



Assistance with Summer Camp Fees: A Guide For Kinship Caregivers

Summer Camp Guide

Summer camp is a great way to provide a kinship caregiver with respite. This guide is a resource for caregivers and the community groups that work with them. The Guide contains pages for the 62 New York State social services districts with information on the availability of stipends for summer camps for low-income children and includes the local policies and any special application forms used by each district.

Seven counties: Chenango, Clinton, Livingston, Oneida, Orleans, Otsego and Schuyler **do not provide camp fees to low-income children.**

Ten Counties: Allegany, Cattaraugus, Essex, Fulton, Greene, Madison, Montgomery, Putnam, Steuben, and Suffolk did not respond to our request for information. This guide will be updated to include information for these counties when we receive their responses.

In most social services districts, non-parent caregivers who receive a Non-Parent grant (also known as “child only”, OTG, NPG, and other names) for the children in their care are eligible for camp fees of up to \$400 per year for each child, not to exceed \$200 per week, so long as there are no other available community sources of funding for camps costs.

As a general rule, a child is only eligible for a summer camp grant if the child is in receipt of a “child only” grant, or if the entire household is on Family Assistance. This means that if a relative caregiver who is not in receipt of assistance cares for a child on Supplemental Security Income, that child will not be eligible for camp fees. However, at least two districts use TANF funding to fund camp for children under 200% of poverty, even if they are not in receipt of a grant. Other districts will provide camp fees as a childcare expense if the caretaker is working and/or under 200% poverty.

Resources

Resources (in the appendix):

- Social Services Law SSL § 131 (a)(5)(d)
 - <https://codes.findlaw.com/ny/social-services-law/sos-sect-131-a.html>
- 18 NYCRR 352.7(i)
 - <https://casetext.com/regulation/new-york-codes-rules-and-regulations/title-18-department-of-social-services/chapter-ii-regulations-of-the-department-of-social-services/subchapter-b-public-assistance/article-1-determination-of-eligibility-general/part-352-standards-of-assistance/section-3527-allowances-and-grants-for-other-items-of-need>
- 05 INF24, p. 8
 - <https://otda.ny.gov/policy/directives/2005/INF/05-INF-24.pdf>
- 00 INF15 (Q. 5 – Definition of summer camp)
 - <https://otda.ny.gov/policy/directives/2000/INF/00inf15.pdf>
- 01 INF11 (Q. 4 – Child on SSI not eligible for camp fees)
 - https://otda.ny.gov/policy/directives/2001/INF/01_INF-11_attach.pdf
- 07 INF-14, (Q. 14 Child Only Questions and Answers) (using Flexible Fund or Family Services to pay for Summer Camp)
 - <https://otda.ny.gov/policy/directives/2007/INF/07-INF-14.pdf>
- GIS 02 TA/DC010 (4/10/02) – using child care funds to pay for camp fees
 - <https://otda.ny.gov/policy/gis/2002/02DC010.rtf>
- 00 OCFS INF 3 – Using child care funds to pay for camp fees
 - https://ocfs.ny.gov/main/policies/external/ocfs_2000/INFs/00-OCFS-INF-03%20Child%20Care%20Subsidies%20for%20School%20Age%20Children%20During%20the%20Summer.pdf
- 06 GIS TA/DC023 (7/10/06) (Camp Fees)
 - <https://otda.ny.gov/policy/gis/2006/06dc023.rtf>

Camp Fees

Local districts may pay for camp fees in several ways: as part of a public assistance grant, as a child care cost for a working caregiver, or under the Flexible Fund for Family Services which is part of the TANF Block Grant. Districts can also facilitate enrollment at free camps or engage in fundraising to assist young campers in their district. Most districts that provide camp fees do so as part of the public assistance grant.

- 1.) PUBLIC ASSISTANCE GRANT:** Under N.Y. Social Services Law § 131 (a)(5)(d), as social services district may pay summer camp fees for children who receive public assistance and whose families cannot pay for summer camp themselves. The statute does not set any limits on the amount of fees a social services district may pay, but maximum fees are set at \$200 per week and \$400 per year, per child by regulation in 18 NYCRR 352.7(i).

Under this provision, social services districts are only authorized to pay camp fees for children who receive Family Assistance; they will not pay the camp fees of children who receive Supplemental Security Income (SSI) or Safety Net Assistance. Children in the care of relative caregivers are always Family Assistance recipients, so they do not have to worry about a rule that makes children who are in Safety Net Assistance household ineligible for camp fees¹.

- 2.) SUMMER CAMP AS CHILD CARE ASSISTANCE:** Some districts will pay for summer camp as part of a child care grant. In this solution, the caretaker must be working, need care for the child in order to work, and as a general rule, be under 200% of poverty limit². The children must be under the age of 13 or be disabled and under the age of 19. Some counties offer both the public assistance grant for summer camp and, for children who don't qualify for public assistance, the county will pay for camp as child care assistance. Other counties, will only pay for summer camp for parents who qualify under their child care subsidy program. In some counties, only caretakers who are on public assistance and working, or are in a work activity, are eligible for summer camp payments under the child care program.

- 3.) FREE PROGRAMS:** In Chenango County, the Sheriff's Office runs a summer camp which charges no fee to attend. In Hamilton county, there are free summer camp programs and they will also assist with transportation.

¹ Children who live in households with their parents are transferred from Family Assistance to the Safety Net Assistance Program after they have been on assistance for 5 years. Districts may not use Safety Net funds to pay for camp fees.

² Some years the State Legislature provides special funding for child care called "Facilitated Enrollment" which allows districts to set eligibility at 275% of poverty. The funding for this is very limited and only a very few districts are awarded this money.

WHAT QUALIFIES AS A SUMMER CAMP? Summer camps are broken into three categories: “summer day camps”, “traveling summer day camps” and “overnight camps.”

- A. Summer day camps serve children under 16 years of age. The children primarily participate in outdoor activities and do not occupy the camp 24 hours a day.
- B. Similarly, traveling summer camps serve children under 16 and are not occupied 24 hours a day. Children are transported on a regular schedule to different places and participate in organized activities together.
- C. Overnight Camps, as the name suggests, are occupied overnight for more than 72 continuous hours by children under 18 years of age. Children participate in organized activities at these camps as well.

Albany County

Contact: Albany County Department of Social Services

Address: 162 Washington Avenue
Albany, NY 12210

Phone: (518) 447-7300 / (518) 447-7500 (DCFS)

Email: DSSchildcaresubsidy@albanycountyny.gov

Website: <https://www.albanycounty.com/departments/social-services>

Notes: Families should be encouraged to start the process prior to the end of the school year.

- If Article 6 custodians are employed, have a verified medical condition, and/or are incapacitated they can apply for summer camp subsidies through the Department of Social Services or they can email: DSSchildcaresubsidy@albanycountyny.gov
- If a youth is receiving public assistance, the family member can apply through their Department of Social Services Public Assistance worker.
- Kinship foster parents for children placed in foster care and Article 10 relative custody can contact Albany County's Department of Children and Family Services (DCFS) at (518) 447-7500 to inquire about summer camp subsidies.

Allegany County

Contact: Allegany Department of Social Services

Address: 7 Court Street, County Office Building, Room 127
Belmont, NY 14813

Phone: (585) 268-9622

Fax: (585) 268-9479

Website: <https://www.alleganyco.com/departments/social-services/>

Notes: No information available at this time.

Broome County

Contact: Jodi Bouyea, MPA, Coordinator of Volunteer Services

Address: Broome County Department of Social Services

36-42 Main Street

Binghamton, NY 13905

Phone: (607) 778-2681

Email: Jodi.Bouyea@BroomeCounty.us

Website: <https://www.gobroomecounty.com/dss/>

Notes: Campership benefits are available in Broome County. Camp fees may be provided at \$200 per week, with a maximum payout of \$400 per year. The child must be a recipient of TANF, the non-parent grant, or be in foster care. Campership benefits are only available to blood-relative kinship caregivers. The attached application is needed to apply for these benefits.

Attachments:

- 2021 Campership Application

**BROOME COUNTY DEPARTMENT OF SOCIAL SERVICES
CAMBERSHIP APPLICATION FOR 2021**

This is an application for camp fee payment. Only specific types of assistance qualify for this funding. Parents/Guardians must complete this application in full including signatures. The Social Services employee handling your case must also verify eligibility on qualifying case types and sign this form.

**VOLUNTEER OFFICE
Attn: Jodi Bouyea
Broome County Department of Social Services
36-42 Main Street
Binghamton, NY 13905-3199**

Parents/Guardians are responsible for the camp fee themselves if the child is not eligible for Social Services during the time they attend camp. This application must be submitted for determining eligibility.

CHILD'S INFORMATION:

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

PHONE NUMBER: _____ **SOCIAL SECURITY #:** _____

Check which type of assistance the child receives: (only the following qualify)*

_____ **Foster Care – Name of Foster Parents:** _____

_____ **Family Assistance** (Federally funded Temporary Assistance case)
**If you have reached your 00-month Time Limit, you may not be eligible for camp fee payments through Social Services
Food Stamps and Medicaid cases are not eligible for campership assistance.

I am requesting DSS Campership for the above child at:

CAMP: _____ **on/from** _____
Dates Attending Camp

I will pay \$ _____ directly to the camp and request DSS to pay the balance which is \$ _____
(Maximum of \$200.00/week and \$400.00/year)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

DSS REPRESENTATIVE:

Please provide verification of assistance, (WMS printout with case type, status and dates of authorization. Please complete the following (DO NOT leave blank)

CASE NUMBER: _____ **Auth.To:** _____ **CIN:** _____

DSS Representative

NAME (Print): _____ **PHONE EXT:** _____

SIGNATURE: _____ **DATE:** _____

Disposition: _____ Signature: _____ Date: _____

Amount Paid: _____ Signature: _____ Date: _____

Cattaraugus County

Contact: Michelle Imhoff

Address: Cattaraugus County Department of Social Services
One Leo Moss Drive Olean, NY 14760

Phone: (716) 373-8065 ext 3690

Website: <https://www.cattco.org/social-services/social-services>

Notes: No information available at this time.

Cayuga County

Contact: Mary Rathbun, Intake Supervisor
Address: Cayuga County Department of Social Services
160 Genesee Street, County Office Building
Auburn, NY 13021
Phone: (315) 253-1201
Fax: (315) 253-1505
Email: Mary.Rathbun@dfa.state.ny.us
Website: <http://www.cayugacounty.us/260/Social-Services>

Notes: Cayuga County offers scholarships, for those children ages 6-16, in households under 200% of poverty level. Cayuga County automatically sends out letters about summer camp to our open Temporary Assistance for child-only cases (SSI parent or non-parent caregiver). Letters are generally sent out in the beginning of April.

Bottom portion of Campership Letter is the scholarship itself and camps must provide this portion of the original letter when they bill for services

For those families that do not have an open Temporary Assistance case, the parent would complete a TANF Services Application (LDSS-4726) and eligibility would be determined.

Special printing is required for form LDSS-4726 due to many shaded areas

Attachments:

- Campership Letter to Client (2020)
- LDSS-4726: <https://otda.ny.gov/programs/applications/4726.pdf>



CAYUGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Raymond Bizzari, Director
Community Services

July 21, 2020

«CASE_NAME»
«ADDRESS»
«CITY_STATE_ZIP»

Child in case: «CHILDS_NAME»
Case number: «CASE_»

Dear «CASE_NAME»:

Cayuga County Department of Social Services has funds to provide children with the opportunity to attend camp. Camps that accept DSS scholarships include, but are not limited to: Camp Y Owasco, Booker T. Washington, Camp Gregory and Champions for Life. If the above child is interested in one of these camps, please contact the camp of your choice to sign up and provide the bottom tear-off portion of this letter with your camp application.

If the child would like to be considered for a different camp, please feel free to send in a written request or call me to discuss it, it will be reviewed, and you may be contacted for additional information.

Please note camp enrollments fill up fast, so please respond quickly if you are interested. We look forward to working with you and your child.

Sincerely,

Mary Rathbun

Mary Rathbun
TANF Services Coordinator
Ph: (315) 253-1201
Fax (315) 253-1505

CAYUGA COUNTY HEALTH & HUMAN SERVICES
2020 SCHOLARSHIP-CANDIDATE

«CHILDS_NAME»

«CASE_NAME»

Mary Rathbun- TANF Services Coordinator Phone: 253-1201 Fax: 253-1505

Camp Providers: Please return this portion with your invoice.



TANF SERVICES APPLICATION/CERTIFICATION

Instructions

- The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you.
- Additional information about the terms in this form are included on pages 6 and 7.

Are any of these people living in your household? Check all that apply:

- A minor child under the age of 18 or under the age of 19 and attending secondary school (high school) or an equivalent level of vocational or technical training, (e.g., a BOCES program),
- A pregnant woman,
- An adult who is not the parent, but is a relative caring for a minor child,

OR

- You are the non-custodial parent of a minor child.
- If no boxes are checked, **STOP**. You do not qualify for TANF funded services.
- If one or more boxes are checked, continue with the application.

SECTION ONE:

Information About the Applicant and the Applicant's Family (Family Members)

- Be sure to read the definition of *"Applicant"* on page 6.
- Information provided in Item A should be about the applicant for TANF Services.

A. Applicant's Name: _____

Home Address: _____
(Street) (Apartment) (City, State, Zip Code)

Telephone Number: _____

B. Provide information below about the applicant and the applicant's Family Members who live with the applicant. Be sure to read the definition of Family Members on pages 6 and 7.

	NAME (First, Middle Initial, Last)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	Check if Applying For Services
1.	Applicant					
2.						
3.						
4.						
5.						
6.						

C. If the applicant for services is a minor child, is the child (check one if either applies):

- Living with a relative who is the primary caretaker of the minor child
OR
 In foster care and there is a plan to return the child to the home.

Is there a minor child included in Item B above?

- Yes, go to Section Two.
 No, go to the next question (D).

D. If there is not a minor child included in B, is the applicant or a family member pregnant?

- Yes, go to Section Two.
 No, go to the next question (E).

E. Is a family member included in Item B above the primary caretaker of a minor child (see definition on page 6)?

- Yes, complete the following regarding the minor children being cared for:

	CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP
1.			
2.			
3.			

Go to Section Two.

- No, go to the next question (F).

F. Are you the non-custodial parent of a minor child(ren) who does not live with you?

- No. **Stop here.** You cannot receive TANF Services because neither you nor a family member is a minor child, is pregnant, is the primary caretaker of a minor child, or you are not the non-custodial parent of a minor child.
- Yes. Complete the information below:

	CHILD'S NAME	DATE OF BIRTH
1.		
2.		
3.		
4.		

You must also complete the "Non-Custodial Parent Information Referral" form (OTDA-4728).

SECTION TWO: Citizen/Non-Citizen Status

A. Are all the applicants for TANF Services (as checked in Section One, Item B) United States citizens?

- Yes. If yes, go to Section Three.
- No. If no, complete Item B.

B. If either the applicant or a family member(s) who is applying for TANF Services is not a United States citizen, look at the "Immigration Status List" on pages 7-9 and tell us which immigration status applies for each family member who is applying for TANF Services. Enter the status number from the list and complete the information below.

	NAME	LIST NUMBER	INS FORM NUMBER	ALIEN NUMBER	DATE OF ENTRY INTO U.S./STATUS GRANTED
1.					
2.					
3.					
4.					
5.					
6.					

