

Camper Name: \_\_\_\_\_

Camp Site: \_\_\_\_\_

Camper Address: \_\_\_\_\_

**Request for Financial Assistance from Other Sources - 2012**

**1) Cuyahoga County Board of DD (CCBDD)**

**If you would like to request assistance from CCBDD, please complete below.**

**By completing this section, you are allowing us to forward your information to CCBDD. If your Support Administrator tells you that you are eligible for assistance, please still complete this form.**

**The Deadline for requesting assistance is Friday, August 10, 2012**

Has the participant been determined eligible for services by the Cuyahoga County Board of DD?

Yes \_\_\_\_\_ No \_\_\_\_\_

If available, do you wish to use support funds from CCMDD toward the cost of camp?

Yes \_\_\_\_\_ No \_\_\_\_\_

How much assistance (up to \$600) would you like to request from CCBDD \$ \_\_\_\_\_

**\*\*\*\*Please Note –** If you would like to use a Waiver for camp, make sure your Support Administrator talks with us first. If we do not know, you will be responsible for the cost of camp.

**2) Other Assistance**

**Please list below any other assistance you are or may be receiving – the organization providing the assistance and the amount. (Example: Easter Seals; PEP; Extended School Year; Church, IO or Level 1 Waiver, etc...)**

**If you have received a letter from any organization stating you are receiving assistance, please mail a copy to our office. We need to know what other assistance you are receiving in order to invoice you correctly.**

Organization	Amount	Already Received	Pending
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>