



## *Family Support Camp Request*

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

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

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

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

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

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

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

Camp Ratio: \_\_\_\_\_ Weeks attending: \_\_\_\_\_

Eligible for ESY

Reimbursement for 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 camp program.

**A cost estimate/breakdown from the camp program indicating the weekly charge based on the individual's ratio must accompany this request.**

**Explanation of Need:**