



Special Journeys, LLC - PO Box 30256, Omaha, NE 68103  
E-Submit via: Fax: (877) 934-8832 or scan to info@specialjourneys.org

## Traveler Application

Full Legal Name for ticketing (incl. Middle Initial): \_\_\_\_\_

Traveler's Common First Name (for nametag): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Traveler has: State-Issued Photo ID? ☐ Yes ☐ No  
Passport? ☐ Yes ☐ No

T-Shirt/Sweatshirt Size: ☐ 3XL ☐ 2XL ☐ XL ☐ L ☐ M ☐ S

**Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Living Arrangement:** ☐ Independent Living ☐ Group Home  
☐ Family / Guardian ☐ Host Home / Extended Family

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
(Please include full address, including street direction and street type/suffix)

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

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Fax: \_\_\_\_\_ Traveler E-mail: \_\_\_\_\_

**Home Provider Name** (if applicable): \_\_\_\_\_

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

**Payee Service** (if applicable, name only): \_\_\_\_\_

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

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

## Communication

### Pre-Trip Information:

Mark up to four individuals who should receive pre-trip information via e-mail and fax.

\_\_\_\_\_ Traveler                      \_\_\_\_\_ Agency Contact                      \_\_\_\_\_ Other Residential Staff

\_\_\_\_\_ Host Home/Extended                      \_\_\_\_\_ Guardian                      \_\_\_\_\_ Group Home Manager  
Family Provider

Other (specify) \_\_\_\_\_

### Receipts via E-mail:

Mark the individuals who should receive e-mails with receipts for all payments sent in. If you have a Payee they must receive a copy!

\_\_\_\_\_ Traveler                      \_\_\_\_\_ Agency Contact                      \_\_\_\_\_ Payee

\_\_\_\_\_ Host Home/Extended                      \_\_\_\_\_ Guardian/Parent  
Family Provider

**Receipts via Mail:** Please assist us in getting receipts to you in a timely manner via e-mail. If you have no other method of receiving receipts we will send copies to up to two addresses. Please enter the individuals who should receive mailed receipts:

**Additional E-mail Address:** If the e-mail address of any of the above is NOT on page 1, enter it here:

## Traveler Disabilities

### Intellectual Disability

\_\_\_\_\_ Mild      \_\_\_\_\_ Moderate      \_\_\_\_\_ Severe      \_\_\_\_\_ Profound      \_\_\_\_\_ None

### Developmental Disability

\_\_\_\_\_ Cerebral Palsy      \_\_\_\_\_ Autism      \_\_\_\_\_ Downs Syndrome  
\_\_\_\_\_ Traumatic Brain Injury      \_\_\_\_\_ Petit Mal Seizures  
\_\_\_\_\_ Seizure history (2+ years ago)      \_\_\_\_\_ Current Grand Mal Seizures  
*(separate addendum required)*

### Mental Illness

\_\_\_\_\_ Anxiety      \_\_\_\_\_ Bipolar      \_\_\_\_\_ Depression  
\_\_\_\_\_ Psychological Impairment

### Physical Disability

\_\_\_\_\_ Blind      \_\_\_\_\_ Deaf      \_\_\_\_\_ Hearing Impaired  
\_\_\_\_\_ Non-verbal      \_\_\_\_\_ Mobility Issues *(separate addendum required)*

## Traveler Cares

Mark all that apply and provide a full description. **Application will NOT be accepted without a full description.**

\_\_\_\_\_ Dentures      \_\_\_\_\_ Hearing Aid      \_\_\_\_\_ Smoker/Chews Tobacco

### Medical Issues (mark all that apply)

\_\_\_\_\_ No Medical Issues  
\_\_\_\_\_ Arthritis      \_\_\_\_\_ Seasonal allergies      \_\_\_\_\_ Pre-Diabetes  
\_\_\_\_\_ Stroke      \_\_\_\_\_ Asthma      \_\_\_\_\_ Diabetes (no insulin)  
\_\_\_\_\_ Heart Condition      \_\_\_\_\_ Constipation      \_\_\_\_\_ Diabetes (uses insulin)  
*Separate Addendum required*