SECTION THREE: Income of Family Members

A. Does the applicant currently receive benefits under one or more of these programs?

- Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/SAFETY NET	MEDICAID	Supplemental Nutrition Assistance Program (SNAP)	HEAP	SSI

- No, complete item B immediately below.

B. Income of the applicant and the applicant's family members.

- Include the gross income (income before taxes and deductions) of each family member listed in Section One Item B who has income. See the "Gross Income" definition on page 7 for an explanation of the income you must tell us about and what income you do not need to include.
- List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.	Applicant					
2.						
3.						
4.						
5.						
6.						

C. Does the applicant or any family member currently regularly pay child support in accordance with a court order for children who do not reside in the household?

- No, go to Section Four.
- Yes If yes, how much does the family member pay? \$_____. How often does the family member pay this amount (weekly, monthly or annually)? _____.

Go to Section Four.

SECTION FOUR: Applicant Notification and Signature

You may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

Why we are asking for Social Security number(s):

- Any person applying for or receiving TANF services or assistance must give us his or her Social Security number.
- Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10).

LDSS-4726 (Rev. 2/16)

What we may use Social Security number(s) for:

- To do computer matches with other programs to prove you are receiving these programs (for example, SNAP).
- To do a computer match to verify other information on the certification form (for example, your employment income).
- To verify your alien status with the Immigration and Naturalization Service (INS).

If you are the non-custodial parent of a child, we will use your Social Security number to provide information about you for intra/interstate child support enforcement services.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

You must sign this form for your request for TANF certification to be complete.

By signing this, I am swearing, under penalty of perjury, that:

- All of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided, including household composition, income and citizenship status.

*Signed: _____ Date: _____

Relationship to Applicant: _____

*A parent or the primary caretaker relative must sign for an applicant who is a minor child. The Commissioner of the Department of Social Services or the Commissioner's designee must sign for children in foster care.

Definitions

MINOR CHILD: A "minor child" is a child who is under 18 years of age or is under 19 years of age and attending secondary school (high school) or an equivalent level of vocational or technical training (for example, a BOCES program). In order for the minor child to be eligible for TANF Services, the minor child must be living with a parent or other relative who is the primary caretaker of the child, or be in foster care with a plan to return home.

PRIMARY CARETAKER: The primary caretaker is the adult relative with whom a minor child lives, if the child does not live with his or her parent. The primary caretaker makes the majority of the decisions about the child's well-being.

NON-CUSTODIAL PARENT: A non-custodial parent is a parent who does not live with or have physical custody of the child, but who is legally responsible for providing financial and medical support to the child.

Who is the applicant for TANF Services?

The person who is requesting TANF Services is the applicant. The information about this person must be included in Section One, Items A and B. When more than one person is requesting TANF Services, an adult family member applying for TANF services must be listed as the applicant. If there is no adult family member applying for TANF services, the applicant should be the oldest child requesting TANF services.

Caretaker Relative Exception

When the primary caretaker of a minor child is a relative who is not the child's parent AND the TANF Services that the family needs are child protective or preventive services, THE APPLICANT FOR THE SERVICES IS THE MINOR CHILD.

These services relate only to enabling the primary caretaker of the child to continue to care for the minor child in the home safely or return the minor child from foster care to the relative's home.

For all other services, the applicant is the person who will actually be receiving the services.

Who are the family members?

All of the following persons who live with the applicant are family members and must be included in Section One, Item B:

- the applicant's husband or wife
- the applicant's minor children and their siblings who are also minor children (including half and step-siblings),
- if the applicant is a minor, the applicant's parents and the applicant's siblings who are minor children, and
- the father or mother of any minor children listed above, even if the parent is not married.

Special Rules for Family Members

Children in Foster Care

A child who is in foster care is included as a "family member" if there is a plan to return the child to the home. The above "family member" rules do not apply to children in foster care who apply for TANF Services for themselves. In those cases, the foster child is considered to be a family of one.

Married Minors

- A minor child who is married and is living in the applicant's household is not included as a minor child family member.
- If the minor child who is married is the applicant or the applicant's spouse, the family members do not include the married minor child's parents or siblings.

GROSS INCOME

You must tell us about the current income of the family members that you listed in Section One, Item B. You must provide us with gross income amounts. Gross income means income before taxes and other deductions. Income you must list includes, but is not limited to:

- Wages, salary and tips from work
- Self-employment income (after business expenses)
- Social Security benefits
- Public assistance (Family Assistance, Safety Net Assistance)
- Unemployment compensation
- Workers' compensation
- Supplemental Security Income (SSI)
- Child support payments received
- Alimony received
- Interest payments
- Other recurring income that is not excluded below

Income you should not include

- Earned income of a minor child
- Adoption/foster care payments
- One-time loans, gifts, lump sum payments or other non-recurring income
- Child care subsidy payments

Current Income

Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

or

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (income from the prior twelve months). This annual income must be adjusted for any change in income known or expected to occur. For example, if you recently got a new job, you should include the income from this job to calculate your annual income. You should not include income received in the past that you do not expect to recur.

Immigration Status List (This list is used to complete Section Two when an applicant for TANF services is not a United States citizen.)

You will be asked to provide documentation to verify the individual's immigration status. We are asking about your immigration status to determine if you or a family member is eligible for federally funded TANF services. You may be a legal immigrant, but not be eligible for federally funded TANF services. **Note: A family member cannot receive TANF Services unless the family member is a U.S. citizen or is an eligible non-citizen under one of the statuses listed on this page.**

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or <u>I-551</u>: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or <u>I-571</u>: Refugee Travel Document or <u>I-688B</u>: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or <u>I-766</u>: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><u>I-94</u>: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or <u>I-94</u> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or <u>I-551</u>: stamped "CU6, CU7, or CH6" or Temporary <u>I-551</u> stamp in foreign passport or USCIS notice or letter indicating ongoing exclusion or deportation proceedings or A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><u>I-94</u>: stamped "Granted asylum under Section 208 of the INA" or <u>I-551</u>: Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" or <u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or <u>I-766</u>: Employment Authorization Document annotated "(a5)" or Grant letter from USCIS Asylum Office or Order of an Immigration Judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><u>I-94</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from <u>I-551</u> or from USCIS or <u>I-551</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary <u>I-551</u> stamp in foreign passport or <u>I-571</u>: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or <u>I-766</u>: Employment Authorization Document annotated "(a10)" or Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS <u>I-551</u>: Stamped "RE5, RE6, RE7, RE8, or RE9" or Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse", widow, widower or unmarried dependent of a tribal member and Documents to show lawfully residing in the US Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><u>I-551</u>: (Permanent Resident Card) or Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94</u>, or <u>I-327</u>: (Re-entry Permit) or <u>I-181</u>: Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<u>Form DD-214</u>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children	Status Granted	Military Identification Card (<u>DD Form 21</u>) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. Conditional Entrant (status granted to refugees before 1980)	Entry	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA or <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" or <u>I-766</u> (Employment Authorization Document) annotated "(a1)" or "(a3)
11. A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (II) or (IV); or INA Section 204(a)(1)(II)(B) (i) or (II)
12. Victim of Human Trafficking	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or <u>I-94</u> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<u>I-94</u> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or <u>I-688B</u> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or <u>I-766</u> annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	<u>I-551</u> : (Permanent Resident Card): stamped "S1-3", temporary I-551 stamp in a Canadian passport or <u>I-94</u> : stamped "S1-3" or <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act

Chautauqua County

Contact: Maripat Kayes

Address: Chautauqua County Department of Health & Human Services
Mayville Office: Hall R. Clothier Building, 7 North Erie Street Mayville, NY 14757
Dunkirk Office: 319 Central Avenue Dunkirk, NY 14048
Jamestown Office: 110 East Fourth Street Jamestown, NY 14701

Phone: (716) 661-8148

Email: KayesM@co.chautauqua.ny.us

Website: <https://chqgov.com/humansocial-services/humansocial-services>

Notes: Applicants must be in receipt of TANF benefits. The guardian/parent can let the camp know that they are on Temporary Assistance. The camps then send the Department of Social Services a list of people to check in our system via fax and we respond to them. Camps bill the agency directly. No additional application necessary.

Chemung County

Contact: Cindy Ryan, Head Social Welfare Examiner

Address: Chemung County Department of Social Services
Human Resource Center
425 Pennsylvania Avenue, PO Box 588
Elmira, New York 14902-0588

Phone: (607) 737-5334 / (607) 737-5402 (Kellie Lowman)

Fax: (607) 737-5304 / (607) 737-5480 (Kellie Lowman)

Website: <https://www.chemungcountyny.gov/260/Social-Services>

Notes:

- Temporary Assistance: There is no formal application because eligible children are already recipients of temporary assistance. The family should contact their temporary assistance worker and provide a statement from the provider of the service, including the child's name and fee amount.
- Youth in foster care and youth freed for adoption are also eligible. Contact person: Kellie Lowman, Director of Children and Family Services. Phone: (607) 737-5402; Fax (607) 737-5480.

Chenango County

Contact: Elizabeth Beers, Director of Services

Address: Chenango County Department of Social Services
County Office Building
5 Court Street
Norwich, NY 13815

Phone: (607) 337-1583

Email: Elizabeth.Beers@dfa.state.ny.us

Website: <https://www.chenangodss.org/>

Notes: Chenango County has not historically received requests to support summer camp fees for recipient of public assistance. The primary summer camp in the area is operated by the Chenango County Sheriff's office and there is no fee to attend. If the agency does receive a request form a public assistance recipient for camp fees, they would consider it.

Clinton County

Contact: Gretchen Crowningshield, Principal Social Work Examiner

Address: Clinton County Department of Social Services

13 Durkee Street

Plattsburgh, NY 12901

Phone: (518) 565-3289

Fax: (518) 565-3452

Website: <https://www.clintoncountygov.com/dss>

Notes: Clinton County has not received requests for summer camp but would consider them. Applicants will need to complete Application LDSS 3815 Request for Additional Allowance. Also, verification of the cost/location/dates of camp program is required.

Attachments:

- LDSS 3815 “Request for Additional Allowance”

**REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER
HELP BY A TEMPORARY ASSISTANCE RECIPIENT**

Case Name: _____		Case Number: _____	
Address: _____ _____		Telephone Number: _____	
<p>I am requesting the following Temporary Assistance allowance(s) for special need(s):</p> <p><input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home.</p> <p><input type="checkbox"/> Pregnancy Allowance</p> <p><input type="checkbox"/> Housing and Shelter Related Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Moving Expenses</p> <p style="padding-left: 20px;"><input type="checkbox"/> Rent Security Deposit or Agreement</p> <p style="padding-left: 20px;"><input type="checkbox"/> Brokers' or Finders' Fee</p> <p style="padding-left: 20px;"><input type="checkbox"/> Storage of Furniture and Personal Belongings</p> <p style="padding-left: 20px;"><input type="checkbox"/> Repair of Essential Household Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Property Repairs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Rent</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Mortgage and/or Taxes Furniture and Other Household Items</p> <p><input type="checkbox"/> Other _____ _____ _____</p>		<p>I am requesting other help:</p> <p><input type="checkbox"/> Child Care Assistance</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am working.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I wish to attend approved occupational training.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</p> <p><input type="checkbox"/> Other _____ _____ _____</p>	
<p>FOR WORKER'S USE ONLY</p> <p>CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.</p> <p>_____</p> <p>_____</p> <p>_____</p>			
CLIENT'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE
X		X	

Columbia County

Contact: Colleen Bartle

Address: Columbia County Department of Social Services
P.O. Box 458
25 Railroad Avenue
Hudson, NY 12534

Phone: (518) 828-9411

Fax: (518) 828-4808

Email: colleen.bartle@dfa.state.ny.us

Website: <https://sites.google.com/a/columbiacountyny.com/col-co-department-of-social-services/>

Notes: No special application

Cortland County

Contact: Low Income Day Care Unit

Address: Cortland County Department of Social Services
60 Central Avenue
Cortland, NY 13045

Phone: (607) 753-5230

Fax: (607) 753-5274

Website: <https://www.cortland-co.org/678/Child-Care-Assistance-Program>

Delaware County

Contact: Lara Yambar, Youth Program Director
Address: Delaware County Department of Social Services
111 Main Street, Suite 4 Delhi, NY 13753
99 Main Street Delhi, NY 13753
Phone: (607) 832-5300
Email: Lara.Yambar@dfa.state.ny.us
Website: <http://www.co.delaware.ny.us/departments/dss/dss.htm>

Notes: Since the 1980's Delaware County's goal has been to insure that any Delaware County child or youth who would like to attend summer camp, and does not have the resources to do so, will be supported by the Delaware County Campership Program. This is done through fund raising, grants, and matching donations. Historically 200% of poverty is the guideline, but exceptions have been made for some specialty camps, obesity camps, music camps, and sports/recreation camps. Delaware County also owns and operates its own camp in conjunction with Delaware' County's 4-H Program. The choice of camp is left to the parent and child. An application form is required.

Attachments:

- Delaware County "Summer Camp Application for Scholarship"

Please answer all questions

1) Name(s) of children applying for campership:

Name _____

Birth Date: _____

School District: _____

Name _____

Birth Date: _____

School District: _____

Name _____

Birth Date: _____

School District: _____

2) Mother or Guardian Name:

Address: _____

County: _____

Contact Phone #: _____

3) Father or Guardian Name:

Address: _____

County: _____

Contact Phone #: _____

4) Number of youth (under age 18) in household: _____

Number of adults (over age 18) in household: _____

5) Is the child who is applying for a campership Medicaid eligible?

Yes _____ No _____

6) Does the child applying for a campership receive Public Assistance?

Yes _____ No _____

7) Did this child receive a campership last summer?

Yes _____ No _____

8) Please state the combined GROSS income of this family: \$ _____

Is this amount yearly, monthly, or weekly? _____

9) Please list the camp name(s) that this scholarship is for: _____

10) What is the cost for each of your children to attend this camp?

\$ _____

\$ _____

\$ _____ (add lines if necessary)

11) What portion of this cost could you provide? \$ _____

*Only ONE scholarship applications is necessary per family.

OVER

Dutchess County

Contact: Lance Bixby

Address: Dutchess County Department of Community and Family Services
60 Market Street
Poughkeepsie, NY 12601

Phone: (845) 486-3148

Email: Lance.Bixby@dfa.state.ny.us

Website: <https://www.dutchessny.gov/Departments/Community-Family-Services/Community-and-Family-Services.htm>

Notes: Dutchess County Department of Community and Family Services can provide low-income daycare subsidy payments for camps that are approved through the Child Care Council. A Daycare Unit case would have to be open, or the family would have to apply for Daycare Assistance, be eligible, and a case opened for them.

Erie County

Contact: Patricia Musial (Day Camp) / Judith Kolmetz (Overnight Camp)

Address: Erie County Department of Social Services
Edward A Rath County Office Building
95 Franklin Street, 8th Floor
Buffalo, NY 14202

Phone: (716) 858-2745 (Patricia) / (716) 858-7932 (Judith)

Email: Patricia.Musial@erie.gov / Judith.Kolmetz@erie.gov

Website: <https://www2.erie.gov/socialservices/>

Notes:

Day Camp:

Only caseworkers can make determinations as to whether summer camp is needed for a foster family or for preventive care. Caseworkers can only authorize payment to a facility that is contracted with Erie County, such as the YMCA. Patricia Musial is available for questions or concerns regarding summer camp.

