

Family Center for Children and Youth with Special Health Care Needs Camp Scholarship Program

The Camp Scholarship program is provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center) and made available with funding from the Children with Special Needs (CSN) Fund. The Family Center is the statewide parent-directed center within Children's Special Health Care Services (CSHCS) and the Michigan Department of Health and Human Services (MDHHS). The purpose of the Camp Scholarship Program is to:

- Increase accessibility to summer camping opportunities for children and youth with special health care needs (CYSHCN).
- Offer opportunities for CYSHCN to engage in the community, gain a sense of belonging, build relationships, and have fun in a safe and supportive environment.
- Provide respite for parents and other family members of CYSHCN.

Eligibility

Children and young adults (up to 21 years of age) who are enrolled, or eligible to be enrolled, in CSHCS qualify for a camp scholarship. Families with a child who is not enrolled in CSHCS, or does not have a CSHCS-eligible diagnosis, are encouraged to apply; however, they will also need to include a letter from the clinician or specialty provider currently caring for their child to verify the diagnosis and/or special health care need. This includes children with a developmental and/or behavioral health care condition.

The Family Center will award up to \$350 per child/per camp based on the following criteria:

- The camp must be licensed to operate in Michigan (certain exceptions apply. *) To find a licensed camp, please visit: <https://campsearch.apps.lara.state.mi.us>.
- Applicants must verify acceptance by the camp by submitting a signed *Camp Registration Verification* form with their application.
- Multiple applications per family **will** be accepted; however, each camper is eligible for one scholarship every other year.

Applications will be accepted beginning February 1, 2024, and will be considered on a first-come, first-serve basis. There is a limit of 10 scholarships per camp. **Applications will be accepted as long as funding is available.** Please note that funds are distributed directly to the camp. The Family Center will not reimburse families for a payment already made to a camp, including deposit.

Please email your completed application to cschcsfc@michigan.gov. Applications can be sent by mail, but please note these may take longer to process.

Family Center/CSHCS
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909

For questions regarding camp scholarships, please contact the Family Center at **800-359-3722**.

*Camps operated by a university, school district, or city/township parks and recreation program are not required to have a license. Some out of state camps may be considered on a case-by-case basis.

Connecting Families. Sharing Resources. Instilling Hope.

Family Center for Children and Youth with Special Health Care Needs Camp Scholarship Program

Date _____

Child's Name _____ Child's DOB _____

Parent/Caregiver's Name _____ Email _____

Street Address _____ City, State, Zip _____

County _____

Child's diagnosis and/or special health care need:

Is your child currently enrolled in CSHCS? _____ ID Number _____

Is your child currently being seen by specialist for this diagnosis? Yes No

What kinds of accommodations, if any, does your child need to be successful at camp?

How will attending this camp benefit your child and/or family?

Name and address of camp your child would like to attend _____

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Dates child will be attending camp: _____

Cost per session of camp _____ Amount requested _____

We highly encourage you to discuss any accommodations your child will need to be successful at camp with the camp ahead of time.

I acknowledge it is my responsibility to ensure the camp is able to accommodate my child's special health care need.

Parent Signature

Date

Application Checklist

- Complete the scholarship application
- Pre-register your child at camp
- Include signed Camp Registration Verification form with your application
- I have included a signed letter from my child's provider verifying their diagnosis/special health care need (if applicable)

Registration Verification Form

To be completed and signed by Camp Director or Registrar and submitted with application

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Camper's Name _____ Camp Name _____

Dates attending camp _____ Cost of Camp Session _____

Camp address _____

Camp License no. _____ Camp Contact: _____

Contact email/phone _____

Acknowledgements:

I acknowledge that this camper has registered for camp.

I understand that the Family Center for CYSHCN scholarship is in the amount up to \$350 which will be paid directly to the camp. The family is responsible for any remaining balance.

Signature of Camp Director and/or Registrar _____

Date _____