



**Palm Beach County Division of Human Services  
Summer Camp Scholarship Program**

# CHECKLIST

## **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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Applicant's  
Initials

**Application** (Signed & Fully Completed)

**Social Security Cards** of all household members

**Photo ID** (Driver's License, Resident Alien Card, Work ID)

**Proof of Palm Beach County Residency**  
(utility bill, Local school registration, current lease/mortgage)

**2007 Tax Return**

**Paycheck Stub** for all adults in the household (showing last 30 days) or if applicable **Award Letter** (AFDC Benefit Printout)

**Social Security Award Letter** (SSI / SSDI / SSA)

**Children's Birth Certificates**

**For 5-year old children:** Show proof of participation/completion of Kindergarten Program

**Release of Information Form** (Signed)

**Rights & Responsibility Form** (Signed)

**Guardianship Affidavit** (if applicable)

**Documentation of Other Household Income**, including but not limited to Child Support Documentation such as Family Law Case Printout from Dept of Revenue & Check History, and Copy of Court ordered Child Support & Custody Documents. Unemployment checks. If applicable.

## **Eligibility Guidelines**

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- Income meets Federal Poverty Level Guidelines
- Children are between the ages of 5 (enrolled in Kindergarten) and 17.

**Palm Beach County  
Division of Human Services**



**Summer Camp  
Scholarship Program**

**Only completed applications will be accepted**

Application Date: \_\_\_\_\_

Applicant/Head of Household: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Employer Address & Phone #: \_\_\_\_\_

**List other household members and their relationship to you.**

Name	Sex	Birth Date	SS#	Relationship To Head of Household
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Complete this section for age eligible summer camper(s) who will be 5-17 by June 1<sup>st</sup>**  
 \*5 year old need to show proof of completion of kindergarten program

Child's Name: _____	
School Attending: _____	
Age: _____	Entering Grade: _____
<b>Camp Choices</b> (Please choose two camps):	
1 _____	_____
2 _____	_____

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School Attending: _____	
Age: _____	Entering Grade: _____
<b>Camp Choices</b> (Please choose two camps):	
1 _____	_____
2 _____	_____

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School Attending: _____	
Age: _____	Entering Grade: _____
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1 _____	_____
2 _____	_____

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School Attending: _____	
Age: _____	Entering Grade: _____
<b>Camp Choices</b> (Please choose two camps):	
1 _____	_____
2 _____	_____

Child's Name: _____	
School Attending: _____	
Age: _____	Entering Grade: _____
<b>Camp Choices</b> (Please choose two camps):	
1 _____	_____
2 _____	_____

Child's Name: _____	
School Attending: _____	
Age: _____	Entering Grade: _____
<b>Camp Choices</b> (Please choose two camps):	
1 _____	_____
2 _____	_____

**Do you work?**    Yes    No            Full-Time    Part-Time

Division of Human Services provides summer camp scholarships only and is in no way affiliated with or responsible for the camp programs. By making this application, I hereby waive any right to make a claim against Palm Beach County arising from any action or inaction by the camp or its personnel and release Palm Beach County from any liability.

Division of Human Services also makes no guarantee that a Summer Camp application will be selected for a summer camp scholarship.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Services Staff Signature

\_\_\_\_\_  
Date



# Summer Camp Scholarship Program

## Division of Human Services

Agreement of Understanding

### RIGHTS AND RESPONSIBILITIES

As a client of the Division of Human Services, you have the following rights and responsibilities:

#### YOUR RIGHTS:

- A. **An evaluation** to determine if eligibility for services
- B. **Involvement** in planning of the services
- C. **Freedom** from discrimination based on sex, race, color, religion, national origin, marital status, political affiliation, disability, or sexual orientation
- D. **Notification** of eligibility decision in writing
- E. **Appeal** of any decision concerning denial, provision, delivery or change of service

#### YOUR RESPONSIBILITIES:

- A. **To provide** all accurate and correct information requested in the eligibility and service provision process in a timely manner
- B. **To actively participate** in planning and delivery of services as described in the Individual Service Plan
- C. **To cooperate** with agreed upon Individual Service Plan in order to achieve identified goal
- D. **To keep appointments** or provide notification of any appointment changes