FULLY describe marked items below:

**Food & Eating Issues** (mark all that apply)

\_\_\_\_\_ No Food Issues

\_\_\_\_\_ Food Intolerances  
*Separate Addendum required*

\_\_\_\_\_ Food Allergies  
*Separate Addendum required*

\_\_\_\_\_ Significant Food Dislikes

\_\_\_\_\_ Special Diet (e.g. low calorie, no fried foods)

**Eating Assistance Needed:**

\_\_\_\_\_ Monitor for choking

\_\_\_\_\_ Portion controls

\_\_\_\_\_ Total Assistance

\_\_\_\_\_ Eats too fast

\_\_\_\_\_ Eats too slow

**Needs Food Cut Up:**

\_\_\_\_\_ General cutting

\_\_\_\_\_ Cut meat bite sized

\_\_\_\_\_ Cut All Food bite sized

\_\_\_\_\_ Additional solid/liquid food modification  
*Contact us for optional addendum*

FULLY describe marked items below:

**Walking Issues** (mark all that apply)

\_\_\_\_\_ No Walking Issues

\_\_\_\_\_ Poor coordination

\_\_\_\_\_ Tires Easily

\_\_\_\_\_ Cannot walk 2 to 3 blocks

FULLY describe marked items below:

**Spending Money** (mark one)

Spending Money: \_\_\_\_\_ Is held by traveler                      \_\_\_\_\_ Must be held by staff

**Prescription Medication** (mark one)

Traveler: \_\_\_\_\_ does not take any medicine.

\_\_\_\_\_ is self-medicating (handles medicine completely on their own).

\_\_\_\_\_ needs reminders only for taking medicine.

Note: Special Journeys must (a) be given meds at the pickup – not stored in suitcase, (b) hold meds during trip, and (c) have meds held only in our custom medicine bags.

\_\_\_\_\_ needs supervision for taking medicine.

Note: Special Journeys must (a) be given meds at the pickup – not stored in suitcase, (b) hold meds during trip, and (c) have meds held only in our custom medicine bags.

**Over-The-Counter Medication** (mark Yes or No for every item)

The traveler CAN take:

Aspirin                      \_\_\_\_\_Yes    \_\_\_\_\_No

Imodium                      \_\_\_\_\_Yes    \_\_\_\_\_No

Advil                      \_\_\_\_\_Yes    \_\_\_\_\_No

Pepto-Bismol                      \_\_\_\_\_Yes    \_\_\_\_\_No

Tylenol                      \_\_\_\_\_Yes    \_\_\_\_\_No

Milk of Magnesia                      \_\_\_\_\_Yes    \_\_\_\_\_No

Decongestant                      \_\_\_\_\_Yes    \_\_\_\_\_No

Tums                      \_\_\_\_\_Yes    \_\_\_\_\_No

Cough Syrup                      \_\_\_\_\_Yes    \_\_\_\_\_No

Has traveler ever experienced motion sickness?                      \_\_\_\_\_Yes    \_\_\_\_\_No    \_\_\_\_\_Unsure

In the event of motion sickness, may we give the over-the-counter medicine

Medi-Meclizine (same active ingredient as non-drowsy Dramamine)?                      \_\_\_\_\_Yes    \_\_\_\_\_No

**Medication allergies**

Describe all medication allergies and type of reaction:

**Assistance Needed** (mark one in each category)

<b>Toileting</b>	_____ None	_____ Partial	_____ Total
<b>Showering</b>	_____ None	_____ Partial _____ Assistance with hair _____ General washing assistance	_____ Total
<b>Specialty Shower Requirements</b>	_____ None	_____ Wheelchair-Accessible Roll-in Shower	_____ Grab bars in tub (see Note below)
<b>Dressing</b>	_____ None	_____ Partial	_____ Total
<b>Brushing Teeth</b>	_____ None	_____ Partial	_____ Total
<b>Shaving (males)</b>	_____ No help needed		_____ Needs help
<b>Hygiene products (females)</b>	_____ No help needed		_____ Needs help

**Hotel Tub Grab Bar Note:** Grab bars in hotels are extremely limited and their design/ placement varies greatly. If you select “grab bars” we will place a temporary adjustable clamp, 300 lb rated, shower bar on the tub.

