



**The CARE Project Family Retreat
at Tamarack Resort, Tamarack, Idaho
311 Village Dr., Tamarack, Idaho 83615
June 5-7, 2020**

- a) COMMUNICATION If your family is accepted to attend, email communication is the best way for The CARE Project team to share details about the retreat, as well as gather family information. Texting and phone calls will also take place before the retreat, but the bulk of the information will come via email. If you have extenuating circumstances, please elaborate in the provided space on the application.
- b) SCHEDULING While applying, please be mindful of the following schedule. Your family is asked to commit to all scheduled workshops and events on Saturday & Sunday, to avoid any disruption to others. If you are selected and then find that you are unable to attend, it is imperative that you let us know in advance so that we can alert a waiting-list family to attend in your place.
- Arrival: Friday, June 5 between 4pm and 8pm
 - Workshops: Saturday, June 6th & Sunday, June 7th
 - Departure: Sunday, June 7th at 1:00pm
- c) CHILDCARE While you are listening to speakers, your children will be in childcare. We have a dedicated, qualified childcare team that leads activities for kids of all ages – board games, stories, art activities, nature walks and more! All childcare volunteers have completed applications and passed background checks. Childcare volunteers will know how to reach you in the event of an emergency.
- d) ACCOMMODATIONS Housing and meals are provided by The CARE Project. Your family will have private accommodations.
We do our best to accommodate dietary allergies and restrictions if they are communicated in advance. However, if you have VERY strict dietary needs, you may need to supplement with your own snacks/beverages.
- e) ALCOHOL For insurance and liability purposes, *alcohol is NOT served at official CARE meals, activities, and workshops*. However, you are free to do as you wish while in your own private accommodations. *Irresponsible alcohol use and/or public intoxication will not be tolerated.*



Completed applications must be received by Monday, March 1, 2020

CONTACT INFO

Name of primary contact (retreat attendee who will read all info & correspond with CARE):

Preferred contact phone number:

Email (we will never spam you; please list a functioning email address):

Retreat attendance requires consistent communication via email. Are you able to check your email regularly?

If not, please explain. Be sure to include an alternate method of communication, keeping in mind that you must be consistently available via that method.

Family Address:

How did you find out about the CARE Project and/or the Family Retreat?

RETREAT ATTENDEES

This is a Family Retreat designed to serve parents, the child with hearing loss, and his/her siblings. However, we also understand that not all primary caregivers are birth-parents! Whatever your situation, we welcome TWO (2) primary caregivers from your family.



Please list the names of the TWO (2) primary caregivers to attend. If only one (1) primary caregiver can attend, just leave the second space blank. **At this time, we cannot accommodate more than 2 primary caregivers.*

1.

Relationship to child with hearing loss:

2.

Relationship to child with hearing loss:

Does either primary caregiver have hearing loss? If yes, what accommodations are needed?

Please list the **name(s)** and **age(s)** of the child (or children) with hearing loss:

What mode of communication is currently being used in your home (ASL, spoken language, lip-reading, Cued Speech, combination of any/all)?

Will your family require the services of an ASL interpreter or Cued Speech transliterator during the retreat?

Please describe your child or children's hearing loss. Include diagnosis, equipment used (if any), and any other info you feel is important:



Please list the **names** and **ages** of any siblings who will attend:

1.

2.

3.

4.

Do you feel that we should be aware of any additional pertinent information regarding siblings? If so, please explain:

Write a statement explaining why you would like for your family to participate in The CARE Project Retreat Weekend. What skills and knowledge do you hope to gain? How could this retreat help benefit your child/children? If you're filling out your application by hand, feel free to use the back if necessary.

Thank you for taking time to fill out the application. You will be notified soon after the application deadline of the status of your application. If you are selected to participate in the retreat, we will request more in-depth information to help us meet the needs of your family.



Please return the completed information above via email to Brian.Shakespeare@dhw.idaho.gov.

Or regular mail:

Idaho Sound Beginnings
450 W. State St., 5th Floor
Boise, Idaho 83702
208-334-0983

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