



Anoka County Non-Disability Camp Request Form

Anoka County supports and encourages community inclusion for our CDCS participants. However, we need to ensure the health and safety of our participants are also being met. In order to use CDCS funds to cover the cost of a non-disability camp (day or overnight), the following information must be submitted with your CSP or Addendum/Addition Form to make a determination as to whether the request will be approved or denied.

Camp Name	Location	Type
		<input type="checkbox"/> Day Camp <input type="checkbox"/> Overnight

1. How will the camp be adapted to meet the disability related needs of the participant?

2. What specific outcomes or skills will be addressed based on the disability/condition of the participant?

3. How will the health and safety needs of the participant be addressed by the camp program/staff? Please be specific.

I hereby agree that the health and safety needs of the participant will be met.

Legal Representative

Date

A handwritten or typed signature constitutes an original signature for the purposes of this program.

Please attach a flyer of the camp if available.

Waiver Advisory Committee

Decision

Approved

Pending

Denied

Review Date

Comments

Initials