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: _____

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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:

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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)
Sep*arate Addendum required*

FULLY describe marked items below:

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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:

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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	____Yes	____No	Imodium	____Yes	____No
Advil	____Yes	____No	Pepto-Bismol	____Yes	____No
Tylenol	____Yes	____No	Milk of Magnesia	____Yes	____No
Decongestant	____Yes	____No	Tums	____Yes	____No
Cough Syrup	____Yes	____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:

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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 *(see Note below)*
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.

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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:

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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.

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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/esig.shtml and complete the electronic signature process.

2) Hand signed version: Go to the Special Journeys website www.specialjourneys.org/forms.shtml 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.

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Addendum A
Travelers Who Have Had Seizures In the Last Two Years

Traveler's Name _____ City and State _____

Height: _____ Weight: _____

Seizure Information

Seizure Type	Length	Frequency	Description

How many seizures does the traveler average a month?: _____

Seizure triggers, warning signs and/or behavior changes prior to seizures:

_____

Traveler's reaction to seizure: _____

Usual time of day seizure occurs (if any): _____

Does the traveler fall during the seizure?: ____ Yes ____ No

If Yes, have they been injured from the fall?: ____ Yes ____ No

If Yes, do they wear protective clothing or helmet?: ____ Yes ____ No

Average length of time until traveler can return to regular activities: _____

Do you have an individualized seizure plan? ____ Yes ____ No
If Yes, include it with your application.

Continue to the second page
to complete the Medication and Treatment Section

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Seizure Medication and Treatment Information

Does the traveler take emergency/rescue medication? ___ Yes ___ No

Medication	Dosage	Administration Instructions (timing *1 & method *2)	What to do after administration

*1 – After 2nd or 3rd seizure, for cluster of seizures, etc
*2 – Orally, under tongue, etc.

Should any of these medications be administrated in a special way? ___ Yes ___ No

If YES, explain _____

Should any particular reaction be watched for? ___ Yes ___ No

If YES, explain _____

Does the traveler have a Vagus Nerve Stimulator (VNS)? ___ Yes ___ No

If YES, describe instructions for appropriate magnet use:

_____

Explain any other information that would be helpful for our staff to know regarding this traveler and seizures:

_____

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep traveler safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with traveler until fully conscious
- ✓ Record seizure in log

For grand mal seizure:

- ✓ Protect head
- ✓ Keep airway open / watch breathing
- ✓ Turn traveler on side

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (grand mal) seizure lasts longer than five (5) minutes
- ✓ Traveler has repeated seizures without regaining consciousness
- ✓ Traveler has a first-time seizure
- ✓ Traveler is injured or has diabetes
- ✓ Traveler has breathing difficulties
- ✓ Traveler has a seizure in water

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Addendum B
Travelers with Insulin-Controlled Diabetes

Traveler's Name _____ City and State _____

Exact name and brand of insulin used: Short acting: _____

Long acting: _____

The insulin is delivered via: ____ Pen ____ Syringe

Is insulin coverage for lunch taken: ____ BEFORE or ____ AFTER the meal?

Target blood glucose: Pre-Meal: _____mg/dl; 2 hours after meals: _____ mg/dl

Insulin Coverage for: Meals, Snacks & Long Acting Insulin

Meal/Snack	Time	Insulin: Carb ratio	Carb grams per meal	Type of insulin	Units of insulin	Is sliding scale present?
AM						Yes No
Breakfast						Yes No
AM Snack						Yes No
Lunch						Yes No
PM Snack						Yes No
Dinner						Yes No
Bedtime						Yes No
Night						Yes No

Sliding Scale

Sliding Scale: The amount of insulin used to cover an elevated blood glucose **over** the amount of insulin used to cover meals.

