

Camp Fees

The form must be completed and returned with your application. No exceptions!

Camper's Name: _____

| Sheboygan County Residents | Non-Residents |
|----------------------------|---------------|
| \$225.00/week | \$325.00/week |

Note: LLWA scholarships are not available this year

Private Pay

- I am enclosing a check in the amount of \$225 (\$325 non-residents) for each of the week/s selected.
- I would like to help off-set the actual cost of attendance (in excess of \$700.00 per camper per week) and I have enclosed an additional payment in the amount of \$_____. Thank you!

Please make checks payable to Camp Evergreen



If you are private paying, stop here

Alternative Funding Source



All information below must be completed before application will be accepted.

- Please invoice:
- Family/Community Care
 - IRIS/iLife
 - Lakeland Care
 - Premier
 - SCHHS (CCOP or Children's Waivers)
 - Other: _____

Case Manager: _____

Phone: _____ Email: _____

Account #: _____ Authorization #: _____

Medicaid ID#: _____

Dates of Authorization/Service: From: _____ To: _____

From: _____ To: _____

Description: _____

Procedure Code: _____ Modifier: _____