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**BOYS & GIRLS CLUB
OF DOOR COUNTY**

2018 Summer Enrichment Program Supplemental Funding Form

Parent/Guardian Name:
Member Name:
Member Age:
Address:
Telephone:
Email:

Type of Funding Received (Please Circle):

Door County Human Services

State of Wisconsin

Federal Funding

Programing (Please circle all that apply):

Comprehensive Community Services (CCS)

Children's Long-Term Support Waiver (CLTS)

DD Special Needs

Community Options Program (COP)

Child in Need of Protective Services

Child Care Credit

Other

Name and Contact Information for Case Manager:
