



Campership Application

Please complete and return this form to:
MCBDD Service and Support Administration
Campership Request
4691 Windfall Rd.
Medina, OH 44256

OR email to courtneyj@mcbdd.org

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

Please Print

Individual's Name: _____

Street Address: _____

County: _____ City: _____ Zip Code: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name _____

Phone: _____

Email: _____

School Age (ages 22 and under):

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

When did your child start receiving County Board services? _____

School Your Child Attends: _____

School Grade - as of Fall 2023: _____

Adults (ages over 22):

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: _____

Parent/ Guardian Signature _____ Date _____

Questions? Please contact the MCBDD Service and Support Administration at 330-725-7751 ext. 130.