



## **Family Support Camp Request**

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

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

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

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

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

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

Date of attendance: \_\_\_\_\_ Funding Requested: \$ \_\_\_\_\_

Camp must be disability or special needs programs. Funds must be approved prior to attendance and paid to the Camp Program. Funding will not be approved for membership, activity, educational or other fees which may be charged by a camp program.

**Explanation of Need:**