Overnight Camp:

There is no special application to apply. Families can apply for summer camp directly with the camp itself (must be an approved participating Summer Camp). The camp will have the parent/caregiver sign a consent form that will allow the Department of Social Services (DSS) to share eligibility information with them. If eligible, DSS will inform the camp of the child's eligibility and they will begin the process for enrolling the child into the summer camp. The camps will verify the dates the child attended the camp, along with a signed "Camp Approval Notice" and DSS will initiate payment to the camp directly either through their cash assistance case or Foster Care case.

Essex County

Contact: Wendy Sargent

Address: Essex County Department of Social Services
7559 Court Street
P.O. Box 217
Elizabethtown, NY 12932

Phone: (518) 873-3409

Fax: (518) 873-3480

Email: wendy.sargent@dfa.state.ny.us

Website: <https://www.co.essex.ny.us/wp/departments-of-social-services/>

Notes: No information available at this time.

Franklin County

Contact: Janelle Reome

Address: Franklin County Department of Social Services
184 Finney Boulevard
Malone, NY 12953

Phone: (518) 481-1805

Website:

https://www.franklincountyny.gov/departments/human_services/social_services/services.php

Notes: Children must be in receipt of Family Assistance or federally funded Safety New Assistance. Parents or guardians send in camp application form. No other application form required. Children with an open children's services cases are also eligible.

Fulton County

Contact: Fulton County Department of Social Services

Address: 4 Daisy Lane, PO Box 549
Johnstown, NY 12095

Phone: (518) 736-5600

Fax: (518) 762-0080

Website: <http://www.fultoncountyny.gov/fulton-county-department-social-services>

Notes: No information available at this time.

Genesee County

Contact: Jillian Helwig

Address: Genesee County Department of Social Services
5130 East Main Street
Batavia, NY 14020

Phone: (585) 344-2580 ext. 6487

Email: Jillian.Helwig@dfa.state.ny.us

Website: <https://www.co.genesee.ny.us/departments/socialservices/index.php>

Notes: No information available at this time.

Greene County

Contact: Greene County Social Services Department

Address: 411 Main Street
Catskill, NY 12414

Phone: (518) 719-3700

Email: dss@discovergreene.com

Website: <https://www.greengovernment.com/departments/social-services>

Notes: No information available at this time.

Hamilton County

Contact: Abigail Eichler

Address: Hamilton County Department of Social Services
139 White Birch Lane
P.O. Box 725
Indian Lake, NY 12842

Phone: (518) 648-6131

Fax: (518) 648-5257

Email: Abigail.eichler@dfa.state.ny.us

Website: <https://www.hamiltoncounty.com/health-human-services/social-services>

Notes: Hamilton County has not provided camp fee grants because they are able to place needy children in local camps for no charge. The Department of Social Services provides transportation or assists with arranging it. Each camp has their individual applications which Hamilton County will distribute after the caretaker has made contact.

Herkimer County

Contact: Temporary Assistance Unit

Address: Herkimer County Department of Social Services
301 North Washington Street, Suite 2110
Herkimer, NY 13350

Phone: (315) 867-1291

Website: <https://www.herkimercounty.org/services-and-departments/social-services/>

Notes: Districts provide camp fees as an additional allowance for children who are in receipt of Temporary Assistance. Application is made by using form LDSS 3815. Proof of any fees charged by the camp will need to be submitted to the Department of Social Services before reimbursement can be made.

Attachments:

- LDSS 3815, "Request for Additional Allowance"

**REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER
HELP BY A TEMPORARY ASSISTANCE RECIPIENT**

Case Name: _____	Case Number: _____
Address: _____ _____	Telephone Number: _____

<p>I am requesting the following Temporary Assistance allowance(s) for special need(s):</p> <p><input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home.</p> <p><input type="checkbox"/> Pregnancy Allowance</p> <p><input type="checkbox"/> Housing and Shelter Related Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Moving Expenses</p> <p style="padding-left: 20px;"><input type="checkbox"/> Rent Security Deposit or Agreement</p> <p style="padding-left: 20px;"><input type="checkbox"/> Brokers' or Finders' Fee</p> <p style="padding-left: 20px;"><input type="checkbox"/> Storage of Furniture and Personal Belongings</p> <p style="padding-left: 20px;"><input type="checkbox"/> Repair of Essential Household Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Property Repairs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Rent</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Mortgage and/or Taxes Furniture and Other Household Items</p> <p><input type="checkbox"/> Other _____ _____ _____</p>	<p>I am requesting other help:</p> <p><input type="checkbox"/> Child Care Assistance</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am working.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I wish to attend approved occupational training.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</p> <p><input type="checkbox"/> Other _____ _____ _____</p> <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; margin-top: 10px;"> <p align="center"><small>FOR WORKER'S USE ONLY</small></p> <p><small>CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.</small></p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
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CLIENT'S SIGNATURE X	DATE	WORKER'S SIGNATURE X	DATE
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Jefferson County

Contact: Tamara Hunter

Address: Jefferson County Department of Social Services
250 Arsenal Street
Watertown, NY 13601

Phone: (315) 785-3128

Fax: (315) 785-3109

Email: Tamara.Hunter@dfa.state.ny.us

Website: <https://co.jefferson.ny.us/SocialServices>

Notes: Jefferson County sends letters out in late Spring to all TANF households and if interest is expressed, the Department of Social Services will make the arrangements for them.

Lewis County

Contact: Jennifer Jones, Commissioner

Address: Lewis County Department of Social Services
5274 Outer Stowe Street
P.O. Box 193
Lowville, NY 13367

Phone: (315) 376-5400

Fax: (315) 376-6189

Email: Jennifer.jones@dfa.state.ny.us

Website: <https://lewiscountyny.gov/departments/social-services/>

Notes: To be eligible, a child must be a recipient of public assistance or in receipt of Preventative, Protective, or Foster Care. Parents must complete an LDSS 3815 Form if the child is included in a Temporary Assistance Case. A child would be eligible for a total yearly cost of \$400.00 per child, not to exceed \$200.00 per week.

Attachments:

- LDSS 3815, "Request for Additional Allowance"

**REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER
HELP BY A TEMPORARY ASSISTANCE RECIPIENT**

Case Name: _____	Case Number: _____
Address: _____ _____ _____	Telephone Number: _____

<p>I am requesting the following Temporary Assistance allowance(s) for special need(s):</p> <p><input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home.</p> <p><input type="checkbox"/> Pregnancy Allowance</p> <p><input type="checkbox"/> Housing and Shelter Related Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Moving Expenses</p> <p style="padding-left: 20px;"><input type="checkbox"/> Rent Security Deposit or Agreement</p> <p style="padding-left: 20px;"><input type="checkbox"/> Brokers' or Finders' Fee</p> <p style="padding-left: 20px;"><input type="checkbox"/> Storage of Furniture and Personal Belongings</p> <p style="padding-left: 20px;"><input type="checkbox"/> Repair of Essential Household Items</p> <p style="padding-left: 20px;"><input type="checkbox"/> Property Repairs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Rent</p> <p style="padding-left: 20px;"><input type="checkbox"/> Back Mortgage and/or Taxes Furniture and Other Household Items</p> <p><input type="checkbox"/> Other _____ _____ _____ _____</p>	<p>I am requesting other help:</p> <p><input type="checkbox"/> Child Care Assistance</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am working.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I wish to attend approved occupational training.</p> <p style="padding-left: 20px;"><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</p> <p><input type="checkbox"/> Other _____ _____ _____ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #f0f0f0;"> <p align="center"><small>FOR WORKER'S USE ONLY</small></p> <p><small>CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.</small></p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
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CLIENT'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE
X		X	

Livingston County

Contact: Steve Rapp

Address: Livingston County Department of Social Services
1 Murray Hill Drive
Mt. Morris NY 14510

Phone: (585) 243-7300 / (585) 335-1746

Email: srapp@co.livingston.ny.us

Website: <https://www.livingstoncounty.us/274/Social-Services>

Notes: Guidance remains unclear for the 2021 summer camp season availability.

Madison County

Contact: Madison County Department of Social Services

Address: 133 North Court Street, Building 1
Wampsville, NY 13163

Phone: (315) 366 2211

Fax: (315) 366-2553

Website: <https://www.madisoncounty.ny.gov/233/Social-Services>

Notes: No information available at this time.

Monroe County

Contact: JoAnn Messina, Campership Coordinator
Address: Monroe County Department of Human Services
111 Westfall Road, Room 614
Rochester, NY 14620
Phone: (585) 753-6659
Fax: (585) 753-6903
Email: joann.messina@dfa.state.ny.us

Notes: A camp authorization request form must be submitted.

Attachments:

- Camp Authorization Request Form
- Camp Information Form
- Camp Announcement
- Camp Information Approval Letter

MONROE COUNTY DEPARTMENT OF HUMAN SERVICES CAMP INFORMATION FORM

PLEASE RETURN THIS FORM BY May 1, 2021

CAMP NAME _____

ADDRESS _____

CITY/ZIP _____

SPONSORING AGENCY _____

ADDRESS _____

CITY/ZIP _____

TAX EXEMPT # _____ FAX # _____

CAMP DIRECTOR _____ PHONE # _____

EMAIL ADDRESS _____

TO WHOM SHOULD CORRESPONDENCE BE SENT? _____

ADDRESS _____ ZIP _____

CAMP SEASON BEGINS _____ ENDS _____

AGE OF CAMPERS _____ SEX _____

DHS CAMP FEE _____ per Week/Month/Entire Summer (circle one)
(NOTE: DHS DOES NOT PAY REGISTRATION FEE)

DO YOU PROVIDE TRANSPORTATION? _____

PLEASE NOTE: DHS PAYS ONLY THE CAMP FEE. EXTRA CHARGES, REGISTRATION FEES, MEMBERSHIP FEES OR TRANSPORTATION ARE NOT PAID BY THE DEPARTMENT OF HUMAN SERVICES.

PLEASE COMPLETE AND RETURN BY May 1, 2020 TO:

**JO ANN MESSINA, CAMPERSHIP COORDINATOR
MONROE COUNTY DEPARTMENT OF HUMAN SERVICES
111 WESTFALL ROAD, ROOM 356
ROCHESTER, NEW YORK 14620
PHONE # 585-753-6659
FAX # 585-753-6903**



Department of Human Services
Monroe County, New York

Adam Bello
County Executive

Thalia Wright
Commissioner

March 27, 2021

Dear Camp Director:

The Department of Human Services will once again offer the Summer Youth Campership program. As in prior years' camp eligibility must follow either New York State Health guidelines or New York State Day Care regulations. Please review the following carefully.

Eligible camps must hold one of the following and submit a copy of a current permit/license with the attached completed form:

1. A Health Department Permit to legally operate as a camp
2. A New York State Day Care Center license

Note: Sports, music and computer camps will not be funded by DHS

Which children may be eligible?

Children in receipt of assistance in any of the following categories are potentially eligible for camp funding:

- Family Assistance (FA) – child must be under the age of 13. Camp must submit the case number for the case that the child is active on.
- Safety Net Assistance (SNA-FP) – child must be under the age of 13. Camp must submit the case number for the case that the child is active on.
- Foster Care - camp must submit the case number for the case that the child is active on and must be referred by caseworker.
- Children already authorized for day care payments through the Department of Human Services for the period of time that camp request is being submitted for (including Income Eligible Day Care). These cases/children will be assessed on a case by case basis.

Which children are not eligible?

- Children in receipt of temporary assistance under either the cash or non-cash components of non-federal categories of Safety Net Assistance (SNA-FNP)
- Children in receipt of Supplemental Security Income (SSI) even if they are members of a FA or SNA-FP household



Department of Human Services
Monroe County, New York

Adam Bello
County Executive

Thalia Wright
Commissioner

Are there limitations on camp fees?

- Children active on Temporary Assistance cases are limited to \$400 per year, maximum of \$200 per week
- Children active on Foster Care are limited to:
 - 2 weeks of residential camp, maximum of \$800
 - Day camp – maximum of \$400 per year

In order for your camp to be considered for the above funding, the enclosed Camp Information Form needs to be completed and returned by **April 24, 2021**. A copy of the Health Dept. permit or NYS Day Care license must also be submitted. Forms may be faxed to (585) 753-6903 or mailed to the address below (fax response is preferred):

JoAnn Messina, Campership Coordinator
Department of Human Services
111 Westfall Road, Room 356
Rochester, New York 14620

Once we have received your completed information form, we will send you information regarding the submission of requests for approval. If you have any questions please feel free to contact me at (585) 753-6659.

Sincerely,

JoAnn Messina
Campership Coordinator



Department of Human Services
Monroe County, New York

Adam Bello
County Executive

Thalia Wright
Commissioner

April 20, 2021

Dear Camp Director:

We have received the necessary documentation from your camp. Enclosed is information you will need in order to submit names for camp approval this year.

The **Camp Authorization Request form** may be photocopied if additional copies are needed. Please destroy any old forms you may have. If you prefer to submit computerized lists please include the same information and double space between names. All names must be typed. If you would like to receive the form electronically please email joann.messina@dfa.state.ny.us. You must include the case number of the DHS case that the child is active on. Please request this information from the parent. Requests will not be accepted if the case number is not listed.

We encourage you to submit names as soon as a child is registered so we can advise you of approvals or disapprovals prior to the scheduled start date. Please fax completed forms to 753-6618. If you prefer to mail your forms, the mailing address is:

JoAnn Messina
Department of Human Services
111 Westfall Road, Room 614
Rochester, NY 14620.

You will be notified, by fax, as to whether or not the child has been approved. Please refer to the original letter that was mailed to you regarding eligibility for children (ages, category of assistance, maximum dollar amounts, etc.). Camperships are limited to one camp per child. If a child has already been approved for a camp the subsequent request will be denied. If you provide childcare for a recipient, and the child is still eligible for childcare, you should continue to bill for childcare - DO NOT submit a request for campership funding.

Please submit all requests for approval no later than August 12, 2016. Please keep a copy of your authorization requests on file as you will need to submit them at a later date along with an attendance sheet. At that time you will also be asked to provide a copy of the camps Health Dept. permit for the current year.

If you have any questions please call JoAnn at 753-6441 or email me at joann.messina@dfa.state.ny.us.

Thank you for your cooperation. Best wishes for a successful summer camp season.

Very truly yours,

JoAnn Messina
Campership Coordinator

111 Westfall Road • Rochester, New York 14620
(585) 753-6000 • fax: (585) 753-6903 • www.monroecounty.gov

Montgomery County

Contact: Montgomery County Office Building

Address: P.O. Box 745 - 64 Broadway
Fonda, NY 12068-0745

Phone: (518) 853-4646

Fax: (518) 853-8327

Website: <https://www.co.montgomery.ny.us/web/sites/departments/socialservices/default.asp>

Notes: No information available at this time.

Nassau County

Contact: Ann DellaMonica

Address: Nassau County Department of Social Services
60 Charles Lindbergh Boulevard
Uniondale, NY 11553-3656

Phone: (516) 227-8771 / (516) 227-7976 (Day Care Services)

Fax: (516) 227-8710

Website: <https://www.nassaucountyny.gov/1895/Social-Services>

Notes: Families that may be eligible should speak directly with their Temporary Assistance worker or their Foster Care worker for more information on Summer Camp.

To be eligible, a child must be in a specific category of the Temporary Assistance program or in Foster Care. Summer camps must have a permit from the Nassau County Department of Health. Eligible families for the Department of Social Services “Summer Camp program” will be identified and automatically sent Camp applications based upon their Department of Social Services case information. Low income working families may be eligible for day care services which would include Summer care. These families can request an application by contacting (516) 227-7976.

