

March 8, 2019

Greetings Guidance Counselors, Counselors and Social Workers:

We are writing to inform you about our annual Camp Erin@ Baltimore Summer Camp which is available to our school communities. Camp Erin is held at North Bay Adventure Camp in North East, Maryland and is specifically designed to help families with school-aged children work through their grief due to the loss of a significant person in their life. This free camp is facilitated by grief professionals and trained volunteers.

We, at Roberta's House, understand the complexities of grief that children experience and the importance of peer support groups. Camp Erin is a three-day experience filled with traditional fun activities combined with grief education and emotional support. The children have the opportunity to tell their story, express their feelings, and memorialize their loved ones.

We can accommodate 90 children between the ages of 6-17. If you know of any children in your school community that would benefit from the camp, please submit referrals to Roberta's House as soon as possible for consideration. Please help us provide the needed support to ensure the best academic and social outcomes for our children.

Applications for the camp can be found on our website: www.robertashouse.org.

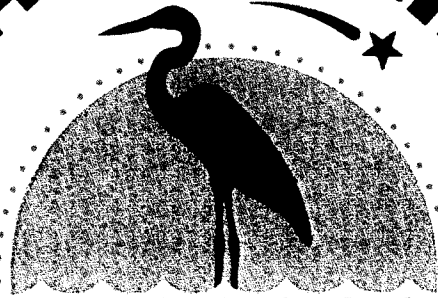
You will find a pre-registration enclosed. If you have any questions or concerns, please do not hesitate to contact me by phone or e-mail as well as visiting our website and clicking on the "Programs" tab and then the "Camp Erin Summer Camp" tab.

Sincerely,

Rennett D. Bennett-Burden, LMSW, CNP
Family Services Program Manager

Camp Erin Baltimore

CAMP ERIN



ROBERTA'S HOUSE
PART OF THE ELUNA NETWORK



PROUD SUPPORTER OF CAMP ERIN

Roberta's House will host the 10th annual Camp Erin Baltimore this year at North Bay Camp site.

August 16th – 18th 2019

We are now accepting applications for children and teens between the ages of 6 – 17 years of age who have suffered the loss of a loved one. Spaces are limited: **FOR THIS FREE CAMP!**

APPLICATION DEADLINE: FRIDAY, MAY 31ST 2019

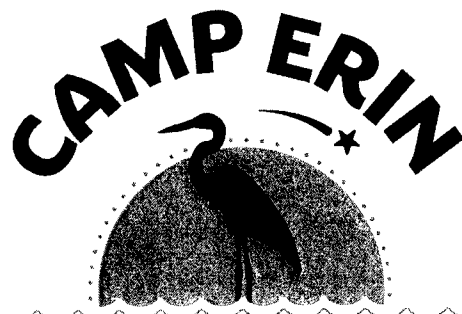
Don't allow your child to miss this opportunity to work through their grief in a healthy, safe, and fun environment!

Please call the center at 410-235-6633 to schedule an appointment or download an application at www.robortashouse.org and send it in as soon as possible!

Camp Erin Baltimore

CHILDREN & TEENS GRIEF SUPPORT

AUGUST 16–18, 2019
Application Deadline: May 31st, 2019



ROBERTA'S HOUSE
PART OF THE ELUNA NETWORK

Camp Erin® Baltimore is a free, weekend bereavement camp for youth who are grieving the death of a significant person in their lives. Children and teens ages 6 to 17 attend a weekend camp experience that combines grief education and emotional support with fun, traditional camp activities. Led by bereavement professionals and caring volunteers, campers are provided a safe environment to explore their grief, learn essential coping skills, and make friends with peers who are also grieving. Camp Erin Baltimore was created and is supported in part by Eluna. For more information, please visit elunanetwork.org. Support from Eluna and local communities, including corporate organizations, community groups and partner agencies, helps ensure that Camp Erin is free to all campers and families. Camp Erin will be held August 16th through 18th this year at North Bay Adventure Center, in North East, Maryland. Campers will enjoy a weekend of camp activities including:

- Water activities
- Arts and crafts
- Talent show
- Remembrance activities
- Field Sports
- Games
- Rock climbing
- Nature walks
- Evening campfires
- Creative expression



Call 410-235-6633 or go to www.robertashouse.org for details.

Camp Erin Baltimore REGISTRATION REQUEST FORM

Please complete this form and mail to: Camp Erin Baltimore, C/O Roberta's House, 2510 St. Paul Street, 1st Floor, Baltimore, MD 21218, or fax to 410-235-6636 or E-mail to info@robertashouse.org. Please submit the completed registration form as soon as possible and look for an official Camp Erin Baltimore application to be mailed to the address provided below and return it as soon as possible, as camp space is limited and there could be a waiting list.

