

# Evie Klingner Camp Fund Application Form



Mental Health Association in Orange County, Inc.  
73 James P. Kelly Way, Middletown NY 10940

Phone-(845) 342-2400

Fax- (845)343-9665

Print additional forms at [www.mhaorangeny.com](http://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

Transgender Male  Transgender Female  Nonbinary

Referring service provider/Coordinator \_\_\_\_\_ Agency \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/family contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone other than home \_\_\_\_\_ E-mail \_\_\_\_\_

Reimbursement Amount Requested \_\_\_\_\_

If camp reimbursement through check, to whom should the check be made out to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you made this request to any other program or service? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify programs/services contacted \_\_\_\_\_

Outcome of services contacted \_\_\_\_\_

Additional information you want us to know about the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CLERICAL USE ONLY

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_

FH \_\_\_\_\_

Additional Comments \_\_\_\_\_



# Mental Health Association

*in Orange County, Inc.*

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.*