

Camp Authorization Form

Limited camping assistance may be provided to eligible families on a first-come, first-served basis. Funds will be deducted from your annual Family Support Allotment. **Please remember the new allotment year is January 1-December 31, 2017.**

Phone: (800) 237-6828 Ext: 110

Eligible Camper: _____ Date of Request: _____

Address: _____ Date of Birth: _____

_____ Current Age: _____

Parent/Guardian: _____ Daytime Phone Number: _____

E-mail address: _____

Name of Camp: _____ Camp Placement Confirmed: YES NO

Address: _____

Camp Phone Number: _____ Camp Contact Person: _____

Start Date: _____ End Date: _____ E-Mail: _____

School District: _____

Has Extended School Year Service (ESY) been authorized? YES NO

Total Cost of Camp Request: _____

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

Family Support Program

To be completed by NEON Staff:

Amount to be paid by CCBDD: _____

Family Support Signature: _____

Original to Camp: _____

Copy to Family: _____