Describe, in detail, any information that will be helpful to us in assisting the Traveler in the categories referenced above.

## Behavior Issues

Mark all behavior issues that apply:

\_\_\_\_\_ No Behavior issues

### Aggression

\_\_\_\_\_ Verbally

\_\_\_\_\_ Physically

\_\_\_\_\_ Aggressive gestures

\_\_\_\_\_ Harasses/teases others

\_\_\_\_\_ Resists supervision

### Is aggressive toward:

\_\_\_\_\_ Other travelers (clients)

\_\_\_\_\_ Staff

\_\_\_\_\_ General public

\_\_\_\_\_ Self (self-injury)

\_\_\_\_\_ Property

### Interactions

\_\_\_\_\_ Interacts inappropriately with others

\_\_\_\_\_ Fabricates stories

\_\_\_\_\_ Can become overly attached to others

### Other

\_\_\_\_\_ History of stealing

\_\_\_\_\_ Wanders (please describe FULLY below)

\_\_\_\_\_ Irregular sleeping

\_\_\_\_\_ Been sent home by another recreation provider

\_\_\_\_\_ Legal obligations/issues

Describe in detail any behavioral concerns indicated above and how they are best handled:

## 1:1 Dedicated Staffing

Every night each Travel Companion assists in two hotel rooms containing 3 to 4 travelers. During the day we operate on a large group concept where Travel Companions assist any traveler who needs assistance. A Dedicated 1:1 Travel Companion is an optional staffing level.

\_\_\_\_\_ Mark here if a 1:1 Dedicated Travel Companion is required.

We are currently unable to provide Dedicated 1:1 Travel Companions - you will need to bring your own staff in these situations. **1:1 Travel Companions are an additional charge.**

## Traveler Personality

To help provide an optimum travel experience, please tell us about the traveler's personality.

Traveler Likes: \_\_\_\_\_

Traveler Dislikes: \_\_\_\_\_

Traveler Fears: \_\_\_\_\_

Traveler's Special Skills: \_\_\_\_\_

What other trips would you be interested in that Special Journeys does not currently offer?

\_\_\_\_\_

The last time traveler went on a group vacation was: \_\_\_\_\_

## Addendums for Specific Care Needs

Use the table below to determine the addendum(s) you need to include with your application.

Question:	If YES:	If NO:
1 Has the traveler had seizures in the last two years?	Complete Addendum A. Then go to question #2.	Go to question #2.
2 Does the traveler have insulin-controlled diabetes?	Complete Addendum B. Then go to question #3.	Go to question #3.
3 Does the traveler have mobility issues, need equipment, or need a special vehicle?	Complete Addendum C. Then go to question #4.	Go to question #4.
4 Does the traveler have food intolerances or food allergies?	Complete Addendum D. Then go to question #5.	Go to question #5.
5 Did you answer Yes to any of the questions above?	Complete the addendums, sign the release documents and submit application.	Sign the release documents and submit the application.



## **Traveler Agreement and Release**

This automated PDF document does not include the required Traveler Agreement and Release. You can complete this required document in one of two ways:

- 1) Electronic Signature: Go to the Special Journeys website at [www.specialjourneys.org/esig.shtml](http://www.specialjourneys.org/esig.shtml) and complete the electronic signature process.
- 2) Hand signed version: Go to the Special Journeys website [www.specialjourneys.org/forms.shtml](http://www.specialjourneys.org/forms.shtml) and print the document. After signing please mail, fax or scan/email to us.

Who needs to sign the Traveler Agreement and Release:

- Travelers who do not have a guardian MUST sign the Agreement & Release
- If a Guardian is present, they MUST sign the Agreement & Release

**Addendums A – D follow.** If any Addendums are required please proceed.