



# DEPARTMENT OF SOCIAL SERVICES

Darcie M. Miller, LCSW-R  
Commissioner

Irene E. Kurlander  
Deputy Commissioner

Steven M. Neuhaus  
County Executive

Box Z, Quarry Road  
Goshen, NY 10924  
Tel: (845) 291-4000 • Fax: (845) 291-4338  
www.orangecountygov.com

## 2023 CAMP VERIFICATION FORM

To be completed by Foster Parent:

Child's Name: \_\_\_\_\_ Orange County DSS Caseworker: \_\_\_\_\_

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

Camp Name: \_\_\_\_\_ Camp 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 to attend summer camp and I am responsible for the remaining balance should the cost exceed \$500.

\_\_\_\_\_  
Foster Parent signature

\_\_\_\_\_  
Date

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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 or Fax #(845) 291-2985

OCDSS Office Use only below:

OCDSS Case #SV \_\_\_\_\_ Camp Vendor ID# \_\_\_\_\_ Operating Certificate on file?: \_\_\_yes \_\_\_no