

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES FAMILY SUPPORT  
410 S. EAST STREET  
LEBANON, OHIO 45036  
Email: [Familysupport@warrencountydd.org](mailto:Familysupport@warrencountydd.org)

**CAMP REQUEST**

PLEASE SUBMIT YOUR REQUEST 15 DAYS PRIOR TO WHEN YOU WOULD LIKE THE SERVICES TO BEGIN  
TO GIVE TIME TO REVIEW (This is not an approval)

ONCE A REQUEST IS APPROVED, YOU WILL RECEIVE YOUR VOUCHERS

**IF WE ARE REIMBURSING YOU, WE NEED A COMPLETED W-9 ON FILE**

PARENT/GUARDIAN: \_\_\_\_\_

INDIVIDUAL ENROLLED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**A SEPARATE CAMP REQUEST FORM IS REQUIRED FOR EACH CHILD AND DIFFERENT CAMP**

**\*\*NEW\*\* PLEASE PROVIDE A FLYER/REGISTRATION OR LINK TO THE CAMP YOU ARE REQUESTING\*\***

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CAMP NAME: \_\_\_\_\_

TOTAL NUMBER OF VOUCHERS: \_\_\_\_\_ MONTHLY PRICE NEEDED  
PER VOUCHER: \_\_\_\_\_

DATES OF CAMP: \_\_\_\_\_

PAYMENT TO: \_\_\_\_\_