Attachments:

- DSS Summer Camp List

2021 SUMMER CAMPS LIST (As of 5/24/2021)

Camp Cloud 163-165 Nassau Road Roosevelt, NY 11575 516/223-5437	*Carousel of Learning II Inc. 351 Atlantic Avenue Freeport, NY 11520 516/623-5258	Circulo de la Hispanidad Summer Camp 605 Peninsula Boulevard Hempstead, NY 11550 516/282-0145
Circulo de la Hispanidad Summer Camp 26 West Park Avenue Long Beach, NY 11561 516/431-1135	City of Long Beach Daytrippers 650 Magnolia Boulevard Long Beach, NY 11561 516/431-3510	Five Towns Community Center, Inc. 270 Lawrence Avenue Lawrence, NY 11559 516/239-6244, Extension 236
Freeport Recreation Center Camp 130 East Merrick Road Freeport, NY 11520 516/377-2314	<u>GLEN COVE RESIDENTS ONLY</u> *Glen Cove Summer Day Camp Glen Cove Parks & Recreation 9 Glen Street Glen Cove, NY 11542 516/676-3766	<u>GREAT NECK RESIDENTS ONLY</u> *Great Neck Public Schools 345 Lakeville Road Great Neck, NY 11020 516/441-4045
Laurissa Jane Music Summer Performing Arts Camp 281 Clinton Street Hempstead, NY 11550 718/560-3016	*Malibu Beach Camp 1500 Lido Boulevard Lido Beach, NY 11561 516/670-1055	P.E.A.C.E. Summer STEAM Camp 100 Terrace Avenue, Suite 110 Hempstead, NY 11550 516/633-1069
*Red Door Learning Centers 30 West Columbia Street Hempstead, NY 11550 516/385-2323, Extension 1	*Rozzie's Summer Camp 375 Nassau Road Roosevelt, NY 11575 516/442-7727	Safe Child Early Learning Center 261 South Franklin Street Hempstead, NY 11550 516/637-3870 or 516/307-9288
*The Summer Camp Club 281 Clinton Street Hempstead, NY 11550 631/954-1416	*Young People's Day Camp Of Nassau County 520 South Oyster Bay Road Hicksville, NY 11801 516/650-1856	

2 SLEEP-AWAY CAMPS

<u>FOR AGES 8(AS OF 7/1/2021) -- 13</u>	<u>FOR GIRLS ONLY (AGES 7 - 11)</u>	
*Camp Vacamas 256 Macopin Road West Milford, NJ 07480 973/838-0942	North Shore Holiday House 74 Huntington Road Huntington, NY 11743 631/427-7630	

***HAS TRANSPORTATION**

New York City (Bronx, Kings, New York, Queens, and Richmond County)

Contact: ACS Call Center

Address: ACS Main Office: 150 William Street New York, NY 10038

HRA Locations: <https://www1.nyc.gov/site/hra/locations/locations.page>

Phone: (212) 835-7610 (ACS) / (718) 557-1399 (HRA)

Email: VEU@acs.nyc.gov

Website: <https://www1.nyc.gov/site/acs/early-care/find-child-care.page>
<https://a069-access.nyc.gov/accesshra/>
<https://www.schools.nyc.gov/>

Notes: Families may contact the ACS Call Center and an agent will be happy to address questions regarding childcare at (212) 835-7610. Families will be guided based on their inquiries. Please keep in mind that a parent must be eligible for childcare in general to be eligible for summer childcare.

There are 3 options for finding childcare:

- **Human Resource Administration (HRA)** – Families that are receiving cash assistance
 - Families that are on cash assistance should report to their HRA Job Center and must be in an approved work activity, such as employment, to be eligible for childcare. HRA will determine eligibility and provide any childcare forms deemed necessary such as the CS-274W. During COVID, HRA parents are directed to HRA’s website for assistance: [ACCESSHRA](#) or Hotline (718) 557-1399.
- **Administration for Children’s Services (ACS)** – Low-income families with vouchers or applying for a voucher (vouchers are allocated based on availability of funds)
 - ACS families that currently have childcare vouchers, can request transfer vouchers from the Voucher Enrollment unit’s mailbox: VEU@acs.nyc.gov
- **Department of Education (DOE)** – For children from 6 weeks to 5 years old
 - DOE website: <https://www.schools.nyc.gov/> or calling 311

For HRA & ACS childcare eligible families, childcare can be approved from 6 weeks up to age 13. Children with special needs, can be approved up to 18.11 years of age. A special needs application would need to be completed by parent and a medical professional.

Any needed forms can be found at <https://www.nyc.gov/site/acs/early-care/findchildcare.page>

Niagara County

Contact: Staci Henry, Director of Eligibility

Address: Niagara County Department of Social Services

Lockport Office: 20 East Avenue Lockport, NY 14094

Niagara Falls Office: 301-10th Street Niagara Falls, NY 14302

Phone: (716) 278-8451

Email: Staci.Henry@niagaracounty.com

Website: https://www.niagaracounty.com/departments/s-z/social_services/index.php

Notes: Generally, a child must be TANF eligible, but if the child does not qualify for TANF, county will pay for camp in lieu of day care for an employed parent or guardian, or if the parent or guardian is participating in a work program. A camp information form must be completed.

Attachments:

- Letter to Camp Director
- Summer Camp Request Form



NIAGARA COUNTY
DEPARTMENT OF SOCIAL
SERVICES
P.O. BOX 506
LOCKPORT, NEW YORK 14095

Niagara Falls Office
PO Box 865
301 Tenth Street
Niagara Falls, NY 14302-0865

May 01, 2021

Dear Camp Director:

Summer will soon be here and camp sessions will begin again. There are no major changes in our regulations in regard to camp payments. **Please Remember that bills must be submitted within 60 days of service.** TANF eligible children are qualified to receive payment for camp attendance, up to a maximum of \$400 per year. **The camp must have Health Department Certification and provide the agency with a copy of the certificate before any approvals can be made.** Program Eligibility workers will determine eligibility for TA cash recipients. Foster Care and Daycare approvals will be made by those offices. The telephone numbers for each office are provided below. Please mail the camp bills to the appropriate NF or LKPT offices listed above.

APPROVALS

Lockport Office Program Eligibility - 439-7886 - Approvals made by Nicole Delelio
Niagara Falls Program Eligibility - 278-6615 - Approvals made by Kaitlyn Moore
*Foster Care (All) (NF) - 278-8631 - Approvals made by Services Unit
Day Care (LKPT) - 439-7656 - Approvals made by workers.

BILLS:

Bills should be sent to the worker/Unit/Office who signed the approval letter. ***Foster Care cases—bills should be sent to Services Unit – NCDSS P.O. Box 865, Niagara Falls NY 14302-0865.**

Forms are enclosed for you to use when billing Social Services for Camp Fees. Please make copies if you need more. Please bill according to Case Name (parent or grantee), with **all** the child(ren) from one family, listed individually.

EX:	<u>CASE NUMBER</u>	<u>CASE NAME</u>	<u>CHILD'S NAME</u>	<u>AMOUNT</u>	<u>DATES ATTENDED</u>
	PA123456	Doe, Jane	Doe, Joseph	\$50.00	7/5 TO 7/09
			Doe, Jill	50.00	7/14 TO 7/16
			Smith, Tia	50.00	7/19 TO 7/23
			Jones, Ellie	50.00	7/12 TO 7/11
	PA675843	Harris, Susan	Harris, Susan	50.00	7/5 TO 7/23
			Harris, Jethro	50.00	7/12 TO 7/23
			Jones, Tim	50.00	8/2 TO 8/13

This method of grouping children will speed up the payment process. If bills are not submitted in this manner, unfortunately they will be returned which will cause a delay in payment. Please follow the example exactly. Careful billing will speed the payment process.

Please refer to page 2 for important information on camp rules.

Rules for Camp Attendance Payment:

Child(ren) must be on cash assistance in the **TANF** category. **DSS cannot pay for non-TANF children.**

Child(ren) must be **prior approved** before billing. **ABSOLUTELY NO BILLS WILL BE PAID FOR CAMPER'S WHO WERE NOT PRIOR APPROVED!** We must be very strict about this policy. The best way to help the families of children who have not received approval is to ask the parent/guardian to contact the appropriate agency person on the **first day** of camp attendance. If possible, please allow the parent or guardian to use your telephone to make the call. The agency could then fax the approval or guarantee the approval by telephone and follow up with the proper approval letter. This way the child will not lose out on the opportunity of summer camp and the camp will not lose out on the payment.

The person who enrolls the child in camp **MUST** be the person the child resides with.

Limit- \$400.00 per child per year, not to exceed **\$200.00** per week. **Bills must be submitted within 60 days of services rendered.** (Bills may be submitted sooner, but must be no later than 60 days after the last day child attends camp.)

The client must register with the camp and then **the CLIENT** must contact Social Services for approval, giving us the name of the camp and dates the child/children will be attending. This Department will then forward approval to the Camp Director.

It is **up to the client** to contact the agency. If the camp does not receive an approval notice from our Agency, the parent will be directly responsible to pay for the camp fees.

Please advise the adults when they register a child with your camp to notify you immediately should their case close at any time before or during camp session. We are NOT responsible to pay camp fees once the case is closed. We can ONLY pay fees prior to the case closing date.

Occasionally we have clients call who want information on different camps. Could you please send us your camp brochure so we can pass the information along?

If you have any comments, suggestions or problems, please call 278-8400 and ask to speak to Samantha Hutchison.

Thank you.

Sincerely,

Staci Henry

Staci Henry
Director of Eligibility

Enc.



**Niagara County
Department of Social Services**

PO Box 506
Lockport, NY 14095-0506

Niagara Falls Office
PO Box 865
301 Tenth Street
Niagara Falls, NY 14302-0865

"We Help Families"

CAMP INFORMATION

**Case
Name:**

Last,

First,

M.I.

Child(ren)'s Name(s):

Name of Camp:

Address of Camp:

Dates of Camp Attendance:

Client's Phone #:

Are you employed?

Yes

No

Client's Signature:

- o We will contact you, the client, only if there is some reason why camp is not approved.
- o If the worker does not contact you by phone or mail, then approval has been sent to camp.
- o No payment can be made on closed cases. If your case closes before or during camp, we will not make payment, even if you had prior approval. It is your responsibility to inform the camp if this happens.

Oneida County

Contact: Emily Hawkridge

Address: Oneida County Department of Social Services
Oneida County Office Building
800 Park Avenue
Utica, NY 13501

Phone: (315) 798-5593

Fax: (315) 798-6473

Email: Emily.hawkridge@dfa.state.ny.us

Website: <https://ocgov.net/socialservices>

Notes: Oneida County can provide camperships for youth, in care. The county does not have a specific contract/stipend established, but cases are reviewed on a case-by-case basis when the requests are submitted by the case managers.

Onondaga County

Contact: Kathleen Early, Day Care Services Unit
Address: Onondaga County Department of Social Services
John H. Mulroy Civic Center
421 Montgomery Street,
Syracuse, NY 13202
Phone: (315) 435-5683
Fax: (315) 435-5682
Website: <http://www.ongov.net/dss/>

Notes: Onondaga County provides camp fees for children receiving Family Assistance who attends camps that are non-profit, and that have a permit from the New York State Department of Health or are approved as legally exempt group childcare program. Application for funding is made by the camp on a form which includes a release from the parent or guardian. Eligibility determinations are made within 30 days. Bills are submitted by the camp after attendance.

The Low Income Child Care Subsidy is used only if the parent(s) or caretaker(s) are employed and working during the same time as the camp hours. There is a weekly family share associated with the coverage through Child Care Subsidy.

Attachments:

- Low Income Child Care Subsidy Application for Camp Funds
- TANF Summer Camp Application
- TANF Summer Camp Letter (2021)

OFFICE OF CHILDREN AND FAMILY SERVICES
NEW YORK STATE
APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Cash Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the New York State Application for Certain Benefits and Services (LDSS-2921).

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE
DIS TRACT: 40	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.		Disposition: <input type="checkbox"/> Detail <input type="checkbox"/> Reason Code			<input type="checkbox"/> Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)	PHONE NUMBER () -
STREET ADDRESS	APT NO. CITY	STATE ZIP CODE
MAILING ADDRESS (if DIFFERENT FROM ABOVE)	APT NO. CITY	STATE ZIP CODE
FORMER ADDRESS (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED	
Marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Email (optional):	
Primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)		

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

LN	FIRST Name	M.I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) Optional	Enter 'Y' (Yes) or 'N' (No) if Hispanic or Latino (Optional) for each Race/Option (all)				Does child need care? (Y/N)	FOR EACH CHILD in need of child care, answer 'Y' or 'N'	
								H	I	A	B		P	W
1						SELF								
2														
3														
4														
5														
6														
7														
8														

* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White
You may use additional pages if you need more room or there is other information that you think we might need.

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income from work (including wages/salary, overtime, commissions, training programs, tips)	<input type="checkbox"/>	<input type="checkbox"/>						
Net Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>						
Child Support Payments (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Alimony/Spousal Support (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unemployment Insurance Benefits, Workers' Comp	<input type="checkbox"/>	<input type="checkbox"/>						
Social Security Benefits (including SSI)	<input type="checkbox"/>	<input type="checkbox"/>						
Disability Benefits (NYS, VA, Private)	<input type="checkbox"/>	<input type="checkbox"/>						
Rental/Boarder/Lodger Income (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Dividends/Interest - Stocks, Bonds, Savings	<input type="checkbox"/>	<input type="checkbox"/>						
Pensions/Annuities	<input type="checkbox"/>	<input type="checkbox"/>						
Cash Public Assistance (PA) Grant, Safety Net Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify.)	<input type="checkbox"/>	<input type="checkbox"/>						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	Travel time from the child care Provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK-UP	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10. CHILD'S SCHOOL INFORMATION. List all children enrolled in school

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both, if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local department of social services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE _____ DATE SIGNED ____/____/____ SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE _____ DATE SIGNED ____/____/____

PRINT NAME: _____ PRINT NAME: _____

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:									
CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR	DISTRICT:	DATE			
SERVICES TRANS TYPE:	<input type="checkbox"/> New Open	<input type="checkbox"/> Reopen	<input type="checkbox"/> Recert		CASE TYPE: 21				
ELIGIBILITY DETERMINED BY	DATE ____/____/____		Disposition: <input type="checkbox"/> Denial	Reason Code	<input type="checkbox"/> Withdrawal	DATE			
CHILD CARE AUTHORIZATION FROM DATE	CHILD CARE AUTHORIZATION TO DATE	COMMENTS:							
____/____/____	____/____/____								
L1 CIN:	L4 CIN:	L7 CIN:							
L2 CIN:	L5 CIN:	L8 CIN:							
L3 CIN:	L6 CIN:	L9 CIN:							

