



Cuyahoga Campership Program Application
(216) 736-8387
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: \$ _____

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

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

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 are on a waiver. Please contact your Support Administrator for assistance with camp.
 - You are enrolled in the Family Supports Program. Please contact NEON 1(800) 237-6828 for assistance with camp.

Authorized Signature

For Office Use Only

Date received: _____ Date sent to family: _____ Date sent to camp: _____