



**Office of Deaf and Hard of Hearing Services (DHHS)**  
**Camp SIGN Application for Campers**

Complete this application and return it with the \$35 application fee to

Office of Deaf and Hard of Hearing Services  
P.O. Box 12306  
Austin, Texas 78711

If you have questions, contact us at:

(512) 982-1709

Fax: (512) 407-3299

Email: [dhhs.training@hhsc.state.tx.us](mailto:dhhs.training@hhsc.state.tx.us)

Website: [hhs.texas.gov/services/disability/deaf-hard-hearing](http://hhs.texas.gov/services/disability/deaf-hard-hearing)

**Applicant Information**

Last name:	First name:	Birth date:	Age at camp date:
------------	-------------	-------------	-------------------

School:	Grade:
---------	--------

City:	State:	ZIP code:
-------	--------	-----------

Gender:	Race/Ethnicity:
---------	-----------------

Enter X to select from each of the following categories.

<b>T-shirt (adult size):</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	<b>Status of hearing loss:</b> <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Other (specify):	<b>Method of communication:</b> <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Signed Exact English (SEE) <input type="checkbox"/> Oral <input type="checkbox"/> Other (specify):
--	--	---

**Parent or Guardian Information**

Enter X to select one.

Parent     
  Grandparent     
  Guardian     
  Other (specify):

Last name:	First name:
------------	-------------

Address:	City:	State:	ZIP code:
----------	-------	--------	-----------

Home phone: ( )	Work phone: ( )	Cell phone: ( )
--------------------	--------------------	--------------------

Email address:

**Person to Contact in Case of Emergency**

Name:	Relationship:	Phone number: ( )
-------	---------------	----------------------

**Behavioral Information**

To better care for your child, please provide any information about their behavior or physical, mental, emotional and social health that you think is important, or that may affect the camper's experience in Camp Sign (attention deficit, sleep disturbances, shyness, etc.) Use the space below or call (512) 982-1709 (VP/V).

**Note:** Any camper who becomes a continual problem at the camp site will be sent home.

**Income Reporting**

List the average monthly income for each member in the household including children. Report gross income (amount before taxes, insurance, or deductions). You may choose not to provide the income information. If you do not provide income information, you must pay the full camp fee plus the application fee for your child. The amount due is listed in the preacceptance letter.

If you do not wish to list the income information and agree to pay the full camp fee for this camper, enter or print your initials here. \_\_\_\_\_.

	First name	Last name	Social Security number *	Monthly income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

\* If any member of the household is in the Supplemental Nutrition Assistance Program (SNAP) or receives Temporary Aid to Needy Families (TANF), list his or her case number as well as the Social Security number.

**Signature**

By signing this form, I affirm that:

- I am providing true and correct information regarding my child or foster child;
- I am applying to Camp SIGN for my child or foster child. I am submitting a nonrefundable application fee of \$35.00. I understand that I will be charged and held responsible for any fees incurred by checks submitted with insufficient funds;
- I agree to release and hold harmless DHHS Camp SIGN from any damages arising out of personal injury or sickness caused by any accident occurring on or off the camp premises;
- I give permission to DHHS Camp SIGN officials to provide any and all medical attention to my child in the event of injury or sickness;
- I give permission for DHHS Camp SIGN to photograph, use, and release photographs of my child for the purpose of publicizing and promoting Camp SIGN;
- I understand that complete cooperation is expected from my child or foster child; and
- I understand that I am responsible for transportation to and from the camp for my child or foster child.

Parent's or guardian's signature:

**X**

Date:

Printed name: