



2020 Camp Scholarship Application



Parents/Caregivers of a child or youth with special health care needs are encouraged to apply for up to \$250 for a Camp Scholarship from the Family Center for Children and Youth with Special Health Care Needs (Family Center). The scholarship program has limited funding available, so submit your application as soon as possible.

WHO MAY BE ELIGIBLE

Applicants are eligible for the Camp Scholarship once every 2 years, and one Camp Scholarship per family. Camper must be between the ages of 5-21

Applications are accepted January 1, 2020 through March 31, 2020. Children and youth with special health care needs are eligible regardless of their enrollment with Children's Special Health Care Services (CSHCS).

Camp Guidelines: The camp must be located in Michigan and have a camp license. The camper must reside in Michigan at the time of applying and attending the camp.

Exceptions: Camps operated by a university, school district, or city/township parks and recreation program, are not required to have a camp license.

PARENTS/CAREGIVERS ARE RESPONSIBLE FOR THE FOLLOWING:

1. **FINDING THE CAMP FOR YOUR CHILD TO ATTEND (The Family Center does not maintain a list of camps):** The camp must be able to accommodate your child's special health care needs.
2. **REGISTERING YOUR CHILD WITH THE CAMP:** The Camp must fill out the attached Attendance Registration form. This form must be submitted with your Camp Scholarship Application.
3. **COMPLETING THE ATTACHED CAMP SCHOLARSHIP APPLICATION.**

Mail or fax the Camp Application and the completed attendance confirmation form to:

Family Center
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909
Fax number 517-241-8970

SCHOLARSHIP AWARD NOTIFICATION

Scholarships from the Family Center are not guaranteed until the camp and the child's parent/caregiver(s) receive an approval letter from the Family Center confirming the camp scholarship. The scholarship check from the Family Center will be issued directly to the camp. If there is any remaining camp tuition balance, the parent/caregiver is responsible for paying that amount directly to the camp. The Family Center will **not** reimburse parent/caregiver for a payment already made to a camp, including any deposit.

Any questions can be answered by calling the Family Phone Line at 800-359-3722

APPLICATION FORM AND INFORMATION

2020 Camp Scholarship Application

(Applicants are eligible for the Camp Scholarship once every 2 years.)

| | | |
|--------------------------------------------------------|--------------------------------------------------------|--------------------------|
| Date _____ | Scholarship Amount Requested (up to \$250.00) \$ _____ | |
| Child's Name _____ | DOB _____ | CSHCS/Medicaid ID# _____ |
| Parent/Caregivers Name _____ | Phone # (____) _____ | |
| Street Address _____ | City, State, Zip _____ | |
| County _____ | | |
| Childs Diagnosis _____ | | |
| Name of the Camp Your Child Would Like to Attend _____ | | |

REQUIRED CAMP INFORMATION

- Parents/Caregivers are responsible for registering their child with the camp.
- Camp Attendance Registration form must be submitted with this application.
- Camps must be licensed and located in Michigan.

APPLICATION CHECKLIST

- Complete the 2020 Camp Scholarship Application
- Include with this application a completed Attendance Registration form with this application.

MAIL OR FAX THIS APPLICATION AND ATTENDANCE CONFIRMATION FORM TO:

Family Center
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909
Fax number 517-241-8970

PARENT/CAREGIVERS SIGNATURE (REQUIRED)

_____ Date _____

Attendance Registration

The Camp Director or Registrar must complete this form.

CAMPER REGISTRATION INFORMATION

****PLEASE MAKE SURE THIS FORM IS SENT IN WITH THE APPLICATION****

| | | |
|---------------------------------------------------------------------------|----------------------------------------------|--------|
| _____ has registered for _____ | | |
| Camper's Name | Camp Name | |
| from _____ through _____ | The cost for attending this camp is \$ _____ | |
| Date | Date | Amount |
| The family has paid \$ _____ toward that cost and the amount due is _____ | | |
| Amount | Amount | |

CAMP INFORMATION

| | |
|--------------------------------------------------------------------|-------|
| Camp Name – (Official camp name that should go on check) | _____ |
| Camp Address (Where check is to be mailed) | _____ |
| City, State, Zip Code | _____ |
| Federal Tax ID Number | _____ |
| Camp License Number | _____ |
| Contact Name | _____ |
| Contact Phone Number | _____ |

I understand a scholarship is not guaranteed until the camp and the child's parent/caregiver(s) receive an approval letter from the Family Center. The letter will indicate the amount of the scholarship and will not exceed \$250.00. The parent/caregiver of the camper is responsible for paying any remaining balance. I understand a check will be issued directly to the camp to pay for the scholarship.

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF CAMP DIRECTOR/REGISTRAR (REQUIRED)

_____ Date _____

For questions about this form, please contact the Family Center at 517-241-7630 or via email at cshcsfc@michigan.gov.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need the above services, contact the MDHHS Section 1557 Coordinator.

If you believe that MDHHS has failed to provide the above services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MDHHS Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the MDHHS Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
 Compliance Office, 4th Floor
 P.O. Box 30195
 Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

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| <p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p> | <p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p> |
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MDHHS is an equal opportunity provider.