

**Welcome!** Thank you for your interest in the 2019 Camp Joy Summer Camp.

**Time!** We have for four (4) weeks of camp planned. Your child can attend more than one week of camp if slots are available.

Junior Overnight Camp Week #1	June 30 – July 4, 2019	Ages: 6-12
Junior Overnight Camp Week #2	July 7 – 11, 2019	Ages: 6-12
Junior Day Camp	July 15 – 19, 2019	Ages: 6-12
Senior Overnight Camp	July 21 – 26, 2019	Ages: 12-16



**Activities!** We have loads of exciting activities planned this year along with some old favorites. We will have Camp Joy Talent Show, Camp Crazy Olympics, Campfire, Messy Arts & Crafts, Hiking, Sports Camp, Fishing, Swimming, Life Size Board Games, Over the Top Science Experiments, Music, and Movies.

**Location!** Camp Joy is located on Rt. 19/460 between Springville and Bluefield, Virginia. Turn onto Camp Joy Road and then take the first right onto the camp grounds. Camp Joy physical address is 176 Camp Joy Road, Bluefield, VA 24605.

**Cost!** Overnight camps are \$120.00 per week and Day camp is \$60.00 per week. Scholarships are available for those eligible.

**Meals!** The camp follows the USDA-Summer Feeding Program for all meals. Overnight campers are provided with breakfast, lunch, dinner, and evening snack. Day campers are provided with morning snack, lunch, and afternoon snack. Meals will be provided in advance.



**Application!** The following is our application for the summer camp program please complete fully and return the application along with required proof of household income for the last 30-day period. Please include your child's medical information and a list of medication they will be taking during camp. You will receive and confirmation letter and handbook once your application is received and process. Application must be complete on each child. All information is kept confidential. Income does not determine if your child/children can attend, used for funding sources statistics.

**Contact!** For more additional information, please contact us: 276-988-5583 (w), 276-202-0531 (c), [rhonaker@clinchvalleycaa.org](mailto:rhonaker@clinchvalleycaa.org). Return your application by mail: P O Box 188, North Tazewell, VA 24630, Fax: 276-988-4041, email: [rhonaker@clinchvalleycaa.org](mailto:rhonaker@clinchvalleycaa.org).

We are looking forward to another exciting year! Thank you!

*Rickey Honaker*, Special Projects Coordinator

Clinch Valley Community Action  
**STUDENT APPLICATION/INTAKE**

# **Camp Joy Summer Camp 19'**



## Student Contact Information

First Name		Middle Name		Last Name		Suffix	Social Security #	Date of Birth
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Employment Status	<input type="checkbox"/> Yes <input type="checkbox"/> No U. S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No Naturalized Citizen	Languages(other than English)	Receive Free/Reduce Meals
Student Cell Phone Only		Student E-Mail Only		School Attending	Grade	GPA	Shirt Size (Youth/Adult)	

## Camp Week Selection

**Campers can attend more than one week.**

<input type="checkbox"/> Junior Overnight Week 1 June 30 – July 4 Cost: \$120.00 Ages: 6-12	<input type="checkbox"/> Junior Overnight Week 2 July 7-11, 2018 Cost: \$120.00 Ages: 6-12	<input type="checkbox"/> Day Camp July 15-19, 2018 Cost: \$60.00 Ages: 6-12	<input type="checkbox"/> Senior Overnight July 21-26, 2018 Cost: \$120.00 Ages: 12-16
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Scholarship Request:

## Household Information

Housing Status: <i>Own, Rent, Homeless, Other Permanent, Other</i>	Family Type: <i>Single, Single Female Parent, Single Male Parent, Mother and Father, Mother and Spouse/Partner, Father and Spouse/Partner, Foster Parents, Other</i>	Home Phone--(Lane Line Only)	Number in Household
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

Parent/Student Handbooks will be mailed after applications have been process.

## Income Information

This Household has NO INCOME (verified)

**Proof of All Household Income must be attached for at least 30 days.**

Household Member	Income Source	Amount(Gross Income)	Period	Documentation Attached:
Father/Father Figure				
Mother/Mother Figure				

Type of documentation:  
**Pay Stubs:** Must be for current previous 30 days.  
**Social Security:** Award letter or direct deposit statement  
**Child Support/Alimony:** Court degree, receipt, or letter  
**Food Stamps/TANF:** award/renewal letter from DSS  
**Foster Care:** Documentation from foster care program  
**W-2:** Previous Year  
**Letter:** Self-Declaration of Income

