



DEPARTMENT OF SOCIAL SERVICES

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Commissioner

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County Executive

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2019 CAMP VERIFICATION FORM

To be completed by Foster Parent:

Child's Name: _____ DSS Caseworker: _____

Type of Camp: (check one) Day Camp Overnight/sleep-away camp

Camp Name: _____ Contact Person: _____

Camp Address: _____ Camp Phone number: _____

Camp Cost / Fee: _____ Dates of attendance: _____

I understand that DSS will pay for up to \$500 for my Orange County foster child(ren) to attend summer camp and I am responsible for the remaining balance should the cost exceed \$500.

Foster Parent signature

Date

To be completed by Camp staff:

An OCDSS **Vendor ID** number is required for DSS to be able to make payment. If your camp does not presently have a vendor ID number, our Department will be in contact with you to assist you in the process of obtaining one. If your camp has obtained an **Operating Certificate** from the Department of Health, please forward a copy of the certificate with this form.

I agree to accept payment of up to a maximum of \$500 by the Orange County Department of Social Services and that any remaining balance in excess of this amount will be waived or paid by the above listed foster parent.

Camp Representative Signature

Date

Return signed forms to: Orange County DSS, PO Box Z Goshen, NY 10924
Attn: Maureen Dinklemeyer Fax#291-2985

OCDSS Office Use only below:

OCDSS Case #SV _____ Camp Vendor ID# _____ Operating Certificate on file?: yes no