



# 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](mailto: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.**