## Household Benefits

This Household reports NO BENEFITS

Benefit	Amount	Period
SNAP		
Energy Assistance		

Benefit	Amount	Period
WIC		
Child Care Subsidy		

Benefit	Amount	Period
TANF		
HUD		

## Father/Father Figure

_____ First Name		_____ Middle Name		_____ Last Name		_____ Suffix	_____ Social Security #		_____ Date of Birth
_____ Gender	_____ Race	_____ Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	_____ Type of Health Insurance	_____ Marital Status	_____ Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship		_____ Languages(other than English)
_____ Highest Grade Completed		_____ Father Cell Phone Only		_____ Father E-Mail Only					

## Mother/Mother Figure

_____ First Name		_____ Middle Name		_____ Last Name		_____ Suffix	_____ Social Security #		_____ Date of Birth
_____ Gender	_____ Race	_____ Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	_____ Type of Health Insurance	_____ Marital Status	_____ Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship		_____ Languages(other than English)
_____ Highest Grade Completed		_____ Mother Cell Phone Only		_____ Mother E-Mail Only					

## Addition Household Member

_____ First Name		_____ Middle Name		_____ Last Name		_____ Suffix	_____ Social Security #		_____ Date of Birth	_____ Relationship
_____ Gender	_____ Race	_____ Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	_____ Type of Health Insurance	_____ Marital Status	_____ Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship		_____ Languages(other than English)	
_____ Highest Grade Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	_____ Name of College		_____ Year Graduated	_____ Cell Phone Only	_____ E-Mail Only			

## Addition Household Member

_____ First Name		_____ Middle Name		_____ Last Name		_____ Suffix	_____ Social Security #		_____ Date of Birth	_____ Relationship
_____ Gender	_____ Race	_____ Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	_____ Type of Health Insurance	_____ Marital Status	_____ Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship		_____ Languages(other than English)	
_____ Highest Grade Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	_____ Name of College		_____ Year Graduated	_____ Cell Phone Only	_____ E-Mail Only			

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship		
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages(other than English)
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only			

**Addition Household Member**

First Name	Middle Name	Last Name	Suffix	Social Security #	Date of Birth	Relationship		
Gender	Race	Ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled	Type of Health Insurance	Marital Status	Veteran Status	<input type="checkbox"/> U.S. <input type="checkbox"/> Naturalized Citizenship	Languages(other than English)
Highest Grade Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No College Graduated	Name of College	Year Graduated	Cell Phone Only	E-Mail Only			

**Special Child Information**

Nickname:	Swimming: <input type="checkbox"/> Strong Swimmer <input type="checkbox"/> Fair Swimmer <input type="checkbox"/> Poor Swimmer <input type="checkbox"/> Allowed Use Diving Board		
Hobbies/Interests:			
Talents:			
Sports:			
Extra Curriculum:			
Food Likes:	Food Dislikes:		
Anything you want staff to know about your child:			

**Student Medical**

All information is strictly confidential and used only in case of an emergency.

Permission to Release Child To (other than guardians)

Not Permission to Release Child To

**CUSTODY PAPERS SIGNED BY A COURT AUTHORITY MUST BE PROVIDED IF A BIOLOGICAL PARENT IS NOT ALLOWED TO PICK UP CHILD.**

Emergency Contact 1

Physical Address

Phone Number

Relationship

Emergency Contact 2

Physical Address

Phone Number

Relationship

Child's Physician

Contact Number

**Medical Treatment**

Cost Covered by:

Insurance Company

Policy Number

No Insurance

Chronic Physical Problems (including allergies)

**Consent to Administer Medication**

Medication	Dosage	Dosage Time	Refrigerate	Special Instructions	Side Effects

Medication must be marked in original prescription bottles with dosage information and prescribing doctor. Staff must be notified in writing if there is a cancellation or change to this medication. I further give permission for designated Camp Joy staff or its agents to administer the above medication(s) to my child, if applicable. Designated staff will be permitted to share and request relevant health information regarding the administration of this medication.

**SPEICAL DIETARY NEEDS-Medical**

Food Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Special Diet or Dietary Restrictions: \_\_\_\_\_

Food Substitutions: \_\_\_\_\_

Medical Provider and Phone Number: \_\_\_\_\_

**SPEICAL DIETARY NEEDS-Philosophical/Religious**

Food Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Special Diet or Dietary Restrictions: \_\_\_\_\_

