



THE DELCO STRONG SUMMER CAMP SOLUTION

Camp Application for Caregivers



This application is for Delaware County residents who are unemployed and want to return to work. If approved, the caregiver will receive up to \$1,000 in summer camp services from participating summer camps, so they are able to look for and return to work. This program is funded by Delaware County.

Section 1: Caregiver Information

Legal Name	First:	Last:	
Address	House Number/Street:		
	City:	State:	Zip:
Phone Number:	Email Address:		
Unemployment Compensation Status	<input type="checkbox"/> Continuing Claim	<input type="checkbox"/> Claim Exhausted	Last Date Worked

Section 2: Race/Ethnicity

Which origin do you closely identify yourself?	
Hispanic, Latino, Spanish	Not Hispanic, Latino, Spanish
Other (Please Specify)	Prefer not to say

How would you best describe yourself?

American Indian or Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Island	White	Prefer not to say
	Other	

Section 3: Family Information

Total Family Size (including all adults and children in Household)	
Number of Children going to camp	

List each child going to camp:

First Name	Last Name	Birthdate

Click link to review approved camp list - <https://pacareerlinkdelco.org/summer-camp>

Camp selected from the approved list	
--------------------------------------	--

Camp Date	Start Date		End Date	
-----------	------------	--	----------	--

Reminder: "Back to Camp" stipend maximum is \$1,000 per caregiver

Section 4 Attestations

An attestation is a legal acknowledgement of the authenticity of a document and a verification that proper processes were followed. Please read the following carefully and check each box to attest in order to validate this application.

- I attest that the need for care for the child/children on this application is related to work or job search for a caregiver who is unemployed.
- I attest that I have read the eligibility guidelines, and the information entered on this application is true and correct to the best of my knowledge. I understand I may be deemed ineligible to receive support and subject to fines, reimbursement of fund, or legal action if I am suspected of engaging in fraud.

--

Caregiver Signature

--

Date

Please send completed application to: WorkForce-Camp@co.delaware.pa.us