



## 2020 Campership Application

\*All information must be completed & signed for consideration\*

**\*\*Applications must include page one of your latest IRS form 1040\*\***

Office use only: Received on: \_\_\_\_\_ Application Complete on Receipt:  Yes / No

Participant ID# \_\_\_\_\_

### Participant Information:

New Participant <input type="checkbox"/>		Returning Participant <input type="checkbox"/>	
Participant Name:		Date of Birth:	Age:
Mailing Address:		Contact #:	
Responsible Party (Individual to contact if different from participant):			
Mailing Address:		Contact#:	
Relationship to Participant:			

### Household Income/Expenses & Other Financial Assistance:

Monthly Gross Income for Household (include all income/s that supports household/participant)	Amount:		Do you expect to receive any financial assistance from DDD/RLC or another Third Party Sponsorship	
Amount of Additional Assistance: (ie Food Stamps, Section 8 Housing, Child Support, Alimony)	Amount:		Type:	Amount:
Monthly Expenses: (Include: bills, alimony, child support, college tuition, etc)	Amount:		Type:	Amount:
Adjusted Monthly Income: (Gross Income + Additional Assistance – Monthly Expenses)	Amount:		Type:	Amount:
Number of People in Household:			Total amount of assistance:	

### Other considerations regarding the household's application:

### Participant Campership Request

Respite (\$1200 for 6 day, \$2400 for 12 day)		Hotel & Travel Respite (\$2350 for 6 day, \$3600 for 12 day)	
Session #	Assistance Requested	Session #	Assistance Requested
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total amount of assistance requested for all programs: \$			

Please read & sign on reverse side. Application is incomplete without signature. **PLEASE TURN OVER →**

**For Office Use Only:**

Review by Director on:	Approved/Denied on:
Amount of campership approved:	Session(s) approved:
Development Notified:	Participant Notified on:
<b>Signature:</b>	

**Campership Distribution and Eligibility Information**

- Completed program application and skills assessment should be completed and sent prior to campership application.
- Campership applications must include page one of your latest IRS form 1040.
- All families have an opportunity to apply for one or more campership.
- Campership(s) are awarded based on family need, timeliness of application (first come-first serve), financial qualifications and availability of funds.
- All information requested and signatures are required for consideration of camperships.
- Notice of campership allocations will be mailed to families.
- Processing of campership application may take 8 to 12 weeks (Mid-Late April for Summer), early application is recommended.
- \$50 fee submitted with participant’s program registration form is not eligible for campership.
- Amount of campership may be equal to or less than amount requested. Families may be asked to pay a ‘fair portion’ of program fee.

**Campership Eligibility Factors**

- Employment status of all household members
- Income totals for all household members
- Total amount of medical or other extraneous expenses incurred by the family
- Number of prospective consumers being sent by each individual family
- Eligibility for other types of assistance (including low-income housing, food stamps, DDD/RLC funding, etc)
- Total amount of child support and/or alimony being paid or received
- After above factors are determined and deducted from the gross income, a family will be designated as “in need” if these income thresholds are met:
  - Families of 6 with gross income of \$2,500/month or less
  - Families of 5 with gross income of \$2,250/month or less
  - Families of 4 with gross income of \$2,090/month or less
  - Families of 3 with gross income of \$1,900/month or less
  - Families of 2 with gross income of \$1,500/month or less

By signing below, I indicate that all information provided is accurate and that I understand the policies and guidelines under which camperships are given. Furthermore, I understand that submission of this application does not guarantee receipt of a campership.

<b>Signature of Authorized Representative:</b>		<b>Date:</b>
<b>Print Name:</b>	<b>Relationship to participant:</b>	

**Please return camper applications no later than:**