Correction Factor Formula (if used) (Blood Glucose – Target ÷ Sensitivity
(Blood Glucose - _____ ÷ _____)

If Blood Glucose is less than _____ mg/dl = Give **NO Sliding Scale Insulin**

Blood Glucose _____ to _____ mg/dl give _____ Units

Blood Glucose _____ to _____ mg/dl give _____ Units

Blood Glucose _____ to _____ mg/dl give _____ Units

Blood Glucose _____ to _____ mg/dl give _____ Units

Blood Glucose _____ to _____ mg/dl give _____ Units

Blood Glucose above _____ mg/dl give _____ Units

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Addendum C
Travelers With Mobility Issues, Assistive Equipment and/or Special Vehicle Needs

Traveler's Name _____ City and State _____

Height: _____ Weight: _____

Traveler will bring:

- ___ Electric Wheelchair
- ___ Manual Wheelchair
- ___ Travel Wheelchair
- ___ Walker
- ___ Gait Belt
- ___ Hoyer Lift
- ___ Cane
- ___ Adaptive eating device (describe on page 2)
- ___ Toilet/Shower Chair
- ___ Leg Braces
- ___ Other (describe on page 2)

CLEARLY LABEL ALL EQUIPMENT WITH TRAVELER'S NAME
ENSURE THAT ALL EQUIPMENT IS WORKING PROPERLY PRIOR TO DEPARTURE

Pickup and Drop Off Vehicle Requirements:

- ___ Traveler must be transported in wheelchair van
- ___ Traveler can be transported in a car
- ___ Traveler can be transported in a minivan
- ___ Traveler can be transported in 15 passenger van (step stool always used)
- ___ Front seat **only** in 15-passenger van

On a full-sized charter bus:

- ___ Traveler needs a wheelchair lift to enter bus
- ___ Traveler must remain in wheelchair for entire bus ride
- ___ Traveler may need wheelchair lift to enter during the trip (describe on page 2)
- ___ Traveler can transfer from wheelchair to a seat on the bus and can sit independently
- ___ Traveler can transfer from wheelchair to a seat on the bus and needs staff by their side
- ___ Traveler can use stairs with assistance

Wheelchair Usage:

- ___ Traveler does not use a wheelchair. **Complete only the next question.**
- ___ Traveler uses a wheelchair full time. **Complete page 2.**
- ___ Traveler uses a wheelchair for long distances. **Complete page 2.**

Walking Assistance Needed:

- ___ Traveler needs assistance walking on uneven ground, stairs, and difficult terrain
- ___ Traveler needs physical assistance of staff while walking at all times

Describe walking assistance needed:

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Travelers Who Use a Wheelchair

Traveler's ability in a wheelchair:

- ☐ In a manual wheelchair, traveler can move independently without being pushed
- ☐ In a manual wheelchair, traveler needs assistance during certain times, such as when going uphill
- ☐ In an electric wheelchair traveler can move independently
- ☐ In a manual wheelchair, traveler must be pushed at all times
- ☐ Traveler uses a manual wheelchair for long distances or when tired (describe below)
- ☐ In an electric wheelchair traveler needs assistance (describe below)

Transfer Information:

- ☐ Traveler transfers self
- ☐ Traveler needs partial assistance to transfer (fully describe below)
- ☐ Traveler can bear weight
- ☐ Traveler needs total assistance with transferring

Transfer Method:

Can traveler assist with pivoting? ☐ Yes ☐ No

Does the traveler use a pivot disk? ☐ Yes ☐ No

Does the traveler use a transfer board? ☐ Yes ☐ No

The traveler requires the following transferring technique:

☐ Stand Pivot ☐ Two Person Lift ☐ Hoyer Lift

Describe any information regarding transfers that would be helpful for our staff to know:

Additional information from Page 1:

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Addendum D
Food Intolerances and Allergies

Traveler's Name _____ City and State _____

Food intolerances and allergies can have the similar symptoms of nausea, diarrhea, and/or vomiting, but they are very different in severity.

Food Intolerances: are generally not life threatening. They involve the digestive system (except Celiac which also involves the immune system). Symptoms may be delayed.

Food Allergies: can be life threatening. They involve the immune system. They can cause anaphylaxis, which requires epinephrine for treatment. Symptoms appear rapidly.

Important Information for our Travelers with Food Issues:

Our meals are prepared at restaurants that cook with allergens present throughout their kitchen. The risk of direct or cross-contamination - in the air, on equipment, and in food – is always a possibility.

If you have food issues, you should assume that there will be limited menu choices and that, depending on the severity of your issues, Special Journeys will defer to the chef to select whatever is safest for you. For this reason, you will be served with the tour leaders, last in line.

It is important to select a trip in which your food issues can be accommodated. Please feel free to contact us to discuss which trips may best match your needs.

Notice of Risks:

The Special Journeys team makes every attempt to identify ingredients that may cause reactions for those with food intolerances and allergies. We make every effort to instruct restaurant managers and/or food production staff on the severity of the food issues of our travelers.

