



Governor's Youth Opportunity Camp 2019 Camper Application Form

**APPLICATION & HORSESHOE APPROVAL REQUIRED IN ADVANCE.
NO APPLICATIONS ACCEPTED ON OPENING DAY OF ANY CAMP
REGISTER 2 WEEKS PRIOR TO THE CAMP YOU WANT TO ATTEND.
ADDITIONAL INFORMATION WILL BE MAILED UPON RECEIPT OF THIS APPLICATION.**

Mail the completed application to:
Horseshoe Leadership Center
3309 Horseshoe Run Road
Parsons, WV 26287-9029
(304) 478-2481

For Children/Youth Eligible through Receiving Cash Assistance (TANF/SNAP), SSI, or Protective Services from West Virginia Department of Human Services or by Meeting the Income Guideline Listed on the Reverse 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**

- June 30 - July 6** **July 7 - 13**
 July 14 - 20 **July 21 - 27**

Agency Contact Information:

II. Family Information

Camper Applicant

1. Name _____ Name on Name Tag _____ Boy Girl
Last **First** **M.I.**
2. Social Security Number _____ Date of Birth _____ Age _____
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. Home Phone # _____ Cell Phone # _____
7. Family E-mail _____ Emergency Contact # _____
8. Mailing Address _____
Number **Street** **City** **State** **Zip** **County**

9. **Does "Camper Applicant" have any special dietary needs?** **YES** **No**

If "Yes" please contact Horseshoe for the Special Dietary Form, this must be completed by the child's doctor for us to accommodate the child's dietary needs.

9. Family Members and Others in Your Home

Last Name	First Name	Relation	Date of Birth	Income Source	Monthly Income Before Deductions

10. Total Monthly Gross Income \$ _____

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

- *TANF/SNAP** **SSI** **Income Eligible** ***Protective Services**

* include 10 digit case number above.

(PLEASE CONTINUE ON OTHER SIDE)

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. 9 and 10 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	\$1,872	\$ 22,459	5 Persons	\$4,536	\$54,427
2 Persons	2,538	30,451	6 Persons	5,202	62,419
3 Persons	3,204	38,443	7 Persons	5,868	70,411
4 Persons	3,870	46,435	8 Persons	6,534	78,403

Each Additional Household Member, add..... \$666 \$7,992

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.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application.

The information that you send will be used to determine or prove your child's eligibility for free or reduced price meals. It may also be shared for the same purpose with other agencies sponsoring USDA child nutrition programs or with federal and state educational programs as permitted in federal nutrition program regulations.

VI. Permission:

My child named in this application has my permission to attend the Horseshoe Governor's Youth Opportunity Camp on the dates confirmed by 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 are 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 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 Horseshoe (Ohio-West Virginia Youth Leadership Association) 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.

<p>_____ Signature of Interviewer</p>	<p>Required:</p> <p>_____ Signature of Parent or Guardian</p> <p>_____ last 4 digits of SSN</p> <p>_____ Date</p>
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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Affirmative Action Survey: Funding agencies require periodic report on the sex, ethnicity, and disability status of the applicants. This data is for analysis and affirmation action only. **Submission of this information is voluntary. Check all that apply:**

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

FOR HORSESHOE USE ONLY:

Approval _____ Disapproval _____ Date _____

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

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