Food Substitutions: \_\_\_\_\_

## Agreements/Policies

1. The parent/guardian agrees to pick up child as soon as possible when he/she becomes ill. If unable, agrees to make arrangements to have someone else pick up child and agrees to contact Camp Joy in regard to the person that will be allowed to pick up child.
2. The parent/guardian agrees to pick up child at the end of camp week.
3. The parent/guardian agrees to provide documentation of all household income. This information is used for scholarship request and statistical information for funding sources. Income does not affect the services the child or family receive.
4. The parent/guardian authorizes Camp Joy to obtain immediate medical care and consent to the hospitalization to perform necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to my child if any emergency occurs when I cannot be located immediately.
5. The parent/guardian will inform the camp within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.
6. The parent/guardian authorizes Camp Joy to transport children on field trips with adequate notice.
7. The parent/guardian gives Clinch Valley Community Action, Inc./Camp Joy permission to photograph their child for promotion use such as: news articles, advertisement, web sites, etc.
8. The parent/guardian gives Clinch Valley Community Action staff and volunteers shall be held harmless in any and all claims or actions arising from the administration of listed medication(s). The parent/guardian acknowledges that medications may not be given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of the Consent.
9. **CONFIDENTIALITY POLICY:** In accordance with the Policies and Procedures of Clinch Valley Community Action, all information obtained about children and families is confidential. Professional serving on federal/state and/or internal review teams are allowed to review files in their capacity as monitors of federal/state funding. Other agencies or organizations must obtain written parent/ guardian consent to review information in a child/family file.

## Camper Code of Conduct

Each child plays an important role in the enjoyment of every camper at camp. Their attitude and behavior are critical to the success at camp this summer. Therefore, for the good of all-other campers, staff, and visitors to camp, each child agrees to abide by the following while at camp and sponsored activities:

- ✓ Respect and care for all the places and the people with whom they come in contact, including privacy and property of others.
- ✓ Be sensitive to the needs of others in my group/cabin/team.
- ✓ Understand the use of alcohol, tobacco, or drugs will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Understand that weapons at camp will not be tolerated. Possession or use at camp results in immediate expulsion, with no refund of fees.
- ✓ Act and speak positively and kindly to all campers and staff (i.e.: no swearing, lewd jokes, racial/ethnic jokes or slurs, etc.)
- ✓ Be responsible for personal belongings and equipment. Camp Joy is not responsible for items lost or give away to other campers.
- ✓ Share in daily responsibilities and duties including but not limited to unit and cabin clean up, dining hall set up or clean-up and other camp duties.
- ✓ Understand that social cruelty (bullying, teasing, put-downs) and physical violence (hitting, fighting, restraining) will not be tolerated. Engaging in these behaviors will result in immediate expulsion from my camp program.
- ✓ Understand that if they are a victim or witness acts of social cruelty or violent behavior they are to seek help immediately from a counselor, camp director, volunteer or other staff to ensure their and other physically and emotionally safety.
- ✓ Understand that all electronics (other than medical care) are to be left at home, including cell phones, personal DVD players, hand held games, etc. Items will be confiscated and stored in a safe place and then returned to at the end of camp.

Understand that if they do not abide by the guidelines above, the camp director will notify parents/guardians and could be sent home and that all arrangements and expenses will be the responsibility of my parents/guardians. Understand that if sent home early due to misconduct there will be no refunds. Violations of these agreements may also jeopardize my ability to return to camp in the future.

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action, Project Discovery to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

\_\_\_\_\_  
Signature of Consenting Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date Signed

Consent to Exchange

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action to exchange certain information to work together effectively to provide or coordinate services or benefits. I want the following confidential information listed below but not limited to, to be exchanged:

- Financial information—Income/Services verification
- Any medical/mental/dental health records or screening
- Other:
- National School Lunch Program/USDA Free-Reduce Meal Eligibility
- Educational Records

I want Clinch Valley Community Action-to be able to exchange this information with other agencies. I want this information to be exchanged for the purpose of eligibility determination and services for Camp Joy. This consent is good from June 1, 2018 – June 30, 2019.

I can withdraw this consent at any time by telling the referring agency in writing. This will stop them from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask they will provide me this information to me. I want the school system to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact Clinch Valley Community Action to give them information about me that they need.

**Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the Clinch Valley Community Action Confidentiality Policy.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





Clinch Valley Community Action  
**STUDENT APPLICATION/INTAKE**

# Camp Joy Summer Camp 19'

**INSTRUCTIONS** Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earning from work	- A child has a job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside of the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farmer business) - Strike benefits  If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts or estates - Annuities - Invested income - Earned interest - Rental income - Regular cash payments from outside the household

**INSTRUCTIONS** Ethnicity and Race

We are required to ask information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifiers for your child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Summer Food Service Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, and for program reviews, and law enforcement officials to help them investigate violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USD through the Federal Relay Service at (800) 877 8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632 9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

fax: (202) 690 7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DO NOT FILL OUT** For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Monthly	Monthly	Household size	Free	Reduce	Paid	Categorical Eligibility <input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	Date	Confirming Official's Signature			Date				