**CAMP HARKNESS**

**301 GREAT NECK ROAD**

**WATERFORD, CT 06385**

Camp Harkness is a Connecticut State Park designated for use by individuals with a disability, accompanied by their families and friends. The definition of a disability is a physical or mental impairment, which substantially limits one’s major life activity. Admission to Camp Harkness is by special pass that must be presented at the main entrance of the camp. Pass may be revoked in the event of serious rule violations at the discretion of the Camp Director or designee. Please fill out the Camp Harkness Admission Pass Application form below and return it to Camp Harkness Office. Any changes should be sent to

301 Great Neck Road

Waterford, CT 06385

Telephone: 860-443-7818 Fax: 860-447-1554

E-Mail: DDS.CampHarkness@ct.gov

**\*\*FOR RESERVATIONS OR QUESTIONS REGARDING CAMP PLEASE CALL 860.443.7818\*\***

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**APPLICATION FOR ADMISSION PASS TO CAMP HARKNESS**

**Pass Holder must be in attendance – Passes are not transferable.**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION OF DISABILITY**

\_\_ Developmental Disability \_\_ Cerebral Palsy \_\_ Multiple Sclerosis

\_\_ Muscular Dystrophy \_\_ Loss of arm/leg \_\_ Visual Impairment (legally blind)

\_\_ Acquired Brain Injury \_\_ Spinal Cord Injury \_\_ Mental Health Issues

\_\_ Hearing Impairment/Deafness \_\_ Spina Bifida \_\_ Other

If other, please describe the disability and the reason this individual requires the specialized environment of Camp

Harkness (per ADA definition):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is this disability permanent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician \* Case Manager’s Signature or your DDS Case #

**This completed form with doctor’s signature and/or DDS case # may be used for:**

* Temporary out of state one-day pass of persons who:
	+ - Eligible for pass and awaiting pass card.
		- Temporary Disability

**Revised 12/14/2022**