for routine bathroom trips and assistance. We cannot accommodate campers who require consistent and frequent assistance throughout the night or those who are a flight risk.

## ADDITIONAL INFORMATION

- ♣ Camp does not provide laundry service unless on an emergency basis. Please pack accordingly.
- ♣ Transportation to and from camp is the responsibility of the camper.
- ♣ If a camper is sent home due to medical reasons determined by the camp health director, the camp fee will be prorated and refunded contingent upon the vacancy being filled. If the camper does not wish to remain at camp, or if the camper is sent home due to behavioral issues, a refund will not be granted.
- ♣ While packing please complete the Clothing List Inventory. Prior to the caregivers' departure a counselor will review the inventory and make sure we have everything the camper will need for his or her stay. In spite of our best efforts, clothing is sometimes lost. Please do not send the camper with expensive clothing or items that would be difficult to replace if lost or ruined.