



**Cuyahoga Campership Program Application**  
**(216) 736-8387**  
[Campership@CuyahogaBDD.org](mailto:Campership@CuyahogaBDD.org)

Eligible Camper: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
Current Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Name of Camp and Address: \_\_\_\_\_

Camp Contact Person: \_\_\_\_\_ Camp Email: \_\_\_\_\_

Camp Phone Number: \_\_\_\_\_

Has camp placement been confirmed? YES NO Start Date \_\_\_\_\_ End Date \_\_\_\_\_

List School District: \_\_\_\_\_

Has Extended School Year Service (ESY) been authorized? YES NO

Total Cost of Camp Request: \$ \_\_\_\_\_ (maximum allowed \$700.00)

If unable to submit electronically, mail completed form to CCBDD, ATTN: Cuyahoga Campership Program, 1275 Lakeside Ave., Cleveland, OH 44114 or fax to (216)861-0253 or email to [Campership@CuyahogaBDD.org](mailto:Campership@CuyahogaBDD.org)

*Note to Camps:* Please invoice within four weeks of the conclusion of the camp session. Payment will be processed at this time. Mail invoice to CCBDD, ATTN: Cuyahoga Campership Program, 1275 Lakeside Ave., Cleveland, OH 44114 or fax to (216)861-0253 or email [Campership@CuyahogaBDD.org](mailto:Campership@CuyahogaBDD.org)

**CAMPERSHIP FUNDING NOT VALID WITHOUT AUTHORIZED SIGNATURE AND TRACKING NUMBER**

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### Campership Determination

- Cuyahoga Campership Program **approves** request and authorizes \$ \_\_\_\_\_ for the above camp.
- Cuyahoga Campership Program **denies** request for the following reason.
- You have not gone through the Intake and Eligibility Process with CCBDD. Please contact Intake at (216) 736-2673 to begin the process. A new application will need to be submitted upon completion of the process.
  - You have not completed a re-determination of your Eligibility with CCBDD. Please contact Intake at (216) 736-2673 to begin the process. A new application will need to be submitted upon completion of the process.
  - You have a Support Administrator. Please contact him/her for assistance.
  - You are enrolled in the Family Supports Program. Please contact NEON 1(800) 237-6828 for assistance with camp.

Authorized Signature

Tracking Number

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For Office Use Only

Date received: \_\_\_\_\_ Date sent to family: \_\_\_\_\_ Date sent to camp: \_\_\_\_\_