CHILDREN/TEEN SERVICES

Paladin

SUPPORTING • EDUCATING • BUILDING LIVES

Day Camp – Respite – PAC – Behavior Management

SPRING CAMP

Transportation is *not* available for Day Camps

For: **Youth with disabilities ages 5-17 years old**

Location: **4315 E. Michigan Blvd. Michigan City, IN**

Dates: **April 6-10, 2026**

Time: **8:00 am-3:00 pm**

REFERRAL AND DOCUMENTS MUST BE SUBMITTED TO BRITTINY PERSONS BY FEBRUARY 27, 2026

BDS Waiver Accepted!

Private Pay Options Are Available

For More Information Contact:

Brittiny Persons

brittiny.persons@paladin.care

219-874-4288 Ext. 1139

If you have attended previous camps, please contact:

Janet Li

janet.li@paladin.care

219-874-4288 Ext. 0313

Children Services Referral Form

Return form to Intake Coordinator when complete.

Name of Individual Being Referred: _____ Birthdate: _____

☐ This individual is currently on a BDDS Waiver. ☐ I am interested in privately paying for services.

Address: _____ City: _____ State: _____ Zip: _____

Name of Primary Contact: _____ Relation to Individual: _____

Telephone Number: _____ Date referred: _____

Referral Source:

❑ Residential Provider: _____ ❑ Family Member, Relation: _____

❑ Respite Provider: _____ ❑ Waiver Case Manager: _____

❑ Behavior Clinician: _____ ❑ Other: _____

Name of Person Referring: _____

Primary Disability: _____

Secondary Disabilities: _____

Current or previous Day/Respite Service involvement: _____

Special needs to be considered: _____

Service(s) Requested: ❑Respite/PAC ❑Children's Camp ❑Therapy Services _____

Documents Requested:

From Case Manager:

☐PCISP
☐LOCSI
☐Verification of Disability
☐Behavior plan
☐3 months of data-If receiving Behavior Supports
☐Risk Plans- if any, list below

From Family:

☐IEP/Other collateral data (Evaluations, etc.)
☐Current Physical- within last 12 months
☐Current Shot Record
☐TB Questionnaire
☐Current list of medications, with dose, time, and purpose

_____

_____

Other: _____

This portion below this line to be completed by Paladin ONLY.

Date all required documents received: _____ for ☐Lake ☐LaPorte Co. Location/Program: _____

PRELIMINARY SCREENING RESPONSE FROM PALADIN INC:

Appears Paladin Inc. services are appropriate and available, proceed with referral process. (Social Service Coordinator will contact you for an Intake Conference)

Paladin Inc. would like to coordinate a Case Conference prior to accepting due to the following concerns:

_____

Other _____

Approved by: Program Director: _____ Via: _____ Date: _____

SIGNATURE:

_____

Intake Specialist **Date**