



Medina County

board of developmental disabilities

Adult Campership Application

Please complete and return this form to:
Medina County Board of Developmental Disabilities
Service and Support Administration Department
Campership Request
2736 Medina Road; Suite 105
Medina, Ohio 44256
OR email to courtneyj@mcbdd.org

Deadline for campership applications is Friday, May 31, 2019.

**You will need to fill out a separate application for each adult attending.
Individuals with waivers and/or individuals who are still in school are not eligible for adult camperships.**

Please Print

Individual's Name: _____

Street Address: _____

County: _____ City: _____ Zip Code: _____

Phone: _____

Email: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name _____

Phone: _____

Email: _____

Which camp does the individual want to attend? (tentatively) _____

Cost of camp: _____

Amount of assistance requested: _____

Is the individual MCBDD Board eligible? (circle one) Yes No

The individual currently receives (check all that apply):
 Medicaid Waiver Supported Living
 Medicaid ICF Other: _____

Individual/Parent/Guardian Signature _____ Date _____

Questions? Please contact the MCBDD Service and Support Administration at 330-764-8988 ext. 130.