



**OKIZU**

Supporting Families with  
Childhood Cancer

Received: \_\_\_\_\_ Entered: \_\_\_\_\_

# Okizu Family Camp Application 2019

Applications are also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.

- This is a cost-free respite and support weekend for Northern California families who have a child who has or has had pediatric cancer.
- These weekends are for the cancer patients, their parents, and their brothers and sisters.
- Camp Okizu is located in Berry Creek, California.
- Mail completed applications to the Okizu office at 83 Hamilton Drive, Suite 200, Novato, CA 94949.
- Para recibir esta información en español por favor llame a la oficina de Okizu al 415.382.9083.

Parent(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer(s): \_\_\_\_\_

## **2019 Family Camp Session Dates:**

**Please select a first, second, and third choice of sessions.**

FC 1 \_\_\_\_\_ April 26 – 28 Bereaved Families Only

FC 6 \_\_\_\_\_ August 30 – September 2

FC 2 \_\_\_\_\_ May 3 – May 6 James W. Hebert Family Camp

FC 7 \_\_\_\_\_ September 6 – 9

FC 3 \_\_\_\_\_ May 17 – 19

FC 8 \_\_\_\_\_ September 20 – 23 Bereaved Families Only

FC 4 \_\_\_\_\_ May 24 – 27

FC 9 \_\_\_\_\_ September 27 – 29

FC 5 \_\_\_\_\_ August 9 – 12

FC10 \_\_\_\_\_ October 18 - 20

With the exception of Family Camps 1 and 8, the weekends are open to all pediatric oncology families. You should apply for the weekend that best fits your schedule and needs.

We have the following additional resources at certain weekends:

- FC 2 will have additional resources for families with a brain tumor or solid tumor diagnosis.
- FC 3 and FC 7 will have an additional discussion group offered in Spanish.

All Family Camps will begin from Friday at 5:00 p.m. Some of the weekends will end Sunday after dinner and some will end Monday after brunch which should give everyone lots of time at Camp Okizu. You are always welcome to depart at the time that works best for your schedule and family.

**Please provide the following information for each family member applying for camp.**

Family Camp is offered to the cancer patient and their immediate family, which typically includes parents, sisters, and brothers. If you have questions, please email [heather@okizu.org](mailto:heather@okizu.org) or call 415.382.9083.

<u>Name</u>	<u>Relationship to patient</u>	<u>Gender</u>	<u>Birthdate (MM/DD/YYYY)</u>
_____	_____	_____	_____
<b>Parent 1</b>			
_____	_____	_____	_____
<b>Parent 2</b>			
_____	_____	_____	_____
<b>Child 1</b>			
_____	_____	_____	_____
<b>Child 2</b>			
_____	_____	_____	_____
<b>Child 3</b>			
_____	_____	_____	_____
<b>Child 4</b>			
_____	_____	_____	_____
<b>Child 5</b>			
_____	_____	_____	_____
<b>Child 6</b>			
_____	_____	_____	_____
<b>Child 7</b>			

**Cancer Patient Information**

Please complete all of this information even if the patient is no longer on treatment.

Name of child diagnosed with cancer: \_\_\_\_\_

Child's cancer diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Date(s) of any relapse(s): \_\_\_\_\_

Cancer physician: \_\_\_\_\_

Cancer treatment facility (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Stanford Children's Health at CPMC, San Francisco | <input type="checkbox"/> John Muir Medical Center, Walnut Creek         |
| <input type="checkbox"/> Kaiser Permanente Oakland Medical Center          | <input type="checkbox"/> Kaiser Permanente Roseville Medical Center     |
| <input type="checkbox"/> Kaiser Permanente Santa Clara Medical Center      | <input type="checkbox"/> Lucile Packard Children's Hospital Stanford    |
| <input type="checkbox"/> Sutter Medical Center, Sacramento                 | <input type="checkbox"/> UC Davis Medical Center, Sacramento            |
| <input type="checkbox"/> UCSF Benioff Children's Hospital Oakland          | <input type="checkbox"/> UCSF Benioff Children's Hospital San Francisco |

Other: \_\_\_\_\_

Current stage of treatment:  On treatment  Off treatment  Our family is bereaved

If off treatment, how long off treatment: \_\_\_\_\_

## **Additional Household Information**

**Family Status:**  Married  Divorced  Separated  Single Mother  Single Father \_\_\_\_\_ Other

**Custody:**  Mother  Father  Joint  Grandparent(s)  Guardian(s) \_\_\_\_\_ Other

### **Acceptance Packet**

Once this application is processed and approved, you will receive an acceptance packet via email or US Post.

How would you like to receive acceptance materials?  By Email  By US Post

**If you choose email, please make sure you have provided a legible email address on the front page.**

Would you prefer to receive the acceptance materials in Spanish?  Yes  No

How did you hear about Okizu? Please select all that apply.  Doctor  Nurse  Social Worker  Friend  
 Internet  Other (please specify): \_\_\_\_\_

### **Demographic Information**

The following questions are optional and will only be used to obtain funding from foundations that require this demographic information.

<b>Ethnicity</b>	<input type="checkbox"/> African American or Black	<b>Income Level Annually</b>	<input type="checkbox"/> Less than \$24,999
	<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> \$25,000 - \$49,999
	<input type="checkbox"/> Caucasian		<input type="checkbox"/> \$50,000 - \$74,999
	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> \$75,000 - \$99,999
	<input type="checkbox"/> Native American		<input type="checkbox"/> \$100,000 - \$124,999
	<input type="checkbox"/> Other		<input type="checkbox"/> \$125,000 - \$149,999
			<input type="checkbox"/> \$150,000+

Please inform us of any and all family members with allergies or health conditions, mental or physical, that will require treatment, restriction, or other accommodations while your family is at Camp Okizu.

Please comment on your current situation as it relates to the cancer diagnosis. For example, currently on treatment, recent relapses, remission, etc. Please also let us know of any current circumstances your family is going through. For example, parents divorcing, with hospice, new problems related to earlier treatment, trouble in school, etc.

### **Accommodations**

During our weekends, we have both cabin and tent space available. While most folks stay in cabins, many families enjoy sleeping under the stars in our 'tent city'. Families can bring their own, or borrow an Okizu tent that sleeps up to eight people.

We would like to stay in a tent and will bring our own tent.

We would like to stay in a tent and need to borrow one from Okizu.

We are not tent people and would like to stay in a cabin.