NYS Agency-Based Voter Registration Form

<p>"If you are not registered to vote where you live now, would you like to apply to register here today?"</p> <p><input type="checkbox"/> YES If you checked YES, please complete the Voter Registration Application below</p> <p><input type="checkbox"/> NO because I choose not to register OR</p> <p><input type="checkbox"/> I am already registered at my current address OR</p> <p><input type="checkbox"/> I asked for and received a mail registration form</p> <p style="text-align: right; font-size: small;">If you do not check any box, you will be considered to have declined to register to vote at this time.</p>	<p>Important!</p> <p>Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.</p> <p>If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.</p> <p>Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683</p> <p>中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683</p> <p>한국어: 한국어 한국어 양식을 원하시면 오로 전화 하십시오. 1-800-367-8683</p> <p>सि आपने वी नवी विकल्पित कर दो सा वाक्य 1-800-367-8683</p> <p>सहायता प्राप्त करें</p>
<p>Signature _____ Date _____</p> <p>Please Print Name _____</p>	<p style="text-align: right; font-size: x-small;">8/2012 NYN</p>

VOTER REGISTRATION APPLICATION (Instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	<p>Are you a U.S. citizen?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><small>If you answered NO, do not complete this form</small></p>	2	<p>Will you be 18 years old on or before election day?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><small>If you answered NO, do not complete this form unless you will be 18 by the end of the year</small></p>	For Board Use Only		
3	<p>Last Name _____ First Name _____ Middle Initial _____ Suffix _____</p>					
4	<p>Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____</p>					
5	<p>Address where you get your mail (if different than above) _____ P.O. Box, StarRoute, etc. _____ Post Office _____ Zip Code _____</p>					
6	Date of Birth _____	7	Sex <input type="checkbox"/> M <input type="checkbox"/> F	8	Telephone (optional) _____	Email (optional) _____
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	<p>ID Number (Check the applicable box and provide your number)</p> <p><input type="checkbox"/> New York State DMV number _____</p> <p><input type="checkbox"/> Last four digits of your Social Security number _____</p> <p><input type="checkbox"/> I do not have a New York State DMV or Social Security number</p>	
11	<p>Political Party</p> <p>I wish to enroll in a political party</p> <p><input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party</p> <p><input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party</p> <p><input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party</p> <p><input type="checkbox"/> Green party <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Working Families party</p> <p>I do not wish to enroll in a political party</p> <p><input type="checkbox"/> No party</p>		<p>12</p> <p>Affidavit: I swear or affirm that</p> <ul style="list-style-type: none"> • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. 		<p>Signature or Mark in Ink _____</p> <p>Date _____</p>	

(Optional) Register to donate your organs and tissues

Last Name _____		
First Name _____	Middle Initial _____	Suffix _____
Address _____		
Apt Number _____	City/Town/Village _____	Zip Code _____
Birth Date _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color _____	Height _____	Ft. In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



Signature _____ Date _____

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections 40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State
Relay at 711; or visit our web site -
www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

Child Support • Day Care • Fair Hearings • Fraud • HEAP • Medicaid • SNAP • Systems • Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

Day Care Unit 5th floor

SYRACUSE, NY 13202

315-435-5683; Fax: 315-435-5682

www.ongov.net

J. Ryan McMahon, II
County Executive

Sarah G. Merrick
Commissioner

APPLICATION FOR TANF CAMP FUNDS

Date: _____

To: Camp Coordinator- Department of Social Services-Economic Security

From: Name of the Director of the Camp, Camp Location and Contact Information _____

Re: Case Name _____ Family Assistance Case Number: P _____

Child's Name _____ DOB _____

Child's SSN xxx-xx-_____ (Last 4 digits only)

(All above information needs to be completed otherwise application will be returned without eligibility determination)

Are camp funds available for the above-named child? Please circle one: Y or N

Consent for Release of Information

I authorize _____ to obtain information regarding the above-named child from:
(Agency Name)

Onondaga County Department of Social Services-Economic Securities

Day Care Services Unit

421 Montgomery St. - 5th Floor

Syracuse NY 13202

ATTN: Kathleen Early

Name (print) _____
(Parent or Guardian of above-named child)

Signature _____ Date _____
(Parent or Guardian of above-named child)

Agency Use Only Eligible _____ Not Eligible _____ Incomplete Application _____

Date of Determination _____ Eligibility Determined by _____



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

Child Support • Day Care • Fair Hearings • Fraud • HEAP • Medicaid • SNAP • Systems • Temporary Assistance

JOHN H. MULROY CIVIC CENTER
421 MONTGOMERY STREET
SYRACUSE, NY 13202
315-435-5683; Fax: 315-435-5682

J. Ryan McMahon, II
County Executive

www.onagov.net

Sarah G. Merrick
Commissioner

TO: Executives and Staff Members
Camp Affiliated Agencies Serving Onondaga County

RE: Policies and Procedures for Payment of Camp Fees

New York State Social Service regulations allow camp fees, when funds cannot be obtained from other sources, to be paid for children receiving Family Assistance. Annual payment is limited to a total cost of \$400 and cannot exceed \$200 per week.

Camps must be non-profit and have obtained a permit from the New York State Department of Health or are approved as a Legally Exempt Group Child Care program.

If you have a child that you believe meets these criteria the attached application should be completed and forwarded to the address on the application (by mail or FAX). All identifying information for the child must be provided. The *Consent to Release Information* section must be signed by the parent or guardian.

The application can be submitted at any time before camp attendance. An eligibility determination will be made as quickly as possible but no later than 30 days from submission. A copy of the application will then be returned to you with our decision.

A bill may be submitted at any time after camp attendance but no later than September 15th. A copy of our eligibility decision must be attached to the bill. No request for payment will be considered without the eligibility decision attached. Bills should be submitted to:

Camp Coordinator
Day Care Services Unit
421 Montgomery St – 5th Floor
Syracuse NY 13202
Attn: Kathleen Early

If a child attends multiple camps or multiple weeks at the same camp, we will pay bills on a first come, first served basis. **Once the maximum amount is paid out no further payments for that child can be made.** Therefore, even if you receive an approval it is not a guarantee that a payment will be made.

Sincerely,

Kathleen Early

Administrative Supervisor – Temporary Assistance Undercare and Day Care

Day Care Services Unit
421 Montgomery St – 5th Floor
Syracuse NY 13202

Ontario County

Contact: Ontario County Department of Social Services

Address: 3010 County Complex Drive
Canandaigua, NY 14424

Phone: (585) 396-4060

Fax: (585) 396-4980

Website: <http://www.co.ontario.ny.us/118/Social-Services>
<http://cceontario.org/4-h-camp-bristol-hills>

Notes: Ontario County provides financial coverage for one week of summer camp, standard fees at Camp Bristol Hills through Cornell Cooperative Extension. Applications and information are online at <http://cceontario.org/4-h-camp-bristol-hills>.

Financial coverage is only for children who are in the custody of the Commissioner of Ontario County. Foster parents should contact their caseworker first, who will pass on all paperwork to the contact point between the county and Cornell Cooperative extension/Camp Bristol Hills. Transportation is not provided for day camps or to and from overnight camps, this is the responsibility of the foster parent.

At this time, Ontario County does not provide any subsidies or stipends to children who are not in foster care. Camp Bristol Hills, as well as other camps may have their own scholarship opportunities that can be accessed by the child's custodian.

Orange County

Contact: Terri Torchio, Director of Economic Independence
Debbie Pesola, Senior Case Supervisor

Address: Orange County Department of Social Services (DSS)
Goshen Offices: 23 Hatfield Lane Goshen, NY 10924
11 Quarry Road, Box Z Goshen, NY 10924
Middletown Office: 33 Fulton Plaza Middletown, NY 10940
Newburgh Office: 141 Broadway Newburgh, NY 12550
Port Jervis Office: 150 Pike Street Port Jervis, NY 12771

Phone: (845) 360-0241 / (845) 291-2801 (Orange County DSS)
(845) 568-5130 (E. Puglielle/Child Care)
(845) 291-2815 (Debbie Metzner/Preventive Care)
(845) 291-2819 (Brian McNamara/Foster Care)

Website: <https://www.orangecountygov.com/285/Department-of-Social-Services>

Notes: The child's family must be in receipt of Family Assistance (the family has been in receipt of Temporary Assistance for 60 months or less). Child must be 13 or younger (no work activity requirement). Other children may be eligible for camp fees through childcare. Contact E. Puglielle at (845) 568-5130.

If it involves a preventive services case, contact Debbie Metzner at (845) 291-2815.

If it involves a foster care child, contact Brian McNamara at (845) 291-2819.

A campership application must be completed, and be picked up at the Middletown, Newburgh, or Goshen offices.

Orleans County

Contact: Orleans County Department of Social Services

Address: 14016 Route 31 West
Albion, New York 14411

Phone: (585) 589-7000

Website: https://www.orleanscountyny.gov/departments/social_services.php

Notes: Orleans County does not provide Summer Camp fees or stipends.

Oswego County

Contact: Erin Reed, Senior Social Welfare Examiner

Address: Oswego County Department of Social Services
100 Spring Street
P.O. Box 1320
Oswego, NY 13114

Phone: (315) 963-5246

Fax: (315) 963-5463

Email: erin.reed@oswegocounty.com

Website: https://www.oswegocounty.com/departments/human_services/social_services/

Notes: To be eligible, children must be in receipt of federally funded FA or SNA-FP. A signed release form from a parent is needed.

Attachments:

- Resident Application
- Camp Hollis Day Camp Registration
- Parent Release of Information



Camp Hollis- Oswego County Youth Bureau
 70 Bunner Street, Oswego, NY 13126
 P: 315-349-3451

CAMP HOLLIS 2021 RESIDENT CAMP REGISTRATION FORM

CAMPER'S INFORMATION

Name (first/middle/last) _____ First Time Camper? Yes No

Male Female Date of Birth _____ Age As of Sept. 2021 _____

Address _____ (City) _____ (Zip) _____

County of Residence _____ Grade As of September 2021 _____

Bunkmate Request (Name) _____

How Did You Hear About Us? _____ Email Address: _____

PERMISSIONS

May we use your child's picture in publicity photos? Yes No

Can your child self-administer sunscreen to prevent over exposure to the sun? Yes No

Parent/Guardian #1:	Primary Phone:	Alternate Phone:
Parent/Guardian #2:	Primary Phone:	Alternate Phone:
Emergency Contact:	Relationship to Camper	Primary Phone:

Authorized Pickups: People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children:

(Please provide a different contact person and contact information from information listed above):

Name _____ Relationship _____ (phone) _____

Name _____ Relationship _____ (phone) _____

Please check this box if you are applying for a Scholarship- The *Friends of Camp Hollis* provides financial support to families who are experiencing special circumstances beyond the sliding scale or Department of Social Services support and are seeking assistance in making payment for camp fees. A separate Scholarship application form must be completed. Please contact us for a form.

Public Assistance # _____

Foster Care Case # _____

CAMP HOLLIS 2021 RESIDENT CAMP PROGRAMS

Use this form to register for camp by checking the appropriate box for the desired week(s).

QUESTIONS? Call 315-349-3451 with questions or for more information!	June 24 th - June 25 th	June 27 th - July 2 nd	July 4 th - July 9 th	July 11 th - July 16 th	July 18 th - July 23 rd	July 25 th - July 30 th	August 1 st - August 6 th	August 8 th - August 13 th
Try-It Camp (Ages 8-12): Two-day, one-night camp experience. Thursday-Friday (June 24 th -June 25 th)								
Sampler Camp (Ages 8-12): Day Camp Monday-Wednesday, Overnight Camp Wednesday-Friday								
Week Long Resident Camp (Ages 8-12): One-week sessions, Sunday to Friday								
13 & 14-Year-Old Week: One-week session, Sunday to Friday								

CAMP HOLLIS 2021 FEES

OSWEGO COUNTY RESIDENTS' FEE DETERMINATION- FOR WEEKLONG RESIDENT CAMP, SAMPLER CAMP, AND 13 & 14-YEAR-OLD WEEK					OUT OF COUNTY RESIDENTS PAY \$230
<i>*Please Circle The Correct Payment Amount and Enclose Payment with Completed Registration Form (Price is per week)*</i>					
Persons in Household	Category # 1	Category # 2	Category # 3	Category # 4	
1	Up to \$12,760	\$12,761- \$16,588	\$16,589- \$23,606	Over \$23,606	
2	Up to \$17,240	\$17,241- \$22,412	\$22,413- \$31,894	Over \$31,894	
3	Up to \$21,720	\$21,721- \$28,236	\$28,237- \$40,182	Over \$40,182	
4	Up to \$26,200	\$26,201- \$34,060	\$34,061- \$48,470	Over \$48,470	
5	Up to \$30,680	\$30,681- \$39,884	\$39,885- \$56,758	Over \$56,758	
For Each Additional Person Add:	\$4,480	\$4,480	\$4,480	\$4,480	
Based On Income, You Pay:	\$45	\$75	\$140	\$200	

TRY-IT CAMP RATE: *Try-It Camp (June 24th-25th) is a flat rate of **\$50**

Based on the above table, the cost for my child to attend camp per week is?

- \$45
- \$75
- \$140
- \$200
- \$230
- \$50 (Try-It Camp Only)



Camp Hollis- Oswego County Youth Bureau
 70 Bunner Street, Oswego, NY 13126
 P: 315-349-3451

NOTE: ** Campers participating in the Day Camp Program must have on file completed medical and USDA forms. Once Camper Application and Payment is received then all other registration forms (Medical Form, USDA Form) will be sent and must be complete to finalize your spot for Camp Hollis. Completed Registrations are accepted on a first come, first served basis. Shot records must accompany Medical Form. A completed registration form AND payment must be received in order to complete your registration and secure your child's spot at camp.

Making Payments:

**If registering for multiple weeks of camp, it is not required to pay in full at the time of registration. The first week must be paid for at the time of registration. A \$25 non-refundable deposit is required at the time of registration for each of the remaining weeks registered for. The balance for the remaining weeks is due two weeks prior to the week being attended.

Example: Camper is registered for Week 1, Week 5, and Week 6.
 - At the time of registration, Week #1 must be paid in full as well as a non-refundable \$25 deposit each for Week 5 and Week 6. The remaining balance for Weeks 5 and 6 are due two weeks prior to the camper attending those weeks or their spot will be forfeited.

How Do You Plan to Pay? Online (see link below) I will be mailing cash/check to the Youth Bureau Office

How do you want to receive the additional paperwork (USDA Form and Medical Form)? Note- Payment must be received prior to additional paperwork being sent. Mail Email



If paying by Credit Card, please go to

<https://youthbureau.oswegocounty.com/>

PLEASE RETURN COMPLETED REGISTRATION FORM TO:

Oswego City/County Youth Bureau, 70 Bunner St. Oswego, NY 13126

I acknowledge that the information stated on this form is accurate and factual. My signature certifies that my total household income is accurate as indicated by the fee amount, I am paying.

