



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
Lewis Cass Building, 6th Floor
320 S. Walnut
Lansing, MI 48913
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

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APPLICATION FORM AND INFORMATION

(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
Lewis Cass Building, 6th Floor
320 S. Walnut
Lansing, MI 48913
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.

Michigan Department of Health and Human Services (MDHHS)
 Please note if needed, free language assistance services are available.
 Call 800-359-3722 (TTY users call 711).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-359-3722 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-359-3722 (رقم هاتف الصم والبكم: -TTY:711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-359-3722 (TTY:711)
Syriac (Assyrian)	ܘܡܘܨܢܐ: ܟܝܢ ܘܘܫܬܘܨܢܐ ܕܥܘܠܡܝܢܐ ܕܥܘܢܘܩܘܢܐ ܕܥܘܠܡܝܢܐ، ܟܝܢ ܘܘܫܬܘܨܢܐ ܕܥܘܠܡܝܢܐ ܕܥܘܢܘܩܘܢܐ ܕܥܘܠܡܝܢܐ ܕܥܘܠܡܝܢܐ ܕܥܘܢܘܩܘܢܐ. ܘܘܫܬܘܨܢܐ ܕܥܘܠܡܝܢܐ ܕܥܘܢܘܩܘܢܐ ܕܥܘܠܡܝܢܐ 800-359-3722 (TTY:711)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-359-3722 (TTY:711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-359-3722 (TTY:711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-359-3722 (TTY:711)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-359-3722 (TTY ১-711)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-359-3722 (TTY:711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-359-3722 (TTY:711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-359-3722 (TTY:711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-359-3722 (TTY:711) まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-359-3722 (телетайп 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-359-3722 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-359-3722 (TTY: 711).

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.

<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.