



Steven M. Neuhaus
County Executive

DEPARTMENT OF SOCIAL SERVICES

Darcie M. Miller, LCSW -R
Commissioner
Box Z, Quarry Road
Goshen, NY 10924
TEL (845) 291-4000 FAX (845) 291-4338

CAMP VERIFICATION FORM

To be completed by Foster Parent:

Child(ren)'s Name: _____

DSS Caseworker: _____

Camp Name: _____

Contact person: _____

Camp Address: _____

Phone number: _____

Camp Cost / Fee: _____

Dates attending: _____

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:

Please be aware that in order for the Orange County Department of Social Services to pay for camp, your camp must have a Vender ID number. If your camp does not presently have a vender ID number, our Department will be in contact with you to assist you in the process of obtaining one.

The processing of this form will generate payment for camp.

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 paid by the above listed foster parent.

Camp Representative Signature

Date

Returned signed forms to: Orange County DSS 23 Hatfield Lane Goshen, NY 10924
Attention: Maureen Dinklemeyer Fax#291-2985