

NJ Children's System of Care

Application for Financial Support toward Summer Camp Tuition 2015

Please fill out the below information to request financial support for summer camp costs for an eligible child/youth. Payment is made to the **Qualified Camp** the youth attends. Mail the request to: PerformCare, Attn: Camp Financial Support, 300 Horizon Drive, Suite 306, Robbinsville, NJ 08691-1919. This application must be postmarked or received **no later than April 30, 2015**, to be considered for financial support. Approval notices will be mailed after May 16, 2015.

Parent/Legal Guardian Information

_____	_____		
First Name	Last Name		
_____	_____	_____	_____
Address	City	Zip Code	County
_____	_____		
Phone	Email address		

Child Information

_____	_____	_____	_____
Child First Name	Child Last Name	Date of Birth	Zip Code
Child CYBER ID# _____			

If you do not know your child's CYBER ID please contact PerformCare for a CYBER ID at 877-652-7624

Has the child been determined eligible for Developmental Disability (DD) services? Yes No Unknown

- If unknown, please contact PerformCare at 877-652-7624 for this information.

If child is not DD eligible, but is eligible for Behavioral Health services, the Clinical Summary Template must be completed by a licensed independent practitioner and submitted with this application for review of clinical need. The Clinical Summary Template is located on our website under the Providers Tab, and then Forms or you may use this link <http://www.performcarenj.org/provider/forms.aspx>.

Does the child live at home with the parent/legal guardian named above? Yes No

Is the child eligible to attend the extended school year (ESY) programming at his or her school?

Yes No Unknown

Is the Child currently registered for Summer Camp? Yes No

*Please Note: Your child must be registered for Camp prior to submitting this application. Please see our list of Qualified Camp Providers on the PerformCare website. The Qualified Camps are the only camps that you may register with to apply for financial support toward camp.

Camp Information- Please Submit Camp Registration Confirmation With This Application

Camp ID (if known) _____ This number may be found on the Qualified Camp Provider list on our website.

Camp Name	Federal Tax ID Number (required)	
Camp Address	City	Zip Code
Camp Phone	Camp Email address	

Camp Details

Physical Location of Camp (if different from address above):

Address	City	Zip Code
Camp Contact Name	Camp Contact Phone Number:	

Type of Camp (Day or Overnight):

Day Camp (select up to 10 days only for reimbursement):

WEEK ONE:

CAMP NAME: _____

Dates: / / to / / (not to exceed 5 days)
mm/dd/yy mm/dd/yy

Week Two:

CAMP NAME: _____

Dates: / / to / / (not to exceed 5 days)
mm/dd/yy mm/dd/yy

Nonconsecutive Dates for Camp: (If youth is not attending 2 full weeks please enter individual dates)

CAMP NAME: _____

Dates: / / / / / / / / / /
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

 / / / / / / / / / /
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Overnight Camp (select up to 6 days for reimbursement):

CAMP NAME: _____

Dates: _____ to _____ (Not to exceed 6 overnights)
Start Date(mm/dd/yy) End Date (mm/dd/yy)

One to One Aide Information:

If your child requires the assistance of a One-to-One Aide, you must complete a separate One-to-One Aide Application.

Please indicate any additional information you would like to provide regarding your request for Financial Support toward Summer Camp Tuition 2015:

Attestation

I hereby attest that by submitting the Application for Financial Support toward Camp, that I have fully registered my youth at the indicated Camp. I further declare that the information entered in this application is true and accurate to the best of my knowledge.

Parent/LG Name Parent/LG Signature Date

For Administrative Use Only: