

**VBH-PA
Summer Therapeutic Activities Program
Application**

Agency Name:

Billing Address:

Summer Therapeutic Activities Program (STAP) Name:

STAP Location(s): Addresses

County (Counties) you intend to serve: (attach letters of support from Counties)

Diagnostic Groups Served

Ages Served:

Maximum children served. List number of groups including age ranges of children and number of children per group:

Schedule (begin date and end date per location if more than one location):

Hours of Operation:

Transportation: (what arrangements are made for transportation for camp attendees)

Staffing Pattern (without use of TSS)

Rate Requested (Without use of TSS)

ATTACH NARRATIVE PROGRAM DESCRIPTION (Following the guidelines of the bulletin)