



# 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 can look for and return to work. Delaware County funds this program.

### Section 1: Caregiver Information

First:  Last:

House Number/Street:

City  State  Zip Code

Phone Number:  Email Address:

Unemployment Compensation Status  Continuing Claim  Claim Exhausted Last Date Worked

### Section 2: Race/Ethnicity

Which origin do you closely identify yourself with?

Hispanic, Latino, Spanish  Not Hispanic, Latino, Spanish  I prefer not to say

Other (please specify)

How would you best describe yourself?

American Indian or Alaska Native,  Native Hawaiian or Other Pacific Island  Asian

Black or African American  White  Prefer not to say  Other

### Section 3: Family Information

Total Family Size (including all adults and children in the household)

Number of Children going to camp

#### List Child(ren) Attending Camp:

First Name	Last Name	Birthdate

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

Camp selected from approved list:

Does the confirmed camp selected have availability?  Yes  No

Dates Child(ren) will be attending Camp: Start date  End date

***Reminder:*** The ***“Back to Camp” stipend maximum is \$1,000 per caregiver***

#### **Section 4 Attestations**

An attestation is a legal acknowledgment 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 to the validity of this application.

- I attest that the need for care for the child(ren) on this application is related to work or a job search for an unemployed caregiver.
- I attest that neither my child (ren) nor I have participated in this program in previous years.
- 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 funds, or legal action if I am suspected of fraud.

Caregiver Signature

Date

Please email the completed application to [WorkForce-Camp@co.delaware.pa.us](mailto:WorkForce-Camp@co.delaware.pa.us)