



Camper Name: _____
Last First Middle

RE: Approval from Oklahoma Department of Human Services, Developmental Disabilities Services Division (DDSD) for use of Acumen Fiscal Agent, LLC to pay for Make Promises Happen (MPH) camp attendance through the Self-Directed Services (SDS) program

Please complete this form & return it to the camp office, along with current MPH Registration Paperwork.

I, the legal guardian of _____ have requested approval from DDSD to pay for his/her attendance at the various MPH camps through SDS. If not approved, I understand that I am responsible to pay, and will pay, for the MPH camps using other means. If the camper I represent fails to attend (NO SHOW) or if the camper or his/her guardian/representative fails to provide notice of cancelation at least 14 days prior to the event, I understand that I am responsible for payment of the deposit fee associated with the camp, to be paid in a timely manner to Make Promises Happen.

I have received, or should receive, a letter of authorization from the Oklahoma Health Care Authority stating that the camps I have requested are authorized and will be covered. I understand that if the camps are not paid for by Acumen, if I do not have them on the above referenced letter, I am liable for the full cost of the camp, and must pay using other means.

(signature/digital signature of legal guardian)

(date)

(printed name of legal guardian)

List the Plan of Care year dates for the aforementioned individual: _____ - _____
(MM / DD / YYYY - MM / DD / YYYY)

List any camps planned for this year that fall outside the Plan of Care dates: _____

I give camp personnel permission to contact my case manager regarding Acumen billing (optional, check if "yes")

My case manager's name is: _____

His/her contact information is as follows: E-Mail: _____

1st Phone # (direct line): (_____)_____ - _____ 2nd Phone #: (_____)_____ - _____