However, there is always the risk of contamination. There is also a possibility that manufacturers of the commercial foods used in restaurants could change their formulation at any time, without notice. Furthermore, US law only requires food labeling to identify eight food allergens, so commercial foods can contain other allergens that are not listed on the label. Travelers concerned about food intolerances and allergies must be aware of these risks.

Special Journeys does not assume any liability for adverse reactions to foods consumed or items one may come into contact with while travelling with Special Journeys.

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Food Intolerances

Mark the foods/drinks to which you are intolerant:

Dairy: _____ Fluid Milk _____ Butter _____ Yogurt

_____ Cheese or items with cheese listed as an ingredient

_____ Baked Goods with any dairy listed as an ingredient

_____ Items with dairy or dairy-derivative ingredient (whey, lactose, casein, etc.)

Egg: _____ Whole eggs (such as scrambled or hard-boiled eggs)

_____ Baked goods with any egg listed as an ingredient

_____ Other items with any egg listed as an ingredient

Wheat / Gluten: _____ Items with any wheat/gluten listed as an ingredient

Fish or Shellfish: _____ Fish _____ Shellfish (most likely to be encounter on cruises)

Nuts: _____ Peanuts _____ Tree Nuts

Corn: _____ Whole corn such as corn kernels, tortilla chips, corn muffins

_____ Items with corn or corn products listed as an ingredient

Soy: _____ Soy Lecithin _____ Soy Protein (concentrate, hydrolyzed, isolate)

_____ Items with soy listed as an ingredient

Other: List any other food intolerances, and indicate if the symptoms occur when the food is cooked, or fresh, or both. US law only requires food labeling to identify eight food allergens, so commercial foods can contain other allergens that are not listed on the label.

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(Combined) Intolerance and Allergy Questions

1) How has your food issue been diagnosed (doctor, agency nurse, nutritionist)? How long have you had this issue?

2) Describe in detail what happens when you are exposed to the food?

3) How long does it take for symptoms to appear after you have been exposed to the food?

4) On a scale of 1 to 10, with 10 being the worst, how severe is your reaction to the food item? N/A

5) How often in a month (for intolerance) or year (for allergy) do you have issues with the food?

6) Have you ever been hospitalized due to a reaction to this food? ____ Yes ____ No

7) Do you feel safe eating at most restaurants? ____ Yes ____ No

If "No", what restaurants do you feel safe patronizing?

If/when you eat at restaurants, what do you normally eat?

If/when you eat at restaurants, how do you make sure the food you eat is safe for you?

8) Is there any other information you would like to share with us to meet your food needs?

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Food Allergies

If your food issue is an allergy, indicate in which cases you are likely to have an allergic reaction:

1) You ingest the food: _____ Yes _____ No
2) You touch the food: _____ Yes _____ No
3) The food is in close proximity: _____ Yes _____ No

Do you have asthma: _____ Yes _____ No

If you answered "Yes" to question 2 or 3 above, unfortunately Special Journeys is unable to safely accommodate you on our vacations.

Mark all items to which you are allergic:

_____ Soy _____ Wheat _____ Milk _____ Egg

_____ Fish _____ Peanut _____ Tree Nut _____ Shellfish

_____ Other: _____

Note: If you have selected "Other" please contact our office to ensure we can accommodate you. US law only requires food labelling for the eight most common allergens, so commercial foods can contain other allergens that are not listed on the label.

Required Attachments to this Addendum:

Attach to this addendum your individual *Food Allergy & Anaphylaxis Emergency Care Plan*, and ensure that the plan includes a recent photo of you. We also require a plan for on-trip storage of any epinephrine injector, antihistamine pills, and inhaler. To ensure that these crucial items will be immediately available in case they are needed, Special Journeys CANNOT store them in travelers' medicine bags with the other medications

Selecting A Food-Allergy-Safe Vacation:

We cannot emphasize enough the importance of working with our office to ensure that you select a trip that best matches with your allergy needs. In addition to allowing us to provide you with an enjoyable trip, this also allows us, whenever possible, to contact restaurants beforehand to pre-arrange allergy friendly meals. However, there are certain trips where this is difficult or impossible to arrange, so it is essential for you to consult with us before choosing a trip. Disney-related trips are a very good choice for travelers with food issues because Disney tracks the food carefully.

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