FARMINGTON COMMUNITY SERVICES
SUMMER CAMP ASSISTANCE APPLICATION

HOUSEHOLD INFORMATION

Parent/Guardian Name_____

Street Address_____**Zip**_____

Phone _____ ☐ Cell ☐ Home ☐ Work **Phone** _____ ☐ Cell ☐ Home ☐ Work

Email Address _____

Please note: Communication for this program is primarily via email. Acceptance letters are sent both electronically and through mail. If you are not accessible by email, please let us know.

Household Composition- Number of Children: _____ Adults: _____ Seniors (65+): _____

CAMP INFORMATION

For more than 3 children, please complete an additional form.

Child's Name_____

Date of Birth_____**School**_____**Grade**_____

Preferred Camp Name_____ **Camp Cost $** _____per_____

Does this camp provide financial assistance? ☐ Yes ☐ No **If yes, have you applied/been awarded?**_____

Name & Phone # for Camp Contact_____

Interested in Camp CONNRI session? ☐ Yes ☐ No

Child's Name_____

Date of Birth_____**School**_____**Grade**_____

Preferred Camp Name_____ **Camp Cost $** _____per_____

Does this camp provide financial assistance? ☐ Yes ☐ No **If yes, have you applied/been awarded?**_____

Name & Phone # for Camp Contact_____

Interested in Camp CONNRI session? ☐ Yes ☐ No

Child's Name_____

Date of Birth_____**School**_____**Grade**_____

Preferred Camp Name_____ **Camp Cost $** _____per_____

Does this camp provide financial assistance? ☐ Yes ☐ No **If yes, have you applied/been awarded?**_____

Name & Phone # for Camp Contact_____

Interested in Camp CONNRI session? ☐ Yes ☐ No

INCOME INFORMATION

Please list all sources of income separately. Income includes but is not limited to: Social Security, SSI, SSDI, employment, unemployment, TANF, SAGA, pension, child support, alimony, annuity, worker's comp, and family assistance.

Source of Income	Amount	Frequency	Name of Household Member

Applications will not be considered complete without proof of current income.
If employed, four weeks of recent paystubs are required.

PROGRAM PARTICIPATION

Check all that apply.

☐	HUSKY Health Insurance	☐	Free or reduced lunch
☐	SNAP $_____	☐	Medicare/Medicare Savings Plan
☐	Women, Infants & Children (WIC)	☐	Section 8; Voucher managed by_____
☐	Care-4-Kids	☐	Subsidized Housing
☐	Energy Assistance	☐	DSS Client ID # _____

By signing this application, I understand that I give Farmington Community Services permission to investigate all aspects of my application and that this application may be rejected at the discretion of Farmington Community Services and the Farmington Community Chest. I certify that the above information is true and correct to the best of my knowledge.

_____   _____
Signature   **Date**

Office Use Only: _____% of FPL / Date received _____