



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 address: _____

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

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