



*Steven M. Neuhaus*  
*County Executive*

## DEPARTMENT OF SOCIAL SERVICE

**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: \_\_\_\_\_

Camp 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

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