



## *Family Support Summer Camp Request*

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

TCM: \_\_\_\_\_ Phone: \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

### Summer Program

Camp Woodchuck

Yess Camp

Other

Camp Ratio: \_\_\_\_\_

Weeks attending: \_\_\_\_\_

Eligible for ESY

Reimbursement for summer camp will only cover staffing charges based on the ratio of the individual. Funding will not be approved for membership, activity, educational or other fees which may be charged by a summer camp program.

**This request must include a cost estimate/breakdown indicating the weekly charge based on the individual's ratio.**

Explanation of Need: