



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 E-mail: _____
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)

Mail completed form to CCBDD, ATTN: Cuyahoga Campership Program, 1275 Lakeside Ave. E
Cleveland, OH 44114 OR fax to 216-861-0253 OR e-mail Campership@CuyahogaBDD.org

NOTE TO CAMPS: Please mail, fax or e-mail invoice within four weeks of the conclusion of the camp session. Payment will be processed at this time.

CAMPERSHIP FUNDING NOT VALID WITHOUT AUTHORIZED SIGNATURE AND TRACKING NUMBER

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 at 1-800-237-6828 for assistance with camp.
[] Other _____
Authorized Signature Tracking Number

For Office Use Only
Date received: Date sent to family: Date sent to camp: