



East Texas Fun Bunch (ETFB), Inc.  
 "Excellent Time For Bonding (ETFB)"  
 P.O. Box 60950  
 Houston, TX 77205-0950  
 Website: [www.easttexasfunbunch.org](http://www.easttexasfunbunch.org)

Marilyn Ruth Burke, Director  
 832.721.5683  
 James M. Wong, Secretary/Treasurer  
 281.608.1336  
 E-mail: [easttexasfunbunch@yahoo.com](mailto:easttexasfunbunch@yahoo.com)

## TRIP APPLICATION FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND RELATED CONCERNS

Please answer all questions completely, neatly and accurately and return completed application as soon as possible.

**APPLICANT:**

Name (As it appears on official ID): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Sex: male \_\_\_\_\_ female \_\_\_\_\_

Marital Status: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Type of Living Situation (check one):

Group Home     Family     ICF     Apartment     Independent Living

Other (explain) \_\_\_\_\_

Have you ever been on an ETFB trip before?     YES     NO

**REFERRING INDIVIDUAL Completing Application (other than applicant)**

Name (and Agency if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Will you be assisting applicant with trip preparation?  YES  NO (if no, please complete the following)

**RESPONSIBLE PERSON FOR ASSISTING APPLICANT WITH TRIP PREPARATION**

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**LEGAL GUARDIAN OR REPRESENTATIVE**

Name: \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

**TRIP CHOICES:**

\_\_\_\_\_ Check if applicant needs a slower paced trip

First Choice – Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Second Choice – Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Third Choice – Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Would like to be on the same trip with the following person(s):

\_\_\_\_\_

Would not like to be on the same trip with the following persons(s):

\_\_\_\_\_

**APPLICANT PROFILE**

Please complete the following accurately and completely. Provide clarifying comments if necessary.

**GENERAL:**

Applicant's major disabilities: \_\_\_\_\_

Is applicant fully ambulatory? \_\_\_\_\_ YES \_\_\_\_\_ NO Walk at slow pace or unsteady gait? \_\_\_\_\_ YES \_\_\_\_\_ NO

Indicate mobility assistance needed: \_\_\_\_\_

Is applicant visually impaired? \_\_\_\_\_ YES \_\_\_\_\_ NO Comments: \_\_\_\_\_

Is applicant hearing impaired? \_\_\_\_\_ YES \_\_\_\_\_ NO Comments: \_\_\_\_\_

Is applicant understandable when speaking? \_\_\_\_\_ YES \_\_\_\_\_ NO Comments: \_\_\_\_\_

**MEDICAL:**

Allergies: \_\_\_\_\_ YES \_\_\_\_\_ NO Specify Allergies: (Include insect bites, food, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check those which apply and explain below if necessary:

- No problems or unusual behavior     Makes choices     Is cooperative     Follows directions  
 Shy/withdrawn/keeps to self     Talkative     Fabricates stories     Talks to anyone  
 Needs coaxing into activities     Wanders     History of stealing     Teases others

Please explain any behaviors not covered. If you have a Behavior Program Plan, please attach (required).

---

---

Does applicant have any specific fears?     NO     YES (explain) \_\_\_\_\_

---

---

What types of situations provoke anger or frustrations? Describe and state frequency:

---

---

Explain how applicant express anger and/or frustration and how it is usually handled:

---

---

**ACTIVITIES OF DAILY LIVING:**

Self-Care Skills:	Totally Independent	Needs Assistance	Poor	Describe Assistance Required
Dressing	_____	_____	_____	_____
Bathing	_____	_____	_____	_____
Toileting	_____	_____	_____	_____
Hygiene	_____	_____	_____	_____
Feeding	_____	_____	_____	_____
Skills:				
Money	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Telling Time	_____	_____	_____	_____

Please provide any further information which will assist us in knowing applicant's needs for placement on a vacation. Once accepted, supplementary information will be requested to further assist the vacation staff in providing a safe and enjoyable experience for the applicant.

Seizures:  NO  YES (specify) \_\_\_\_\_ Type: \_\_\_\_\_ Frequency \_\_\_\_\_

Medication: \_\_\_\_\_

Dietary Limitations/Restrictions:  NO  YES (Describe): \_\_\_\_\_

Activity Limitations/Restrictions:  NO  YES (Describe): \_\_\_\_\_

Does applicant accurately report illness and health concerns?  YES  NO

Describe: \_\_\_\_\_

**MEDICATIONS:**

Name	Dosages/#	Times/Day	Purpose	Instructions	Side Effects/Precautions

**SOCIAL BEHAVIORS:**

Does applicant interact appropriately with:

Staff:  YES  NO (explain) \_\_\_\_\_

Peers:  YES  NO (explain) \_\_\_\_\_

Strangers:  YES  NO (explain) \_\_\_\_\_

Safely and respectfully share a hotel room with another vacationer?  YES  NO (explain) \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EAST TEXAS FUN BUNCH (ETFB), INC. TRIP POLICIES**  
(Please read and understand the following policies carefully)

**ALL INCLUSIVE TRIP COST:**

The cost of the trip is all inclusive. It includes all ground, air, and water transportations, lodging, meals, gratuity, travel insurance (a detailed pamphlet from the insurance company will be furnished to you upon acceptance of your application), all entertainments and activities, and an escorting/supervisory staff. Personal expenses such as buying souvenirs, gifts, personal items, and extra spending money are not included in the cost of the trip.