Parent/Guardian Signature:

PLEASE RETURN COMPLETED REGISTRATION FORM TO:

Oswego City-County Youth Bureau
 70 Bunner St.
 Oswego, NY 13126

-- FOR OFFICE USE ONLY --			
Date Registration Received:		Date Welcome Packet Sent:	
Full Registration Information:	Photo Permission: <input type="checkbox"/>	Screening Permission: <input type="checkbox"/>	Emergency Contact: <input type="checkbox"/>
Scholarship:	Medical Form: <input type="checkbox"/>	Insurance: <input type="checkbox"/>	USDA: <input type="checkbox"/>
Payment Amount Paid: \$	CASH	CHECK/MONEY ORDER	
Date DSS Verification Letter Sent:	Date DSS Verification Letter Received:		



Camp Hollis- Oswego County Youth Bureau
70 Bunner Street, Oswego, NY 13126
P: 315-349-3451

-- FOR OFFICE USE ONLY --			
Date Registration Received:	Date Welcome Packet Sent:		
Full Registration Information:	Photo Permission: <input type="checkbox"/>	Sunscreen Permission: <input type="checkbox"/>	Emergency Contact: <input type="checkbox"/>
Scholarship:	Medical Form: <input type="checkbox"/>	Insurance: <input type="checkbox"/>	USDA: <input type="checkbox"/>
Payment: Amount Paid \$	CASH		CHECK/MONEY ORDER
Date DSS Verification Letter Sent:	Date DSS Verification Letter Received:		

CAMP HOLLIS 2021 DAY CAMP REGISTRATION FORM
(6-12 YEAR OLDS)

CAMPER'S INFORMATION

Name (first/middle/last) _____ First Time Camper? Yes No

Male Female Date of Birth _____ Age As of Sept. 2021 _____

Address _____ (City) _____ (Zip) _____

County of Residence _____ Grade As of September 2021 _____

Parent Email Address: _____

How Did You Hear About Us? _____

PERMISSIONS

May we use your child's picture in publicity photos? Yes No

Can your child self-administer sunscreen to prevent over exposure to the sun? Yes No

Parent/Guardian #1:	Primary Phone:	Alternate Phone:
Parent/Guardian #2:	Primary Phone:	Alternate Phone:
Emergency Contact:	Relationship to Camper	Primary Phone:
Authorized Pickups: People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children:		
(Please provide a different contact person and contact information from information listed above):		
Name _____	Relationship _____	(phone) _____
Name _____	Relationship _____	(phone) _____

*** DROP OFF AT CAMP HOLLIS IS AT 9:00AM PICK UP AT 4:00PM DAILY ***
* Extended Care is available from 7:00-9:00AM and from 4:00-6:00PM (\$25/week per camper)
**Lunch is provided for FREE for all campers. Breakfast is provided for FREE for all extended care campers

CAMP HOLLIS 2021 DAY CAMP PROGRAMS

Use this form to register for camp by checking the appropriate box for the desired week(s).

Day Camp Session Dates:	June 28 - July 2 <input type="checkbox"/>	July 5 - July 9 <input type="checkbox"/>	July 12 - July 16 <input type="checkbox"/>
	Extended Care? Yes/No	Extended Care? Yes/No	Extended Care? Yes/No
July 19 - July 23 <input type="checkbox"/>	July 26 - July 30 <input type="checkbox"/>	Aug. 2 - Aug. 6 <input type="checkbox"/>	Aug. 9 - Aug. 13 <input type="checkbox"/>
Extended Care? Yes/No	Extended Care? Yes/No	Extended Care? Yes/No	Extended Care? Yes/No

SECTION C: DAY CAMP FIXED FEES

DAY CAMP HAS A FIXED FEE RATE	COUNTY RESIDENTS PAY	OUT OF COUNTY RESIDENTS PAY
EXTENDED CARE (7:00-9:00AM & 4:00-6:00PM daily) ADD \$25/WEEK PER CAMPER <i>(Price is per week)</i>	\$125	\$175

NOTE: ** Campers participating in the Day Camp Program must have on file completed medical and USDA forms. Once Camper Application and Payment is received then all other registration forms (Medical Form, USDA Form) will be sent and must be complete to finalize your spot for Camp Hollis. Completed Registrations are accepted on a first come, first served basis. Shot records must accompany Medical Form. A completed registration form AND payment must be received in order to complete your registration and secure your child's spot at camp.

Making Payments:

**If registering for multiple weeks of camp, it is not required to pay in full at the time of registration. The first week must be paid for at the time of registration. A \$25 non-refundable deposit is required at the time of registration for each of the remaining weeks registered for. The balance for the remaining weeks is due two weeks prior to the week being attended.

Example: Camper is registered for Week 1, Week 5, and Week 6.

- At the time of registration, Week #1 must be paid in full as well as a non-refundable \$25 deposit each for Week 5 and Week 6. The remaining balance for Weeks 5 and 6 are due two weeks prior to the camper attending those weeks or their spot will be forfeited.

How Do You Plan to Pay? Online (see link below) I will be mailing cash/check to the Youth Bureau Office

How do you want to receive the additional paperwork (USDA Form and Medical Form)? Note- Payment must be received prior to additional paperwork being sent. Mail Email



If paying by Credit Card, please go to <https://youthbureau.oswegocounty.com/>

PLEASE RETURN COMPLETED REGISTRATION FORM TO:

Oswego City/County Youth Bureau, 70 Bunner St. Oswego, NY 13126

I acknowledge that the information stated on this form is accurate and factual.

Parent/Guardian Signature:

Date:

**FOR CAMPERS RECEIVING FOSTER CARE
OR
OTHER FORMS OF PUBLIC ASSISTANCE**

Dear Parent/guardian:

If you are in receipt of Public Assistance, you may be eligible for assistance with camp fees. If you give us a Temporary Assistance to Needy Families (TANF), or Foster Care number, we need to verify the information you provide with the Oswego County Department of Social Services. Please sign the release form below, so that we can verify this information.

I authorize the Oswego City County Youth Bureau/Camp Hollis to contact the Oswego County Department of Social Services to verify the Food Stamp, TANF, PDPIR, and / or Foster Care Child information provided on my child's application to attend Camp Hollis.

PUBLIC ASSISTANCE #	CHILD'S NAME	DATE OF BIRTH
CAMP DATES Maximum selection is 2 weeks	WEEK 1	WEEK 2

Parent/Guardian Signature _____

Date _____

Please note: Please return this signed release of information as soon as possible. We cannot complete the process of registering your child to attend Camp Hollis until we receive this signed release.

**If you have any questions, please feel free to contact:
Youth Bureau Office at 349-3451**

Otsego County

Contact: Mary Jane Waters, Director of Services

Address: Otsego County Department of Social Services
197 Main Street
Cooperstown, NY 13326

Phone: (607) 547-7559

Website: https://www.otsegocounty.com/departments/social_services/index.php

Notes: Otsego County has no summer camp fees or stipends for 2020. All summer programs were closed in this area due to COVID. No updates on 2021 services.

Putnam County

Contact: Putnam County Department of Social Services

Address: 110 Old Route 6
Carmel, New York 10512

Phone: (845) 808-1500 (Building 2) / (845) 808-1651 (Building 3)

Website: <https://www.putnamcountyny.com/department-of-social-services>

Notes: No information available at this time.

Rensselaer County

Contact: Timothy Bazyk

Address: Rensselaer County Department of Social Services
547 River Street, Troy, NY 12180
127 Bloomingrove Drive Troy, NY 12180

Phone: (518) 833-6190

Fax: (518) 833-6187

Email: timothy.bazyk@dfa.state.ny.us

Website: <https://www.rensco.com/232/Social-Services>

Notes: Rensselaer County's Summer Camp benefits are for working families only. Kinship Caregivers will be required to show documentation showing their custody of the child. Any identifying documentation (birth certificates) for the children and verification of identity for the caregiver (photo ID). Verification of Residency in Rensselaer County (stamped receive mail, Utility bill). Verification of employment and income (8 weeks' worth of paystubs on all forms of income).

We must verify that the caregiver is working a minimal of 20 hours a week; but the only the income for the child is counted towards the case budget (excluding any NYS subsidies being received).

Attachments:

- Child Care Subsidy Application

Rensselaer County Department of Social Services
 Day Care Unit
 127 Bloominggrove Drive
 Troy NY 12180

PLEASE DO THE FOLLOWING TO APPLY FOR DAYCARE:

- ✔ Complete the enclosed "Application."
- ✔ Submit copies of two month's current and consecutive pay stubs. If new employment, submit a letter on letterhead from your new employer stating the date you started, your rate of pay, hours per week you will be working, what your scheduled hours will be, and employer's name and contact information.
- ✔ Proof of residency, for example copy of your lease, utility bill, etc
- ✔ Complete the enclosed "Day Care Provider" document.
- ✔ Send a copy of your most recent Child Support Court Order; if you need help or information about pursuing child support please let the day care unit know and we will assist you in this process.
- ✔ Submit copies of birth certificates for all children in your household
- ✔ Submit proof of Identity
- ✔ If you are attending High School or GED classes, please send in a copy of your school schedule
- ✔ If you are using a babysitter (legally exempt provider) please call us to request an "Enrollment Packet" if it isn't already included.
- ✔ If you are using a regulated provider who has not worked with Rensselaer County please call to request a vendor packet.

The information below may be helpful in establishing court ordered child support:

If you...	Then call or go to...
Have been on any type of public assistance in the past and DSS set up your support for you.....	Toll free child support help line 1-868-208-4485
Have not been on public assistance and have never gone to court for support.....	270-3761 Family Court 1504 5 th Avenue Troy NY 12180
Have a child 6 weeks or older and need to bring them to court with you	Please utilize the Children's Center to watch them, located in the basement of the courthouse, while you tend to your court business. For younger children, please provide food and/or bottles.

We have 30 days to make a determination on your application. If all of the above information is not included with your application you will receive a denial. If you choose to submit your application by fax, you must follow up by mail or in person with the application containing an original signature. Faxed signatures are not acceptable.

Important Information about your Daycare case

Your daycare assistance will continue as long as you remain income eligible, are working and your children are younger than age 13. Please become familiar with the following information so that we can work better together.

- Make copies, do not send originals. We do not make copies.
- Make sure the hours that your child(ren) are attending daycare match the hours that you are working.
- If you lose your job notify us **immediately**.
- If you are leaving your job due to disability, pregnancy, or other reasons please let us know immediately.
- We randomly verify information. For example, we may call employers, providers, or audit self-employment. We do this to protect public funds from potential fraud.
- We have **30 days** to make a decision on your case (it usually doesn't take that long)
- Every **6 months** you are required to recertify your case. You will need to submit new paystubs, be aware that you will receive a recertification packet in the mail. The information is time sensitive and your case will be closed if not submitted.
- If we discover fraud, we immediately report it to the Fraud Unit and/or the District Attorney's Office.
- You are responsible for a "**family share**". This is an amount that you must pay toward the cost of your childcare. It is based on your income. Your approval notice will tell you the amount and to which provider to pay it to. If you don't pay this, your case will be closed.
- We pay up to **market rate** for your provider. If your provider charges more than market rate you are responsible to pay the difference. **THIS IS IN ADDITION TO YOUR FAMILY SHARE**. You are also responsible for any additional fees that your provider charges, such as membership fees, early termination or absences not covered by RCDSS. Absences are only paid for registered/licensed providers who have a signed MOU with RCDSS. Legally Exempt Providers can not be paid for absences.
- If you change providers we need to have the change in **writing**. Please let us know who the provider is, on what date he/she will start and the child who will be attending.
- We pay for childcare on a **monthly** basis. Submit your bill at the end of the month. Do not send it in early. If you forget to send in a bill for a month we will not pay double the next month. If you need the funding be sure the bill is submitted monthly.

If you have any questions please refer to the contact Page for your Daycare worker's contact information.



RENSSELAER COUNTY DEPARTMENT OF SOCIAL SERVICES

Steven F. McLaughlin
County Executive

Theresa A. Beaudoin
Commissioner

Dear Child Care Subsidy Recipient:

This is a reminder about the absence policies of Rensselaer County BSS (RCDSS):

- You are not allowed more than 12 paid absences every quarter (January-March, April-June, July-September, and October-December) if your child attends a provider that has signed a Memorandum of Understanding (MOU) with RCDSS. You will be directly responsible for the cost of care if you exceed the 12 absences.
- If your child is absent for more than two days in a row, you will need to submit a doctor's note explaining all the absences in order for them to be paid to your provider. RCDSS does not cover absences for vacations. Check with your provider to see what costs you may be responsible for if the child does not attend daycare.
- If your formal center does not sign the annual MOU contract with RCDSS, they cannot be paid for your absences and may require you to do so, on your own. Make sure you ask your center if they have signed the annual MOU. NYS regulations require that Title XX funding can only be used with providers who have signed the MOU with RCDSS and cannot be used with Legally-Exempt providers.
- Title XX daycare funding is available until a child turns 13, or until the school year ends.

If you have any questions, please contact me or your child care case worker.

Thank you,

Timothy Bazyk
Daycare Unit Supervisor

ADMINISTRATION BUILDING, 127 BLOOMINGROVE DRIVE, TROY, NY 12180
PHONE: (518) 833-6000 / FAX: (518) 283-7884
FLANIGAN SQUARE, 547 RIVER STREET, TROY, NY 12180
PHONE: (518) 266-7800 / FAX: (518) 266-7829

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Cash Child Assistance or other benefits, including Category 1 Child Care Assistance, you must use the New York State Application for Certain Benefits and Services (DSS-2977).

CASE NAME	CASE #	REGISTRY #	OFFICE	UNI	WORKER	APP DATE
DISTRICT	CASE TYPE	Services Transaction Type:	Disposition:	Reason Code		
	40	<input type="checkbox"/> New Open <input type="checkbox"/> Recopen <input type="checkbox"/> Reopen	<input type="checkbox"/> Denial			<input type="checkbox"/> Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	MI.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)	PHONE NUMBER () - -
STREET ADDRESS	APT NO.	CITY	STATE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO.	CITY	STATE
FOUNDER ADDRESS (IN PAST YEAR)			ZIP CODE

OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED

Marital status? Single Married Divorced Separated Widowed

Primary language? English Spanish Other (specify):

Email (optional):

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

LN	FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names if (pseudonyms))	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) (Optional)	Race				Does this child need child care? (Y/N)	FOR EACH CHILD P. heard of child care provider Yes/No	Does child have ability?	Do both parents reside in the home?
								White	Black	Hispanic	Other				
1						SELF									
2															
3															
4															
5															
6															
7															
8															
9															

Racial Affiliation Codes: 1 - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White

You may use additional pages if you need more than 9 lines to enter information that you think was omitted.

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:

	YES	NO	WHY?	NETS AMOUNT	PERIOD (week, month, etc.)	WHY?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income from work (including wages/salary, overtime, commissions, benefits, prizes, tips)	<input type="checkbox"/>	<input type="checkbox"/>						
Net Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>						
Child Support Payments (see vol)	<input type="checkbox"/>	<input type="checkbox"/>						
Alimony/Spousal Support (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unemployment Insurance Benefits, Worker's Comp	<input type="checkbox"/>	<input type="checkbox"/>						
Social Security Benefits (including SSI)	<input type="checkbox"/>	<input type="checkbox"/>						
Disability Benefits (NYS, VA, Private)	<input type="checkbox"/>	<input type="checkbox"/>						
Rental/Interest/Dividend Income (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unfunded/Annuity - Stocks, Bonds, Savings	<input type="checkbox"/>	<input type="checkbox"/>						
Pensions/Annuities	<input type="checkbox"/>	<input type="checkbox"/>						
Cash Public Assistance (PA) Grant, State Aid	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation?	YES	NO
PICK-UP	Travel time from work/activity to the child care provider? <td>Public Transportation?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td>	Public Transportation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10. CHILD'S SCHOOL INFORMATION. List all children enrolled in school

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS
		START TIME
		END TIME

SECTION 11. NOTICES: READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency immediately of any change in my address, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance, or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you, are the applicant/representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by providing false information.

CITIZENSHIP – By signing this application, I swear under oath that at the point of receiving Child Care Assistance, am United States citizen or national, or someone with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given in any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds, spousal assets.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear under oath under the penalties of perjury that all of the information I have given or will give to the local department of social services relating to Child Care Assistance is correct. I have read and understand the notice above. I understand and agree to the consents.

