



Special Journeys, LLC - PO Box 30256, Omaha, NE 68103
E-Submit via: Fax: (877) 934-8832 or scan to info@specialjourneys.org

Traveler Application

Full Legal Name for ticketing (incl. Middle Initial): _____

Traveler's Common First Name (for nametag): _____

Date of birth: _____ Gender: Male Female

Traveler has: State-Issued Photo ID? Yes No
Passport? Yes No

T-Shirt/Sweatshirt Size: 3XL 2XL XL L M S

Agency Name: _____

Contact Person: _____

Full Address: _____

Phone: (Day) _____ (Evening) _____

Fax: _____ E-mail address: _____

Living Arrangement: Independent Living Group Home
 Family / Guardian Host Home / Extended Family

Street Address: _____ Apt # _____
(Please include full address, including street direction and street type/suffix)

City: _____ State: _____ Zip Code: _____

Phone Number: (Day) _____ (Evening) _____

Fax: _____ Traveler E-mail: _____

Home Provider Name (if applicable): _____

E-mail address: _____

Payee Service (if applicable, name only): _____

E-mail address: _____

Parent/Guardian Name: _____ **Relationship:** _____

Full Address: _____

Phone: (Day) _____ (Evening) _____

E-mail address: _____

Communication

Pre-Trip Information:

Mark up to four individuals who should receive pre-trip information via e-mail and fax.

Traveler Agency Contact Other Residential Staff

Host Home/Extended
Family Provider Guardian Group Home Manager

Other (specify) _____

Receipts via E-mail:

Mark the individuals who should receive e-mails with receipts for all payments sent in. If you have a Payee they must receive a copy!

Traveler Agency Contact Payee

Host Home/Extended
Family Provider Guardian/Parent

Receipts via Mail: Please assist us in getting receipts to you in a timely manner via e-mail. If you have no other method of receiving receipts we will send copies to up to two addresses. Please enter the individuals who should receive mailed receipts:

Additional E-mail Address: If the e-mail address of any of the above is NOT on page 1, enter it here:

Traveler Disabilities

Intellectual Disability

Mild Moderate Severe Profound None

Developmental Disability

Cerebral Palsy Autism Downs Syndrome
 Traumatic Brain Injury Petit Mal Seizures
 Seizure history (2+ years ago) Current Grand Mal Seizures
(separate addendum required)

Mental Illness

Anxiety Bipolar Depression
 Psychological Impairment

Physical Disability

Blind Deaf Hearing Impaired
 Non-verbal Mobility Issues *(separate addendum required)*

Traveler Cares

Mark all that apply and provide a full description. **Application will NOT be accepted without a full description.**

Dentures Hearing Aid Smoker/Chews Tobacco

Medical Issues (mark all that apply)

No Medical Issues
 Arthritis Seasonal allergies Pre-Diabetes
 Stroke Asthma Diabetes (no insulin)
 Heart Condition Constipation Diabetes (uses insulin)
Separate Addendum required

FULLY describe marked items below:

Food & Eating Issues (mark all that apply)

No Food Issues

Food Intolerances
Separate Addendum required

Food Allergies
Separate Addendum required

Significant Food Dislikes

Special Diet (e.g. low calorie, no fried foods)

Eating Assistance Needed:

Monitor for choking

Portion controls

Total Assistance

Eats too fast

Eats too slow

Needs Food Cut Up:

General cutting

Cut meat bite sized

Cut All Food bite sized

Additional solid/liquid food modification
Contact us for optional addendum

FULLY describe marked items below:

Walking Issues (mark all that apply)

No Walking Issues

Poor coordination

Tires Easily

Cannot walk 2 to 3 blocks

FULLY describe marked items below:

Spending Money (mark one)

Spending Money: Is held by traveler Must be held by staff

Prescription Medication (mark one)

Traveler: does not take any medicine.
 is self-medicating (handles medicine completely on their own).
 needs reminders only for taking medicine.
Note: Special Journeys must (a) be given meds at the pickup – not stored in suitcase, (b) hold meds during trip, and (c) have meds held only in our custom medicine bags.
 needs supervision for taking medicine.
Note: Special Journeys must (a) be given meds at the pickup – not stored in suitcase, (b) hold meds during trip, and (c) have meds held only in our custom medicine bags.

