

Camp Authorization Form

Camp assistance may be provided to eligible families on a first-come, first-served basis. Funds will be deducted from your annual Family Supports Program. Please complete this form and return it to NEON by email, fax or mail.

CAMPER INFORMATION:

Camper's Name: _____ Date of Request: _____

Address: _____ Date of Birth: _____

_____ Current Age: _____

Parent/Guardian: _____ Phone #: _____

E-mail address: _____

CAMP INFORMATION:

Name of Camp: _____ Camp placement confirmed? YES NO

Camp address: _____

Camp phone #: _____

Camp contact person: _____ Email address: _____

Camp start date: _____ Camp end date: _____

OTHER INFORMATION:

Camper's School District: _____

Has Extended School Year (ESY) service been authorized? Yes No

Amount requested from the Family Supports Program per week of camp*: _____

Number of Weeks Requested: _____

*Registration fees, before or after care programs, and transportation cannot be funded through the Family Supports Program.

Family Signature: _____ Printed Name: _____

Note to Camps: Please send the invoice to NEON within 4 weeks of the conclusion of the camp session. Payment will be remitted at this time. **Final date for acceptance of camp bills is October 31st.**

This section will be completed by NEON.

Amount to be paid by CCBDD: _____ Original to camp: _____

Family Support Signature: _____ Original to family: _____

Please return this completed form to NEON:



Phone: 1-800-237-6828

FAX: 855-336-6968

email: CuyFSS@neoncog.org

Cuyahoga DD Family Supports Program
721 Boardman Poland Road, Suite 103
Boardman, OH 44512