APPLICANT/SIREPRESENTATIVE'S SIGNATURE	DATE SIGNED	SECOND APPLICANT/SIREPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		PRINT NAME:	

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USP INDICATOR	DISTRICT	CASE TYPE	DATE
				<input type="checkbox"/> Disposition: <input type="checkbox"/> Disputal <input type="checkbox"/> Reason Care		<input type="checkbox"/> Withdrawal	
SERVICES TRANS TYPE: <input type="checkbox"/> New/Open <input type="checkbox"/> Reciprocal <input type="checkbox"/> Recant							
ELIGIBILITY DETERMINED BY		DATE	ELIGIBILITY APPROVED BY			DATE	
		/ /				/ /	
CHILD CARE AUTHORIZATION FROM DATE		CHILD CARE AUTHORIZATION TO DATE		COMMENTS:			
/ /		/ /					
L1 CIN:	L4 CIN:	L7 CIN:					
L2 CIN:	L5 CIN:	L8 CIN:					
L3 CIN:	L6 CIN:	L9 CIN:					

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM

- 1) Families eligible for a child care guarantee – applying for or receiving Cash Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available and the Department of Social Services has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Cash Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the New York State Application for Certain Benefits and Services (LDSS-2921).

By submitting the Application for Child Care Assistance instead of the New York State Application for Certain Benefits and Services (LDSS-2921), you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

APPLYING FOR CHILD CARE ASSISTANCE

- You can file an application the same day you receive it. If you are eligible, a receipt may be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if it contains, at a minimum, your name, address, etc. a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.

WHERE TO TURN IN THE APPLICATION

- If you are applying as someone's representative, please print information about that person.
- The department of social services (DSS) of the county that you live in.

Make sure you have been given copies of:

- LDSS-4148A, *What You Should Know About Your Rights and Responsibilities*
- LDSS-4148B, *What You Should Know About Social Services Programs*
- LDSS-4148C, *What You Should Know If You Have an Emergency*

These booklets contain important information about your rights and responsibilities.

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Submit a signed, written request to the DSS where you applied. You may reapply anytime.

PAGE 1 OF THE APPLICATION

SECTION 1. APPLICANT'S INFORMATION

- **NAME:** PRINT your legal name including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **STREET ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you now live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your marital status now.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other", PRINT the name of the language.
- **EMAIL:** If you can be reached by email, PRINT your email address.

SECTION 2. HOUSEHOLD MEMBER INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH AND SEX:** PRINT each person's date of birth and sex.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: husband, wife, son, foster child, friend, boy/girl and girlfriend, runner, boarder, etc.)

FOR EVERY PERSON WHO IS APPLYING, COMPLETE THE FOLLOWING:

Those considered applying are the children in need of care, and their parents (including stepparents), and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.
- **RACE:** Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
Enter Y (Yes) or N (No) for each of the race codes:
 - 1 - Native American or Alaska Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White.
 Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
 Enter Y (Yes) or N (No) to tell us whether each child needs child care.
- **CHILD CARE NEED:**

FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

- **CHILD IS U.S. CITIZEN/NATIONAL/HAS SATISFACTORY IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a United States citizen, United States national, or person with satisfactory immigration status. The citizenship or immigration status of the child is pertinent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

PAGE 1 OF THE APPLICATION CONT.

Page 3

CHILD WITH DISABILITY:

Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. Generally speaking, a child with a disability means one of the following:

- a child who is aged 3 through 8 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development; OR
- a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or special learning disabilities; OR
- a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
- a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.

BOTH PARENTS IN HOME:

Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (for each child).

PAGE 2 OF THE APPLICATION**SECTION 3. OTHER HOUSEHOLD INFORMATION**

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you — that means a spouse who lives with you, or an adult who lives with you and with whom you have at least one child in common.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

- **CHILD CARE FOR WORK:** Check Yes or No to tell us whether you and/or the second applicant need child care so that you can work.
- **CHILD CARE FOR OTHER REASON:** Check Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
 Check Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **HOMELISS:** Check Yes or No to tell us whether a parent in the household is on active duty, serving full time in the U.S. Military.
- **MILITARY:** Check Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
- **MILITARY RESERVE:** Check Yes or No to tell us whether you and/or the second applicant are receiving or applying for Cash Public Assistance (PA).
- **CASH PUBLIC ASSISTANCE:** Check Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **OTHER CHILD CARE FUNDS:** Check Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **PREGNANT:** Check Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. ABSENT PARENT INFORMATION

- **PRINT** the names of all children under the age of 2 for whom you are applying for child care assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK** Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason. (Such as, working, rehab, jail, court order, etc.)

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

- **EMPLOYER INFORMATION:** **PRINT** the name, address, and phone number of where you work.
 Complete this section about your job. When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?
- **JOB INFORMATION:**

PAGE 2 OF THE APPLICATION CONT.

SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of the job.
- **JOB INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?

PAGE 3 OF THE APPLICATION

SECTION 7. INCOME INFORMATION

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who gets the income.
- All income for all household members must be reported on the application.

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and in minutes) it takes to travel from the child care provider to work, educational, or other approved activity after dropping the child off for care. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick up. Check yes or no to indicate whether public transportation is used.

SECTION 9. CHILD CARE PROVIDER INFORMATION

- PRINT the names and addresses of all Child Care Providers that you are currently using or plan to use for each child in child care.
- CHECK (✓) Yes or No to tell us whether the child(ren) are already enrolled with the provider.

SECTION 10. CHILD'S SCHOOL INFORMATION

- PRINT the names and addresses of all schools that your children attend for each child in child care.
- Indicate the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours if the child attends an after-school child care program, even if that program is run in the school.

PAGE 4 OF THE APPLICATION

SECTION 11. NOTICES, READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW

READ THIS SECTION CAREFULLY or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

SECTION 12. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. If you have filled out the application for someone else, sign your own name.
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife lives with you, both of you must sign the application. If an adult with whom you have at least one child in common lives with you, both of you must sign the application.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

YES If you checked YES, please complete the **VOTER REGISTRATION APPLICATION** below.

NO because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register at this time.

Signature _____ Date _____

Please Print Name _____

Important!
Applying for agency-based voting to register to vote will not affect the amount of assistance that you will be provided by this agency.
If you would like help filling out the voter registration application form we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in or out of the office.
Information on citizenship: Please obtain state form J-1 and an affidavit of domicile. (SEE SET 8883)
주소등록: 공인실민권증서 신청서 작성. 전화: 1-800-367-8883
접수처: 관공서, 관공서 접수, 우편 접수
우편 신청 접수처: 1-800-367-8883
다문화가족지원센터: 1-800-367-9683
800-367-8883

VOTER REGISTRATION APPLICATION (Instructions on back)

Yes, I need an application for an Absentee Ballot. Yes, I would like to be on Election Day voter list.

Please print or type in blue or black ink.

1 Are you a U.S. citizen? YES NO
If you answered NO, complete election form

2 Will you be 18 years old on or before election day? YES NO
If you answered NO, do not complete this form unless you will be 18 by the end of the year.

3 Last Name _____ First Name _____ Middle Initial _____ Suffix _____

4 Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____

5 Address where you get your mail (if different than above) _____ P.O. Box, Sta. Route, etc. _____ Post Office _____ Zip Code _____

6 Date of Birth _____ **7** Sex M F **8** Telephone (optional) _____ Email (optional) _____

10 The last 4 digits of your voter ID number _____
Your address where you live (do not give P.O. box) _____
In county/precinct _____
Last name of agency (do not print from your name) _____

9 **ID Number** (Check the applicable box and print your number)
 New York State DMV number _____
 Last 4 digits of your Social Security number _____
 Do not have a New York State DMV or Social Security number

11 **Political Party**
I wish to enroll in a political party
 Democratic party Independence party
 Republican party Women's Equality party
 Conservative party Reform party
 Green party Other _____
Working Families party
I do not wish to enroll in a political party
 No party

12 **Affidavit: I swear or affirm that**
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This form requires a signature on the line below.
- The above information is true, accurate and truthful to the best of my knowledge and belief up to this date and for up to four years.

Signature (in black ink) _____ Date _____

(Optional) Register to donate your organs and tissues

Last Name _____

First Name _____ Middle Initial _____ Suffix _____

Address _____

Apt. Number _____ City/Town/Village _____ Zip Code _____

DMV Date _____ Sex M F

Eye Color _____ Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or over
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Education to provide your name and identifying information to DCH for enrollment in the Registry;
- And authorizing DCH to allow access to this information to comply with federal or state government regulations and by state and hospital upon your death.



Signature _____

Date _____

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York or east 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important

If you believe that someone has interfered with your right to register or to enroll to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preferences, you may file a complaint with:

NYS Board of Elections 40 North Pearl St., Suite 5
Albany, NY 12207-2726
Telephone: 1-800-468-6872;
TDD/TTY users contact the New York State
Relay at 711 or visit our web site -
www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, or a state, non-profit paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional, but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.



RENSSELAER COUNTY DEPARTMENT OF SOCIAL SERVICES

Steven P. McLaughlin
County Executive

Theresa A. Benudon
Commissioner

CHILD CARE SUBSIDY CLIENT RESPONSIBILITY FORM

Please read the following expectations and requirements for the Rensselaer County Child Care Assistance Subsidy program. If there are any questions about the items listed below, you may contact your child care worker. Please read, sign, and return this form as part of your complete application for services; failure to do so may result in delay or denial of your case.

Rensselaer County Child Care Subsidy Recipients are responsible:

- For completing all applications and documents truthfully and as accurately as possible.
- To make sure that they are only sending their child/children to day care when they are working or utilizing transportation to and from work. By sending a child/children when they are not working, a client acknowledges that they will be responsible for the cost of care during that exact time, not DSS, Child Care Subsidy through the low income program is for **WORK PURPOSES ONLY**.
- To inform their Child Care Worker immediately, and in writing, (**NO LATER** than 10 business days after the change) of any changes in work status, family income, household composition, child care arrangements, if they apply for Family Assistance, or of any other changes that may affect eligibility or the amount of benefits received.
- To provide the Department with a monthly work schedule, before the day care is to be paid, if the hours they work from week to week vary.
- To pay their full family share to their provider each week. Family share is calculated based on income and family size and is clearly stated on each notice for the case.
- If the provider charges more than the market rate the client is responsible to pay the difference. **THIS IS IN ADDITION TO THE FAMILY SHARE.**

Applicant signature

Date

Applicant Name (Print)

ADMINISTRATION BUILDING, 127 BLOOMINGROVE DRIVE, TROY, NY 12180
PHONE: (518) 833-5000 / FAX: (518) 283-7884
FLANIGAN SQUARE, 547 RIVER STREET, TROY, NY 12180
PHONE (518) 266-7800 / FAX: (518) 266-7829

Day Care Provider Information

(return this with your application)

Name: _____

Child's Name/Age	Name of Provider/address/phone	Drop off time	Pick up time	TOTAL Amount charged per week

What days of the week do you work: (circle)

Monday Tuesday Wednesday Thursday Friday Sat. Sun.

What hours do you work? _____

When choosing a provider you may want to ask them the following questions in regards to billing:

- If you work part-time, do they offer a part-time program?
- Does the provider have a contract with Rensselaer County DSS?
- Is the provider familiar with Rensselaer County DSS?
- Discuss with your provider that DSS can pay up to market rate and can pay for absences with a contract. Remember you *may* be responsible for absences and costs above market rate in addition to your parent share.
- If your provider (day care centers and family day care only) has not worked with Rensselaer County Department of Social Services in the past, they will need to become a vendor. This involves paperwork to be completed by the provider.

If you need assistance locating a provider please contact the Child Care Coordinating Council at 426-7181.



**RENSELAEER COUNTY
DEPARTMENT OF SOCIAL SERVICES**

Steven F. McLaughlin
County Executive

Theresa A. Beaudoin
Commissioner

<u>DSS Case #:</u>	<u>DSS Case Name:</u>	<u>DSS Case Worker:</u>

ABSENT PARENT NAME

<u>First:</u>	<u>Last:</u>	<u>MI:</u>

ABSENT PARENT CONTACT INFORMATION

<u>Home/Mailing Address:</u>	<u>City and State:</u>	<u>Zip Code:</u>
<u>Home Phone #:</u>	<u>Work Phone #:</u>	<u>Other #:</u>

ABSENT PARENT EMPLOYMENT INFORMATION

<u>Employer Name:</u>	<u>Employer Phone # and/or Address:</u>

CHILDREN OF THE ABSENT PARENT

1.	2.	3.
4.	5.	6.

ABSENT PARENT CHILD SUPPORT INFORMATION

Has applicant attempted to secure court ordered child support:

Yes [] No []

Amount of Child Support received from absent parent: \$ _____

Weekly [] Bi-weekly [] Monthly []

Applicant Signature

Date

ADMINISTRATION BUILDING, 127 BLOOMINGGROVE DRIVE, TROY, NY 12180
PHONE: (518) 833-6000 / FAX: (518) 283-7884
FLANIGAN SQUARE, 547 RIVER STREET, TROY, NY 12180
PHONE: (518) 266-7800 / FAX: (518) 266-7829



**RENSSELAER COUNTY
DEPARTMENT OF SOCIAL SERVICES**

Steven F. McLaughlin
County Executive

Theresa A. Beaudoin
Commissioner

<u>DSS Case #:</u>	<u>DSS Case Name:</u>	<u>DSS Case Worker:</u>

ABSENT PARENT NAME

<u>First:</u>	<u>Last:</u>	<u>MI:</u>

ABSENT PARENT CONTACT INFORMATION

<u>Home/Mailing Address:</u>	<u>City and State:</u>	<u>Zip Code:</u>
<u>Home Phone #:</u>	<u>Work Phone #:</u>	<u>Other #:</u>

ABSENT PARENT EMPLOYMENT INFORMATION

<u>Employer Name:</u>	<u>Employer Phone # and/or Address:</u>

CHILDREN OF THE ABSENT PARENT

1.	2.	3.
4.	5.	6.

ABSENT PARENT CHILD SUPPORT INFORMATION

Has applicant attempted to secure court ordered child support:

Yes No

Amount of Child Support received from absent parent: \$ _____

Weekly Bi-weekly Monthly

Applicant Signature

Date

ADMINISTRATION BUILDING, 127 BLOOMINGGROVE DRIVE, TROY, NY 12180
PHONE: (518) 833-6000 / FAX: (518) 266-7884
FLANIGAN SQUARE, 547 RIVER STREET, TROY, NY 12180
PHONE: (518) 266-7800 / FAX: (518) 266-7829

Rockland County

Contact: Alyce Ingram, Camp Liaison-Temporary Assistance Unit

Address: Rockland county Department of Social Services

Building L

Sanitorium Road

Pomona, NY 10970

Phone: (845) 364-3148

Fax: (845) 364-3089

Email: alyce.ingram@dfa.state.ny.us

Website: <http://rocklandgov.com/departments/social-services/>

Notes: To be eligible, children must be in receipt of TANF and up to age 18. Parents must complete a camp enrollment form. The camp then submits the enrollment form to DSS before the camp begins.

Attachments:

- Camp Letter
- Camp Approval Letter
- Camp Enrollment Form



DEPARTMENT OF SOCIAL SERVICES

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd, Building L
Pomona, New York 10970
Phone: (845) 364-3032
Temporary Assistance/SNAP

Joan M. Silvestri
Commissioner

Date _____

Child Name _____

Case # _____

Camp Name _____

Dear Camp Manager:

The above _____ are interested in enrolling in your camp for the 20____ season.

