

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

Camp Year: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Summer Therapeutic Activities Program (STAP) Name: \_\_\_\_\_

Most recent DPW approval (date): \_\_\_\_\_

Have there been any changes to program since the approval?                      Yes                      No

If yes, have you submitted to DPW/Children's Bureau for review and approval?    Yes            No            Date: \_\_\_\_\_

STAP location(s): Address \_\_\_\_\_  
\_\_\_\_\_

County (counties) you intend to serve: (attach letters of support for each county): Please circle those that apply

Arm    Bvr    Butr    Cam    Craw    Er    Fay    Gr    Ind    Law    Me    Ven    Wash    We

Please submit along with the application a copy of the Program Description (Following guidelines of the MA Bulletin) and the letters of support from those counties you intend to serve.

Diagnostic Groups served: \_\_\_\_\_

Ages served: \_\_\_\_\_                      Hours of Operation: \_\_\_\_\_

Maximum Children Served. List number of groups including age ranges of children and the number per group:

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Camp Start Date: \_\_\_\_\_    Camp End Date: \_\_\_\_\_    # of Weeks: \_\_\_\_\_

Days of the week: M    Tu    W    Th    F (please circle)    Camp Hours: \_\_\_\_\_

Transportation: Please circle those that apply: Parents/Family    MATP    Public Transportation

Staffing pattern (not with TSS): (Participant/Staff): \_\_\_\_\_

Rate Requested (per unit): \_\_\_\_\_