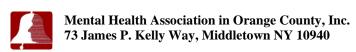
Evie Klingner Camp Fund Application Form



Phone-(845) 342-2400 Fax- (845)343-9665 Print additional forms at www.mhaorangeny.com

Date			
Name of Applicant			
Address			
City	State	Zip Code	E-mail
Telephone	Birth date	Gender Identity	Male Female Prefer Not To Say/Other
		Transgen	der Male 🗌 Transgender Female 🗌 Nonbinary
Referring service provider/Coo	rdinator		Agency
Phone		E-mail	
Parent/family contact name			Relationship
Telephone other than home			E-mail
Reimbursement Amount Reque	ested		
If camp reimbursement through	h check, to whom shoul	d the check be made ou	t to:
Name		Phone	
Address			
City		State	Zip
Have you made this request to a	any other program or s	ervice? Yes	No
Specify programs/services conta	acted		
Outcome of services contacted			
Additional information you wan	nt us to know about the	request:	
CLERICAL USE ONLY			
Date Received	Date Processed		
FH			
Additional Comments			



NADIA ALLEN, EXECUTIVE DIRECTOR

Evie Klingner Camp Fund Requirements

The Evie Klingner Camp Fund application will need to meet the criteria of items *1 through 4* in order to process the application.

- 1) This program is only available for Orange County Families. This fund is **NOT** limited to Orange County Camps.
- 2) Mental Health Association can offer up to \$250, provided the amount given on the camp invoice is equal to or greater than that amount.
- 3) Mental Health Association requires a signed HIPAA form before processing the application.
- 4) Lastly, Mental Health Association requires an invoice with the camp's place of business on it.

73 JAMES P. KELLY WAY * Middletown, NEW YORK 10940 * (845) 342-2400-FAX (845) 343-9665

EBEN ROCKWELL HILL, PRESIDENT * A UNITED WAY AGENCY



Orange County Crisis Call Center

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Mental Health Association in Orange County is a proud member of WELCOME Orange... Helping individuals achieve recovery, resiliency and self-determination.