



1275 Lakeside Avenue East • Cleveland, Ohio 44114-1129 • (216) 241-8230 • Fax – (216) 861-0253 • [www.CuyahogaBDD.org](http://www.CuyahogaBDD.org)

## Camp Authorization Form

Limited camping assistance may be provided to eligible families on a first-come, first-served basis. Assistance is limited to a maximum of \$600 per eligible child/adult provided the funds are available in the individual's allotment.

**Phone: (216) 736-8387**

Parent/Guardian: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Eligible Family Member: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name of Camp: \_\_\_\_\_ Camp Placement Confirmed? Y N

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

Camp Phone Number: \_\_\_\_\_ Camp Contact Person: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Cost of Camp Request: \_\_\_\_\_

List non-CCBDD funding sources that were explored: \_\_\_\_\_

**Note to Camps:** Please send the CCBDD invoice within 4 weeks of the conclusion of the camp session. Payment will be forwarded at this time.

Family Support	Support Administration
<p>To be completed by Family Support Staff:</p> <p>Amount to be paid by CCBDD _____</p> <p>Family Support Signature: _____</p>	<p>To be completed by the Support Administrator:</p> <p>Funding Source:</p> <p>Community _____ Other _____</p> <p>Amount to be paid by CCBDD _____</p> <p>SA Signature: _____</p> <p>Supervisor's Signature _____</p>