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### APPEAL PROCESS

If you disagree with a decision about your case you have the right to an appeal. The appeal process consists of three possible steps in the order listed. The steps are outlined as follows:

- Step 1. Case Worker Supervisor Review:** First, the Case Worker Supervisor will meet with you to try to solve the issue within three (3) working days of receiving the request.
- Step 2. Program Coordinator's Review:** If step one is not satisfactory, you may request a meeting with the Program Coordinator who will then schedule an appointment within three (3) working days upon receipt of the request.
- Step 3. Program Manger's Review:** Lastly, if you are dissatisfied with the Program Coordinator's review, you should write a letter to **SCSP Program Manger, Division of Human Services - 810 Datura Street, Room 350, West Palm Beach, FL 33401**. Within five (5) days of receiving the written notice explaining your disagreement, you will be contacted to set up a meeting. Your written request should explain the nature of the disagreement and the outcome you are requesting.

### **THIS PROCESS MUST BE FOLLOWED IN THE THREE SEQUENTIAL OUTLINED STEPS**

**The appeal process will be denied if the request is made 10 days or greater of the closure date.**

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By signing this form you agree the Division of Human Services (DHS) may release information in the following circumstances:

**\*DHS may release information about you to emergency service providers as necessary to provide agreed upon services to you.**

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Individual Signature

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Date

Palm Beach County  
**Division of Human Services**

**Summer Camp  
Scholarship Program**



**Authorization to  
Release Form**

I, \_\_\_\_\_, hereby grant permission for and authorize the release of information to Palm Beach County Division of Human Services as follows:

- To take and/or use photographs and/or statements of my child(ren) for published informational purposes (i.e. brochures, posters, fliers).
- Exchange information regarding your child(ren) with their assigned summer camp provider.
- Exchange information with Any summer camp provider with regards to any record(s) or material(s) necessary to establish program eligibility or service linkage from other service agencies to include but not limited to Children Service Council, Governor's Council, Family Central, Prime Time, etc.
- Communication by electronic mail.

Child(ren) Name(s):

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Your signature gives Division of Human Services authorization in all three designated areas.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Legal Representative's  
Relationship to Individual

## Camper Eligibility

- a. Camp Applicant(s) must be a full-time resident of Palm Beach County.
- b. Camp Applicant(s) household must fall within 125% of the Federal Poverty Level Guidelines within the application year.
- c. Child(ren) must be 5 years old and have completed a kindergarten program and not older than 17 years old before June 1<sup>st</sup>.
- d. Eligibility will only be determined for applicants that have submitted all required documentation by the deadline of the summer camp application process.
- e. Foster Care/Homeless Children
  1. Eligibility is based upon the definition of homeless.
  2. Foster Care children must also meet the guidelines in (a) and (c).

## 3. Camper Application Documentation Requirements

- a. Income tax returns/W2 for parent(s)/guardian(s) for the 2007.
- b. Pay check stubs for last 30 days and/or award letter from the following if applicable:
  - 1) TANF benefits
  - 2) Supplemental Security Income (SSI)
  - 3) Social Security benefits (SSA/SSDI)
  - 4) Unemployment printout
  - 5) Any other income earned or unearned (Child Support/Pension etc.)\*

**ALL HOUSEHOLD INCOME MUST BE REPORTED AT THE TIME THE APPLICATION IS BEING PROCESSED FOR ELIGIBILITY. INCOME WILL NOT BE ADJUSTED AFTER THE APPLICATION HAS BEEN SUBMITTED FOR PROCESSING.**

- c. Picture identification for all adult members of the household (driver's license, resident alien card, State of Florida identification card).
- d. Social Security card for all members of the household.
- e. Birth certificates for all camper applicants. If birth certificates are not available, school records or immunizations records are acceptable.
- f. Priority for Summer Camp Scholarships Program will be as follows:
  - 1) Homeless/Foster Care Children in Group Homes
  - 2) Working parents/Working Foster Care parents
  - 3) Disabled/Elderly: parent/guardian individuals receiving (SSI/SSDI/or Medical Statement required)
  - 4) Non-working families

\*Documentation of other Household Income includes Child Support Documentation such as Family Law Case printout from Dept. Of Revenue & Check History and copy of Court ordered Child Support & Custody Documents.