

GOVERNOR'S YOUTH OPPORTUNITY CAMP 2012 CAMPER APPLICATION FORM



APPLICATION & HORSESHOE APPROVAL REQUIRED IN ADVANCE.
NO APPLICATIONS ACCEPTED ON OPENING DAY OF ANY CAMP.
REGISTER 3 WEEKS PRIOR TO THE CAMP YOU WANT TO ATTEND.
ADDITIONAL INFORMATION WILL BE MAILED UPON RECEIPT OF THIS APPLICATION.

YMCA Camp Horseshoe
3309 Horseshoe Run Road
Parsons, WV 26287-9029
(304) 478-2481



For Children/Youth Eligible Through Receiving
Cash Assistance (TANF), SSI, Or Protective Services
From West Virginia Department of Human Services or
By Meeting the Income Guideline Listed Other Side

Check choice of camp program, complete the application, show how child meets eligibility, and mail to above address. Use a separate application for each camper.

I. Camp (choose one):

ADVENTURE CAMPS – Ages 7 – 12 ONLY

- July 1 - 7 July 8 - 14
- July 15 - 21 July 22 - 28

Agency Contact Information:

II. Family Information

Camper Applicant

1. Name _____ Date of Birth _____ Age _____ Boy Girl
Last First M.I.
2. Social Security Number _____
3. Applicant's Medicaid Billing No. (if has one) _____
4. Case No. (if has one) _____ Food Stamp No. (if has one) _____
5. Parent/Guardian(s) Name _____
6. Telephone _____ Family E-mail _____
7. Mailing Address _____
Number Street City State Zip County

8. Family Members and Others in Your Home

Last Name	First Name	Relation	Birth Date	Income Source	Amt. Before Deductions

9. Total Monthly Gross Income _____

III. Eligibility Category (check category that qualifies applicant for YOC Camp)

_____ TANF _____ SSI _____ Income Eligible _____ Protective Services

IV. Eligibility:

Applicant is eligible for camp because of Department of Health & Human Resources Benefit received and checked in Part III...OR...the Applicant's family gross *monthly and gross annual income for the number of persons in the household on Part II answer No. 7 and 8 is at or below the levels on the chart below.

Household Size	Allowable Gross Monthly Income	Yearly Gross Income	Household Size	Allowable Gross Monthly Income	Yearly Gross Income
1 Person	\$1,679	\$20,147	5 Persons	\$4,035	\$48,415
2 Persons	2,268	27,214	6 Persons	4,624	55,482
3 Persons	2,857	34,281	7 Persons	5,213	62,549
4 Persons	3,446	41,348	8 Persons	5,802	69,616
Each Additional Household Member, add.....				\$589	\$7,067

V. Free/Reduced Priced Meals:

A portion of the camp fee for YOC eligible children is paid by the Department of Education's Summer Food Program. The free/reduced priced meal income guidelines are listed in part IV above.

If you did not give a FOOD STAMP or Case number, Federal Law (PL 97 35) requires you to list social security numbers of all adult household members before your child may receive free or reduced price meals. You do not have to give social security numbers; but if you refuse, your child cannot receive free or reduced price meals. The social security numbers may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State employment security office, food stamp or welfare office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to all household members whose social security numbers are reported on this form.

VI. Permission:

My child named in this application has my permission to attend the YMCA Camp Horseshoe Governor's Youth Opportunity Camp on the dates confirmed by Camp Horseshoe. I understand that first aid will be available at the camp; that the camper will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given; however the camp staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness I will be notified but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by attending physicians.

VII. Applicant Statement:

I certify that I have read or had read to me all statements on this form and that the information is true and complete to the best of my knowledge. I also understand that if I deliberately give any false information or withhold any information related to my situation, I am liable for prosecution for fraud. I understand that any information I have given is subject to verification by an authorized representative of the local sponsoring agency and the Department of Health and Human Resources.

I support my son/daughter's application and participation in this program at YMCA Camp Horseshoe. I certify that my son/daughter is amenable to discipline and free from habits or attitudes which would make him/her an undesirable camper. I also authorize YMCA Camp Horseshoe (Ohio-West Virginia YMCA) to have and use the name, photographs, slides, digital images, or video tape of the person named on this application as may be needed for its records or public relations programs including its web site and news releases.

_____ Signature of Interviewer	Required: _____ Signature of Parent or Guardian	_____ last 4 digits of SSN	_____ Date
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Please check the racial or ethnic identity of your children. You are not required to answer this question but we need the information to be sure that everyone receives benefits on a fair basis. **NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX COLOR, NATIONAL ORIGIN, AGE, OR DISABILITY.**

_____ White, not of Hispanic origin	_____ Black, not of Hispanic origin	_____ Hispanic
_____ American Indian or Alaskan Native	_____ Asian or Pacific Islander	

FOR HORSESHOE USE ONLY:		
Approval _____	Disapproval _____	Date _____

Health Information Form may be attached to this application or submitted at registration on opening day of the camp. Submission of health information and signed parent's authorization are required for camper to be admitted to the Horseshoe Program.

YMCA Camp Horseshoe, a partner with the Monongahela National Forest and the USDA, is an equal opportunity provider and employer.