Date: _____

Camper's Name: _____ Gender: M ___ F ___ Date of Birth: _____

Parent/Guardian: _____ Relationship to Camper: _____

Address: _____ City/State/Zip: _____

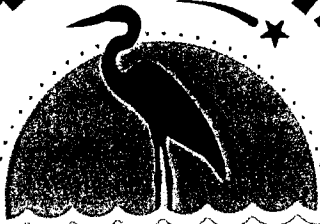
Home phone: _____ Cell/Work phone: _____ E-mail: _____

Name of deceased: _____ Relationship to Camper: _____

Your name: _____ Relationship to Camper: _____

(if not parent or guardian)

CAMP ERIN



ROBERTA'S HOUSE
PART OF THE ELUNA NETWORK

Camp Erin Baltimore

Roberta's **HOUSE** 
A Family Grief Support Center

PLEASE PRINT LEGIBLY

NAME: _____ ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Legal Guardian: _____

Phone: _____ Email: _____

Emergency contact: _____ Phone: _____

Has your child ever attended a Roberta's House Grief Support Group: No Yes,
What program and year: _____

Have you attended Camp Erin in the Past: No Yes, What year: _____

Child's T-Shirt Size: Youth Adult XS S M L XL XXL

Internal Use Only
Date Rec'd _____
Initials _____



Camp Erin Baltimore



Child's Name: _____ Child's Date of Birth: _____

Nick Name: _____ Age: _____ Gender: _____

Child's Phone #: _____ Race: _____

Primary Language: _____ Religious Affiliation: _____

CHILD/TEEN CAMP INFORMATION

1. Have you and your child talked about the possibility of him/her coming to Camp Erin to address their grief? ___ Yes ___ No

2. Has your child ever:

Attended day camp? ___ Yes ___ No

Attended overnight camp? ___ Yes ___ No

Spent the night away from home? ___ Yes ___ No

3. Explain your child's past camp experience(s) ___ Good ___ Not so good

If not so good, please explain: _____

4. What is your child's most and least favorite food(s)? _____

5. Please list any special interest/hobbies your child has: _____

6. What would you hope that your child would gain from attending Camp Erin? _____

SCHOOL/EDUCATIONAL INFORMATION

School attending: _____ Grade: _____

1. Does your child receive special services (e.g., IEP services tutoring)? ___ Yes ___ No

If yes, check IEP services: ___ counseling ___ instruction ___ speech/language ___ OT/PT

2. Does your child attend home school? ___ Yes ___ No

If yes, explain: _____

3. Does your child have any disabilities or impairments? (Check all that apply) ___ None ___ Learning

___ Speech ___ Visual ___ Behavioral ___ Emotional ___ Mathematical ___ Motor

___ Language (reading/writing) Other (please specify): _____

4. Has your child ever repeated a grade? ___ Yes ___ No

5. Will your child need assistance reading or writing on their grade level? ___ Yes ___ No

6. Has the child ever been expelled from a school? ___ Yes ___ No

If yes, explain: _____



Camp Erin Baltimore



Child's Name: _____

MEDICAL INFORMATION

Does your child have any of the following:	Yes	No
Asthma		
Diabetes		
Convulsions/Seizures		
Ear Infections		
Hearing Impairment		
Motion Sickness		
Nosebleeds		
Wears Glasses/Contacts		
Recurring headaches or stomach aches		
Dietary Restrictions (i.e. physician recommended, religious, etc.)		
<i>If yes, please explain:</i>		
Physical Limitations: (please explain)		
Is your child currently under the care of a physician?		
Physician's Name: _____ Phone #: _____		
Does your child have any allergies? (i.e. food, medicine, or other)		
<i>If yes, please explain:</i>		
Any history of operations, hospitalizations or serious illnesses?		
<i>If yes, please explain:</i>		
Does the child have any disability or handicap?		
<i>If yes, please specify:</i>		
Will your child be taking medications at camp?		
<i>If yes, please fill out the "Consent for Medical/Surgical Care, Emergency Treatment and Medical" form</i>		
Most current Tetanus and immunization shot? _____ Date: _____		

(Additional) If yes to the above please explain :

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CHILD: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

Is there a hospital that your insurance mandates: _____

HOSPITAL OF CHOICE: _____

MEDICAL INSURANCE: _____ POLICY #: _____



Camp Erin Baltimore



Child's Name: _____

BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.

1. Full name of the deceased: _____
2. Relationship to the child: _____
3. Birth date of deceased: _____ Date of death: _____
4. Age of deceased at time of death: _____ Age of child at time of death: _____
5. Was the deceased receiving Hospice services at the time of death? ___ Yes ___ No
6. Was the death anticipated or sudden? ___ Anticipated ___ Sudden
7. What was the deceased's cause of death? Natural causes Homicide Cancer Suicide
 Stroke Military Drowning Motor Vehicle Prenatal death Heart Disease
 Drug and alcohol abuse/overdose Other: _____
8. Please check if either of the following statements are true:
 - a. ___ Child has **not** been told the facts about the deceased's cause of death
 - b. ___ Child does **not** understand the facts about the deceased's cause of death
 If either is checked, please explain: _____

