



## Summer Camp Funding Available

Families with a child/youth under the age of 18 with a diagnosis of Autism Spectrum Disorder can apply for funds to help pay for camp fees in order to send the youth to camp. Funds will be allocated based on the amount of funding available and the number of applications received.

**Funding is very limited!**

**Requests must be submitted individually.**

**All requests must be received in our office no later than 4:00pm on June 28, 2019**

Families must provide the following information for auditing purposes:

Please place a check mark where required and fill out **all required information**. Thank you.

**Child has a diagnosis of Autism Spectrum Disorder (mandatory requirement) YES \_\_\_\_\_ NO \_\_\_\_\_**

**Region: Nipissing \_\_\_\_\_ Muskoka \_\_\_\_\_ Parry Sound \_\_\_\_\_**

**Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_**

**Parent's name: \_\_\_\_\_**

**Family address: \_\_\_\_\_**

**Phone number: \_\_\_\_\_**

**Camp name: \_\_\_\_\_ Dates Camp Takes Place: \_\_\_\_\_**

**Camp address: \_\_\_\_\_**

**Camp phone number: \_\_\_\_\_ Cost of Camp: \_\_\_\_\_**

**Type of camp: ASD only \_\_\_\_\_ ASD & other disabilities \_\_\_\_\_ Disabilities & Non-disabilities \_\_\_\_\_**

**Camp activities: \_\_\_\_\_**

**Parents Signature (Mandatory): \_\_\_\_\_**

Please return the completed form to:

Paula Hampton, Enhanced Respite Coordinator

[phampton@handstfhn.ca](mailto:phampton@handstfhn.ca)

Fax: 705-475-0535

Mail or drop off to:

Or:

391 Oak St. East

820 Lakeshore Dr.

North Bay, ON P1B 1A3

North Bay, ON P1A 2G8