**CANCELLATION POLICY:**

- Cancellations may be made initially by phone, but must be confirmed in writing.
- Cancellations involving a Driving Destinations by Van:

If a cancellation is received at least more than 45 days prior to departure, your payment will be refunded to you, minus a \$50 service charge. A cancellation request made 45 days or less prior to departure is non-refundable. Should it be necessary to leave a trip while it is in progress, for behavioral, or personal reasons, there will be no refund and additional expenditures incurred from travel or assistance are the responsibility of the traveler.

- Cancellations involving Air/Cruise/Tour Operators:

If a cancellation request is received at least 60 days prior to departure, your payment will be refunded, minus \$50 service charge, and as noted “\*” below. A cancellation request made 46 to 59 days prior to departure will be charged a service fee of \$100, and noted “\*” below, if a replacement can be found. If no replacement can be found, 50% of the trip cost will be charged and as noted “\*” below. A cancellation request made 45 days or less prior to departure is non-refundable.

There are no refunds for travelers who do not show up for their departure, who refuse to board or are denied boarding of their flight or cruise for any reason, including, but not limited to, improper or inadequate identification or behavioral reasons. Should it be necessary to leave a trip while it is in progress, for any reason other than medical, there will be no refund, and additional expenditures incurred for travel or assistance are the responsibility of the traveler.

\* Please Note: For all cancellations made in this category, regardless of the time in advance of departure, you are responsible for payment of the cost of any previously purchased airline tickets, cruise reservations, or other reservations made on your behalf. These items will be deducted from your payment, or if your trip payment has not been received as the time of cancellation, you will be billed for those items. After these fees have been paid, your non-refundable airline ticket (if applicable) can then be mailed to you for your personal use, or we can retain the airline ticket

for future travel with us. (Re-booking of an existing airline ticket carries with it the rules of the specific airline carrier, including both time limitations for use and monetary re-booking charges.)

Please understand that vacations by air or cruise, or which utilize tour operators, are somewhat restrictive and inflexible by their nature. While we always attempt to replace travelers who find it necessary to cancel, it has become increasingly difficult to replace travelers at reasonable costs when someone cancels without adequate notice. This aspect of our Cancellation Policy addresses those trips where transportation and tour providers are involved beyond ETFB, Inc.

- There are certain circumstances that are beyond our control which could affect your vacation. These could include, but are not limited to, airport closures due to weather or other reasons, a strike or bankruptcy by an airline or tour operator, natural disasters, or acts of terrorism. ETFB will make every effort to act in the best interest of our travelers,

but is not responsible for such incidents. We will seek refunds or adjustments in such circumstances from the provider of the affected services; however, we cannot refund payments unless we receive a refund of the money paid to them. As such occurrences are beyond our control, it is possible there could be no refund or additional trip expenses.

### **MEDICAL POLICY**

The undersigned gives permission to the staff accompanying Participant to administer any first aid should a situation requiring medical attention occur while participating in the Event, including hospitalization. The undersigned hereby gives permission to the staff accompanying Participant to administer prescription medication and over the counter medications as deemed necessary. Participant assumes responsibility for all costs and expenses for any medical treatment received by Participant, beyond those covered by the travel insurance policy. ETFB is not responsible for any such costs and expenses.

### **LIMITED LIABILITY**

The staff of ETFB is prepared to lead a safe and enjoyable trip. As in many outdoor or travel experiences, risk to body or property may be present. Participants, or the guardians or agents, enrolling on a trip do so at their own risk. The undersigned understands the risks associated with travel experiences and is participating, or consenting to the participation by Participant, at their own risk. The undersigned hereby releases and waives any and all claims or causes of action against ETFB, and its principals, agents, employees, or volunteer staff, arising out of any injury or property loss occurring while participating in the Event. The undersigned agrees to indemnify and hold harmless ETFB from any claims or liability of any nature arising out of the participation by Participant in the Event.

### **SEND HOME POLICY**

In rare situations in which the Participant's behavior becomes disruptive, unacceptable or threatening to the safety and enjoyment of other travelers, ETFB will return the Participant to his or her residence as soon as possible without a refund. The Participant and/or responsible parties will be charged the necessary expenses in returning the Participant to his or her residence. As much as ETFB regrets this action, we believe it is necessary because we cannot allow one Participant to ruin the vacation of other Participants. The travel insurance will not reimburse the Participant for these expenses.

### **ACKNOWLEDGEMENT**

The undersigned hereby acknowledges that the information provided on the Participant in this Application is true to the best of his or her knowledge and that he or she has read and understands the section labeled "ETFB TRIP POLICIES."

---

Print name of person completing this registration

---

Signature and Date

---

Title of person completing this registration