9. Is this your child's first experience with death? ___ Yes ___ No
 If no, please comment on other deaths your child has experienced: _____

10. Where did this person die? _____
11. Was the child present at the time of death? ___ Yes ___ No
12. Did the child see the deceased after the death? ___ Yes ___ No
13. Was there a funeral or memorial service? ___ Memorial Service ___ Funeral ___ No
 - a. Did your child attend? ___ Yes ___ No
 - b. Where were the services held: _____
 - c. What were your child's comments/reactions to the service? _____
 - d. Did the child live with the deceased? ___ Yes ___ No
14. How would you describe your child's relationship with the deceased? _____

15. Does your child speak openly of the person who died? ___ Yes ___ No



Camp Erin Baltimore



Child's Name: _____

16. How would you describe your family's communication style regarding the death?

___ A lot ___ Sometimes ___ Very little ___ Avoided ___ None

17. Please explain how your child shows that he/she is grieving: _____

MENTAL HEALTH INFORMATION

1. Has your child received any professional support (i.e. school counselor, mental health therapist, peer support group, psychiatrist, and pastoral support)? _____ Yes ___ No

a. If yes, is support currently provided _____ Yes ___ No

b. Please give approximate dates of support start: _____ end: _____

2. Past Experiences (check all that apply):
- Death of a Pet Personal Illness Neglect
 - Foster Care Emotional Abuse Physical Abuse Sexual Abuse Victim of Rape
 - Caregiver divorce/separation Relocation to New House/Community Witness of a Murder
 - Victim or Witness of a Violent Crime Victim or Witness of a Domestic Violence

Other (please specify): _____

Please explain the above checked: _____

REACTION TO THE LOSS

Please place an "X" if your child has exhibited any of the following since the death of the loved one:

- Lying Sadness Stealing Disbelief Depression Anger Special fears
- Peer Difficulties Drug/Alcohol Use Suicidal thoughts/talk/attempts Withdrawn/Isolation
- Hyperactive/Impulsive Destruction of Property Causing harm to self Causing harm to others
- Running away from home Behavior problems at school Lack of energy Behavior problems at home
- Headaches, stomach aches Difficulty with concentration Changes in weight (Circle: Increase/Decrease)
- Inappropriate sexual behavior Loss of interest in usual activities Belief that death was his/her fault
- Changes in how he/she feels about self Worries about his/her safety or the safety of others
- Always trying to be in control or perfect Changes in attendance at school (Circle: Increase/Decrease)
- Belief that death is a punishment Sleeping disturbances (Circle: sleep walking, bed wetting, nightmares, night sweats)

1. Please explain the above checked: (please include behavioral/ mood changes) _____

2. Please describe your child's personality/character traits: _____

3. Is there anything we should know to better serve your child? _____

4. Are there any religious needs, family customs, or cultural aspects to your child's grieving that we should be aware of?



Camp Erin Baltimore



Child's Name: _____

MILITARY AFFILIATION

Eluna is actively working to increase awareness that Camp Erin is a resource to those in the military community (active, reserve, National Guard and veteran) – for all loss types, not limited to military casualties.

1. Was the deceased an active, reserve, or National Guard military member or military Veteran?

Yes, what branch? _____ No ____

2. Is either parent or guardian an active, reserve or National Guard military member or military Veteran?

Yes, what branch? _____ No ____

FAMILY INCOME

**** For grant purposes, Roberta's House needs to collect the joint annual income of the adults in the home. ****

1. Number of persons in the household: _____

2. Head of Household: MALE or FEMALE

3. Number of Persons in the household with disabilities: # _____

- | | | | |
|--|--|--|--|
| Annual Income: | <input type="checkbox"/> Below \$5,000 | <input type="checkbox"/> \$5,001-\$10,000 | <input type="checkbox"/> \$10,001-\$15,000 |
| <input type="checkbox"/> \$15,001-\$18,050 | <input type="checkbox"/> \$19,950-\$22,800 | <input type="checkbox"/> \$22,801-\$25,650 | <input type="checkbox"/> \$25,651-\$28,450 |
| <input type="checkbox"/> \$28,451-\$30,750 | <input type="checkbox"/> \$30,751-\$33,250 | <input type="checkbox"/> \$33,251-\$38,000 | <input type="checkbox"/> \$38,001-\$42,750 |
| <input type="checkbox"/> \$42,750-\$47,450 | <input type="checkbox"/> \$47,451-\$51,250 | <input type="checkbox"/> \$51,251-\$55,050 | <input type="checkbox"/> Over \$60,000 |

How did you learn about this program? Roberta's House Funeral Home Radio Advertisement
 Newspaper Hospice School Physician Friend Other: _____

Signature

Date

Relationship to child (please print legibly): _____

Mail to:

Camp Erin Baltimore
C/O Roberta's House, Inc.
2510 St. Paul Street, 1st Floor
Baltimore, Maryland 21218
Fax to: 410-235-6636
Email to: info@robertashouse.org and place Camp Erin in the subject line