



Family Supports Program Camp Guidelines

- Funding for camp will be deducted from your Family Supports Program allotment for the calendar year.
- The family is responsible for:
 - Registering the child for a camp that meets his/her needs;
 - Completing and returning the Camp Authorization Form to NEON by email, fax or mail; and
 - Informing the Cuyahoga DD Family Supports Program, by calling NEON, if your child does not attend the requested camp. If the camp's policy indicates a cancellation timeline, the Family Supports Program may still have to pay the cost of camp. This amount will be deducted from your annual allotment if ample prior notification of cancellation is not given.
- After funding for camp is approved, a signed copy of the Camp Authorization Form will be sent to the family and to the camp.
- All camp attendance must have prior approval from the Cuyahoga DD Family Supports Program office (NEON).
- Students with developmental disabilities may qualify for funding for camp through their school district. If a student has an IEP and qualifies for Extended School Year (ESY) funding for camp, it is the expectation that those funds be used before requesting funding through Cuyahoga DD's Family Supports Program.
- Camp assistance costs are given on a first come, first serve basis.
- This funding will not cover the cost of registration fees, before and after care or transportation.
- Copies of the *Camp Authorization Form* can be obtained by:
 - Visiting www.neoncog.org; Families & Individuals/Family Supports Section; or by
 - Calling 1-800-237-6828, ext. 110



Cuyahoga DD Family Supports Program
c/o North East Ohio Network
721 Boardman Poland Road, Suite 103
Boardman, OH 44512

Phone: 1-800-237-6828

FAX: 855-336-6968

Email: CuyFSS@neoncog.org

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:



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