

**A. EXPERIENTIAL ADVENTURE VOUCHER**

This is for an experiential/adventure program, not for overnight camps. See below to apply for overnight camps (section D).

Name of Adventure Provider: \_\_\_\_\_ Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Adventure Provider Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Adventure Provider Address: \_\_\_\_\_  
Street City State Zip Code

**REQUEST:**  
Cost of Program: \$ \_\_\_\_\_ Your Co-Pay (at least 10%): \$ \_\_\_\_\_ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ \_\_\_\_\_  
Amount of Assistance You Will Receive From Other Resources: \$ \_\_\_\_\_ Funding Request: \$ \_\_\_\_\_

Rec Council Use Only: Approved? Yes No  
Amount Approved: \$ \_\_\_\_\_ Participant Co-Pay: \$ \_\_\_\_\_  
Approved by: \_\_\_\_\_

**B. CARE & RECREATION SUPPORT**

I am applying for: (please check either and/or both)  CARE Funds  Recreation Support Provider Hours

Name of Program Attending: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

I Need Voucher Funds to Hire a Recreation Support Provider to Assist with Personal Care Issues in a Community-Based

Recreation Program: Number of Hours You Are Requesting: \_\_\_\_\_ (Not to exceed 80 hours of service)

I am applying for the CARE (Community Access Recreation Engagement) funds for costs of one community-based recreation program, which is not DDR funded. Maximum CARE funding is \$350 per fiscal year.

Cost of Program: \$ \_\_\_\_\_ Your Co-Pay (at least 10%): \$ \_\_\_\_\_ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ \_\_\_\_\_  
Amount of Assistance You Will Receive From Other Resources: \$ \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_ (funding limits do apply)

Rec Council Use Only: Approved? Yes No  
Amount Approved: \$ \_\_\_\_\_ Participant Co-Pay: \$ \_\_\_\_\_  
Approved by: \_\_\_\_\_

**C. AFTER SCHOOL EXTENDED DAY**

Indicate How Your Family Will Use Your After School Care Service Hours: (Check all that apply)

In-Home Care After School  Access Community Programs After School  
 Enroll in After-School Program Name of After-School Program: \_\_\_\_\_

Number of After School Care Hours You Are Requesting: \_\_\_\_\_ (up to 525 hours)

Please Indicate Number of Hours Needed Per Quarter: *Unused quarterly hours will be canceled and assigned to other applicants.*

1st Quarter (July, August & Sept.)  2nd Quarter (Oct., Nov., & Dec)  3rd Quarter (Jan., Feb., March)  4th Quarter (April, May, June)

**NOTE: Parents MUST BE EMPLOYED DURING THE SERVICE.**  
Are Parents/Guardians Currently Employed?  YES  NO If yes, include required documentation (employer letter and W2), name, address and phone number of employer(s) and copy of Caregiver's driver's license.

Rec Council Use Only: Approved? Yes No  
Hours Approved: \_\_\_\_\_  
Approved by: \_\_\_\_\_

**D. OVERNIGHT CAMP**

I am applying for an overnight camp program of my choice: Check one:  Mini Camp  Full Camp Week

Name of Camp Provider: \_\_\_\_\_ Program Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Camp Provider Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Camp Provider Address: \_\_\_\_\_  
Street City State Zip Code

Will you require Transportation to attend Camp?  Yes  No  
(If yes, Recreation Council Transportation Assessment is required)

Cost of Program: \$ \_\_\_\_\_ Camp Deposit (at least 10%): \$ \_\_\_\_\_ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ \_\_\_\_\_  
Amount of Assistance You Will Receive From Other Resources: \$ \_\_\_\_\_

If applicable complete this portion: Rather than applying for the camp fee, I am applying for support hours for an individual to provide support for the participant at camp. Number of Hours I Will Need \_\_\_\_\_ Reimbursement Rate is \$ 9.00 per hour as funds are available.

Rec Council Use Only: Approved? Yes No  
Amount Approved: \$ \_\_\_\_\_ Participant Co-Pay: \$ \_\_\_\_\_  
Approved by: \_\_\_\_\_