Adventure Therapy Program Intake Check List

\_\_\_\_\_\_\_\_Family Information Sheet

\_\_\_\_\_\_\_\_Demographic Survey

\_\_\_\_\_\_\_\_Family Areas for Improvement

\_\_\_\_\_\_\_\_Individual Areas for improvement

\_\_\_\_\_\_\_\_Signed Waiver for the Adventure Center (indoor)

\_\_\_\_\_\_\_\_or Adam’s Eden Camp (outdoor).

\_\_\_\_\_\_\_\_If necessary, a written release from their Doctor clearing them for participation.

Signed Releases of Information

\_\_\_\_\_\_\_ Liberty to Referral Source

\_\_\_\_\_\_\_ Liberty to OnCare/Adventure Center people