Over-The-Counter Medication (mark Yes or No for every item)

The traveler CAN take:

Aspirin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Imodium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advil	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto-Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Milk of Magnesia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tums	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Has traveler ever experienced motion sickness? Yes No Unsure

In the event of motion sickness, may we give the over-the-counter medicine Medi-Meclizine (same active ingredient as non-drowsy Dramamine)? Yes No

Medication allergies

Describe all medication allergies and type of reaction:

Assistance Needed (mark one in each category)

Toileting	_____ None	_____ Partial	_____ Total
Showering	_____ None	_____ Partial _____ Assistance with hair _____ General washing assistance	_____ Total
Specialty Shower Requirements	_____ None	_____ Wheelchair-Accessible _____ Roll-in Shower	_____ Grab bars in tub <i>(see Note below)</i>
Dressing	_____ None	_____ Partial	_____ Total
Brushing Teeth	_____ None	_____ Partial	_____ Total
Shaving (males)		_____ No help needed	_____ Needs help
Hygiene products (females)		_____ No help needed	_____ Needs help

Hotel Tub Grab Bar Note: Grab bars in hotels are extremely limited and their design/ placement varies greatly. If you select “grab bars” we will place a temporary adjustable clamp, 300 lb rated, shower bar on the tub.

Describe, in detail, any information that will be helpful to us in assisting the Traveler in the categories referenced above.

Behavior Issues

Mark all behavior issues that apply:

No Behavior issues

Aggression

Verbally

Physically

Aggressive gestures

Harasses/teases others

Resists supervision

Is aggressive toward:

Other travelers (clients)

Staff

General public

Self (self-injury)

Property

Interactions

Interacts inappropriately with others

Fabricates stories

Can become overly attached to others

Other

History of stealing

Wanders (please describe FULLY below)

Irregular sleeping

Been sent home by another recreation provider

Legal obligations/issues

Describe in detail any behavioral concerns indicated above and how they are best handled:

1:1 Dedicated Staffing

Every night each Travel Companion assists in two hotel rooms containing 3 to 4 travelers. During the day we operate on a large group concept where Travel Companions assist any traveler who needs assistance. A Dedicated 1:1 Travel Companion is an optional staffing level.

_____ Mark here if a 1:1 Dedicated Travel Companion is required.

We are currently unable to provide Dedicated 1:1 Travel Companions - you will need to bring your own staff in these situations. **1:1 Travel Companions are an additional charge.**

Traveler Personality

To help provide an optimum travel experience, please tell us about the traveler's personality.

Traveler Likes: _____

Traveler Dislikes: _____

Traveler Fears: _____

Traveler's Special Skills: _____

What other trips would you be interested in that Special Journeys does not currently offer?

The last time traveler went on a group vacation was: _____

Addendums for Specific Care Needs

Use the table below to determine the addendum(s) you need to include with your application.

Question:	If YES:	If NO:
1 Has the traveler had seizures in the last two years?	Complete Addendum A. Then go to question #2.	Go to question #2.
2 Does the traveler have insulin-controlled diabetes?	Complete Addendum B. Then go to question #3.	Go to question #3.
3 Does the traveler have mobility issues, need equipment, or need a special vehicle?	Complete Addendum C. Then go to question #4.	Go to question #4.
4 Does the traveler have food intolerances or food allergies?	Complete Addendum D. Then go to question #5.	Go to question #5.
5 Did you answer Yes to any of the questions above?	Complete the addendums, sign the release documents and submit application.	Sign the release documents and submit the application.

Traveler Agreement and Release

This automated PDF document does not include the required Traveler Agreement and Release. You can complete this required document in one of two ways:

- 1) Electronic Signature: Go to the Special Journeys website at www.specialjourneys.org/signature and complete the electronic signature process.
- 2) Hand signed version: Go to the Special Journeys website (www.specialjourneys.org) and print the document. After signing please mail, fax or scan/email to us.

Who needs to sign the Traveler Agreement and Release:

- Travelers who do not have a guardian **MUST** sign the Agreement & Release
- If a Guardian is present, they **MUST** sign the Agreement & Release

Addendums A – D follow. If any Addendums are required please proceed.