



DELCO SUMMER 2026: SUMMER CAMP SOLUTION



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 camps so that they can look for work and transition back into the workforce. Caregivers are responsible for contacting camps and registering their child(ren). This program is funded by Delaware County.

Caregivers from previous years are **NOT** eligible.

Section 1: Caregiver Information

First: Last:

Street Address:

City: State: Zip Code:

Phone Number: Email Address:

Unemployment Compensation Status: Continuing Claim: Claim Exhausted: Last Date Worked:

Section 2: Race/Ethnicity

How would you best describe yourself?

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

Other (please specify)

Which of the race designations below best describes you?

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: pacareerlinkdelco.org/summer-camp/

Name of Camp, selected from approved list:

Does the selected camp have availability?

Yes

No

Dates Child(ren) will be attending camp? Start date:

End date:

Maximum amount provided by the Summer Camp Solution Program 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 the information provided is found to be fraudulent.

Caregiver Signature

Date

Please email the completed application to WorkForce-Camp@co.delaware.pa.us