To avoid complications in the payment procedure, please be aware of the following:

The attached enrollment form must be submitted to the Department of Social Services before the camp season begins.

All information on the form must be completed.

You must provide a copy of your 20____ Health Department permit to operate as a camp.

Payments cannot be processed until the permit is received.

You will receive a notice of payment approval within two weeks of your submission of completed paperwork.

All paperwork must be submitted prior to September 15th, 20____. Any paperwork received after this date cannot be accepted.

If you should have any questions, please feel free to contact me.

Sincerely,

Camp Liaison
Phone: 845-364-3148
Fax: 845-364-3089



DEPARTMENT OF SOCIAL SERVICES

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd, Building L
Pomona, New York 10970
Phone: (845) 364-3032
Temporary Assistance/SNAP

Joan M. Silvestri
Commissioner

APPROVAL LETTER

March 15, 2021

RE:

We are in receipt of your camp enrollment form on behalf of .

You have been approved to receive \$ on behalf of the child. If you have any questions, please feel free to contact me. Thank you.

Sincerely,

Rockland County DSS
Phone: 845 364-3148
Fax: 845 364-3089

St. Lawrence County

Contact: Heidi Soucis, Foster Care/Preventive Services Supervisor

Address: St. Lawrence County Department of Social Services
6 Judson Street
Canton, NY 13617

Phone: (315) 379-2706

Email: Heidi.Soucis@dfa.state.ny.us

Website: <https://www.stlawco.org/Departments/SocialServices>

Notes: St. Lawrence County DSS may provide summer camp assistance to youth who are in a child protective or preventive case.

- If the youth is in foster care, the family should contact their case worker for more information on summer camp assistance.
- If the youth are in a child protective/preventive family, they can reach out to Heidi Soucis (contact information above).

No known summer camps assistance available to TANF families who are not in child protective/preventive cases.

Saratoga County

Contact: Keith Kirchhoff

Address: Saratoga County Department of Social Services
152 West High Street
Ballston Spa, NY 12020

Phone: (518) 884-4159

Fax: (518) 884-4297

Email: keith.kirchoff@dfa.state.ny.us

Website: <https://www.saratogacountyny.gov/departments/social-services/>

Notes: Anyone looking to utilize the Child Only Initiative (COI) funding needs to complete a Temporary Assistance application (LDSS 2921) to apply for PACO, Public Assistance Child Only, to see if they are eligible. The application will need to be submitted to the Temporary Assistance Unit. This can be done electronically.

If deemed eligible, a referral is made to the Adult and Family Services Unit to have a Caseworker follow up with the family to see what the child's needs are. Approved uses of COI funding includes summer camp fees along with programs that provide socialization for children.

Attachments:

- LDSS 2921 English: <http://otda.ny.gov/programs/applications/2921.pdf>
- LDSS 2921 Spanish: <http://otda.ny.gov/programs/applications/2921-SP.pdf>

Schenectady County

Contact: Commissioner Paul J. Brady

Address: Schenectady County Department of Social Services
797 Broadway
Schenectady, NY 12305-2704

Phone: (518) 388-4400

Fax: (518) 388-4644

Website: <https://www.schenectadycounty.com/dss>

Notes: To be eligible, child must be in receipt of Family Assistance or Safety Net (federally participating) and child must be under the age of 13. There is no additional application other than that for childcare. Confirmation of the camp approval is done by letter to the specific camp program.

Schoharie County

Contact: Donna Becker, Commissioner, Department of Social Services

Address: Schoharie County Department of Social Services

County Office Building, 2nd Floor

284 Main Street

Schoharie, NY 12157

Phone: (518) 295-8334

Fax: (518) 295-8492

Email: donna.becker@dfa.state.ny.us

Website: <https://www4.schohariecounty-ny.gov/departments/social-services/>

Notes: Camperships are provided to children in receipt of public assistance; approval is made on a case-by-case basis depending upon availability of funding.

Schuyler County

Contact: Michele Wasicki, Deputy Commissioner

Address: Schuyler County Department of Social Services
323 Owego Street, Unit 3
Montour Falls, NY 14865

Phone: (607) 535-8303

Website: <https://www.schuylercounty.us/189/Social-Services>

Notes: Schuyler DSS is not able to provide for the costs of camp fees at this time.

Seneca County

Contact: Samantha Lotz (For children in receipt of public assistance)
Mike Whirtley (For children in households under 200% of poverty)

Address: Seneca County Department of Human Services
1 DiPronio Drive
Waterloo, NY 13165

Phone: (315) 539-1817 (Samantha) / (315) 539-1794 (Mike)

Website: <https://www.co.seneca.ny.us/gov/services/>

Notes: Seneca County does pay for children on public assistance, when funding is available, for children up to 200% of poverty using TANF flexible fund dollars. No application is required if in receipt of public assistance; Form LDSS 4726 if Flex Fund money is available.

Attachments:

➤ LDSS 4726 – <http://otda.ny.gov/programs/applications/4726.pdf>

TANF SERVICES APPLICATION/CERTIFICATION

Instructions

- The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you.
- Additional information about the terms in this form are included on pages 6 and 7.

Are any of these people living in your household? Check all that apply:

- A minor child under the age of 18 or under the age of 19 and attending secondary school (high school) or an equivalent level of vocational or technical training, (e.g., a BOCES program),
- A pregnant woman,
- An adult who is not the parent, but is a relative caring for a minor child,

OR

- You are the non-custodial parent of a minor child.
- If no boxes are checked, **STOP**. You do not qualify for TANF funded services.
- If one or more boxes are checked, continue with the application.

SECTION ONE:

Information About the Applicant and the Applicant's Family (Family Members)

- Be sure to read the definition of *"Applicant"* on page 6.
- Information provided in Item A should be about the applicant for TANF Services.

A. Applicant's Name: _____

Home Address: _____
(Street) (Apartment) (City, State, Zip Code)

Telephone Number: _____

B. Provide information below about the applicant and the applicant's Family Members who live with the applicant. Be sure to read the definition of Family Members on pages 6 and 7.

	NAME (First, Middle Initial, Last)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	Check if Applying For Services
1.	Applicant					
2.						
3.						
4.						
5.						
6.						

C. If the applicant for services is a minor child, is the child (check one if either applies):

- Living with a relative who is the primary caretaker of the minor child
OR
 In foster care and there is a plan to return the child to the home.

Is there a minor child included in Item B above?

- Yes, go to Section Two.
 No, go to the next question (D).

D. If there is not a minor child included in B, is the applicant or a family member pregnant?

- Yes, go to Section Two.
 No, go to the next question (E).

E. Is a family member included in Item B above the primary caretaker of a minor child (see definition on page 6)?

- Yes, complete the following regarding the minor children being cared for:

	CHILD'S NAME	DATE OF BIRTH	RELATIONSHIP
1.			
2.			
3.			

Go to Section Two.

- No, go to the next question (F).

F. Are you the non-custodial parent of a minor child(ren) who does not live with you?

- No. **Stop here.** You cannot receive TANF Services because neither you nor a family member is a minor child, is pregnant, is the primary caretaker of a minor child, or you are not the non-custodial parent of a minor child.
- Yes. Complete the information below:

	CHILD'S NAME	DATE OF BIRTH
1.		
2.		
3.		
4.		

You must also complete the "Non-Custodial Parent Information Referral" form (OTDA-4728).

SECTION TWO: Citizen/Non-Citizen Status

A. Are all the applicants for TANF Services (as checked in Section One, Item B) United States citizens?

- Yes. If yes, go to Section Three.
- No. If no, complete Item B.

B. If either the applicant or a family member(s) who is applying for TANF Services is not a United States citizen, look at the "Immigration Status List" on pages 7-9 and tell us which immigration status applies for each family member who is applying for TANF Services. Enter the status number from the list and complete the information below.

	NAME	LIST NUMBER	INS FORM NUMBER	ALIEN NUMBER	DATE OF ENTRY INTO U.S./STATUS GRANTED
1.					
2.					
3.					
4.					
5.					
6.					

SECTION THREE: Income of Family Members

A. Does the applicant currently receive benefits under one or more of these programs?

- Yes, check which program(s) and then go to Section Four.

FAMILY ASSISTANCE/SAFETY NET	MEDICAID	Supplemental Nutrition Assistance Program (SNAP)	HEAP	SSI

- No, complete item B immediately below.

B. Income of the applicant and the applicant's family members.

- Include the gross income (income before taxes and deductions) of each family member listed in Section One Item B who has income. See the "Gross Income" definition on page 7 for an explanation of the income you must tell us about and what income you do not need to include.
- List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.	Applicant					
2.						
3.						
4.						
5.						
6.						

C. Does the applicant or any family member currently regularly pay child support in accordance with a court order for children who do not reside in the household?

No, go to Section Four.

Yes If yes, how much does the family member pay? \$_____. How often does the family member pay this amount (weekly, monthly or annually)? _____.

Go to Section Four.

SECTION FOUR: Applicant Notification and Signature

You may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

Why we are asking for Social Security number(s):

- Any person applying for or receiving TANF services or assistance must give us his or her Social Security number.
- Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10).

LDSS-4726 (Rev. 2/16)

What we may use Social Security number(s) for:

- To do computer matches with other programs to prove you are receiving these programs (for example, SNAP).
- To do a computer match to verify other information on the certification form (for example, your employment income).
- To verify your alien status with the Immigration and Naturalization Service (INS).

If you are the non-custodial parent of a child, we will use your Social Security number to provide information about you for intra/interstate child support enforcement services.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

You must sign this form for your request for TANF certification to be complete.

By signing this, I am swearing, under penalty of perjury, that:

- All of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided, including household composition, income and citizenship status.

*Signed: _____ Date: _____

Relationship to Applicant: _____

*A parent or the primary caretaker relative must sign for an applicant who is a minor child. The Commissioner of the Department of Social Services or the Commissioner's designee must sign for children in foster care.

Definitions

MINOR CHILD: A "minor child" is a child who is under 18 years of age or is under 19 years of age and attending secondary school (high school) or an equivalent level of vocational or technical training (for example, a BOCES program). In order for the minor child to be eligible for TANF Services, the minor child must be living with a parent or other relative who is the primary caretaker of the child, or be in foster care with a plan to return home.

PRIMARY CARETAKER: The primary caretaker is the adult relative with whom a minor child lives, if the child does not live with his or her parent. The primary caretaker makes the majority of the decisions about the child's well-being.

NON-CUSTODIAL PARENT: A non-custodial parent is a parent who does not live with or have physical custody of the child, but who is legally responsible for providing financial and medical support to the child.

Who is the applicant for TANF Services?

The person who is requesting TANF Services is the applicant. The information about this person must be included in Section One, Items A and B. When more than one person is requesting TANF Services, an adult family member applying for TANF services must be listed as the applicant. If there is no adult family member applying for TANF services, the applicant should be the oldest child requesting TANF services.

Caretaker Relative Exception

When the primary caretaker of a minor child is a relative who is not the child's parent AND the TANF Services that the family needs are child protective or preventive services, THE APPLICANT FOR THE SERVICES IS THE MINOR CHILD.

These services relate only to enabling the primary caretaker of the child to continue to care for the minor child in the home safely or return the minor child from foster care to the relative's home.

For all other services, the applicant is the person who will actually be receiving the services.

Who are the family members?

All of the following persons who live with the applicant are family members and must be included in Section One, Item B:

- the applicant's husband or wife
- the applicant's minor children and their siblings who are also minor children (including half and step-siblings),
- if the applicant is a minor, the applicant's parents and the applicant's siblings who are minor children, and
- the father or mother of any minor children listed above, even if the parent is not married.

Special Rules for Family Members

Children in Foster Care

A child who is in foster care is included as a "family member" if there is a plan to return the child to the home. The above "family member" rules do not apply to children in foster care who apply for TANF Services for themselves. In those cases, the foster child is considered to be a family of one.

Married Minors

- A minor child who is married and is living in the applicant's household is not included as a minor child family member.
- If the minor child who is married is the applicant or the applicant's spouse, the family members do not include the married minor child's parents or siblings.

GROSS INCOME

You must tell us about the current income of the family members that you listed in Section One, Item B. You must provide us with gross income amounts. Gross income means income before taxes and other deductions. Income you must list includes, but is not limited to:

- Wages, salary and tips from work
- Self-employment income (after business expenses)
- Social Security benefits
- Public assistance (Family Assistance, Safety Net Assistance)
- Unemployment compensation
- Workers' compensation
- Supplemental Security Income (SSI)
- Child support payments received
- Alimony received
- Interest payments
- Other recurring income that is not excluded below

Income you should not include

- Earned income of a minor child
- Adoption/foster care payments
- One-time loans, gifts, lump sum payments or other non-recurring income
- Child care subsidy payments

Current Income

Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

or

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (income from the prior twelve months). This annual income must be adjusted for any change in income known or expected to occur. For example, if you recently got a new job, you should include the income from this job to calculate your annual income. You should not include income received in the past that you do not expect to recur.

Immigration Status List (This list is used to complete Section Two when an applicant for TANF services is not a United States citizen.)

You will be asked to provide documentation to verify the individual's immigration status. We are asking about your immigration status to determine if you or a family member is eligible for federally funded TANF services. You may be a legal immigrant, but not be eligible for federally funded TANF services. **Note: A family member cannot receive TANF Services unless the family member is a U.S. citizen or is an eligible non-citizen under one of the statuses listed on this page.**

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or <u>I-551</u>: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or <u>I-571</u>: Refugee Travel Document or <u>I-688B</u>: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or <u>I-766</u>: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><u>I-94</u>: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or <u>I-94</u> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or <u>I-551</u>: stamped "CU6, CU7, or CH6" or Temporary <u>I-551</u> stamp in foreign passport or USCIS notice or letter indicating ongoing exclusion or deportation proceedings or A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><u>I-94</u>: stamped "Granted asylum under Section 208 of the INA" or <u>I-551</u>: Stamped "AS1, AS2, AS3, AS6, AS7, or AS8" or <u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or <u>I-766</u>: Employment Authorization Document annotated "(a5)" or Grant letter from USCIS Asylum Office or Order of an Immigration Judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><u>I-94</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from <u>I-551</u> or from USCIS or <u>I-551</u>: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary <u>I-551</u> stamp in foreign passport or <u>I-571</u>: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><u>I-688B</u>: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or <u>I-766</u>: Employment Authorization Document annotated "(a10)" or Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><u>I-94</u>: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS <u>I-551</u>: Stamped "RE5, RE6, RE7, RE8, or RE9" or Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse", widow, widower or unmarried dependent of a tribal member and Documents to show lawfully residing in the US Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><u>I-551</u>: (Permanent Resident Card) or Temporary <u>I-551</u> stamp in foreign passport or on <u>I-94</u>, or <u>I-327</u>: (Re-entry Permit) or <u>I-181</u>: Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<u>Form DD-214</u>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children	Status Granted	Military Identification Card (<u>DD Form 21</u>) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. Conditional Entrant (status granted to refugees before 1980)	Entry	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA or <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" or <u>I-766</u> (Employment Authorization Document) annotated "(a1)" or "(a3)
11. A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (II) or (IV); or INA Section 204(a)(1)(II)(B) (i) or (II)
12. Victim of Human Trafficking	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification or <u>I-94</u> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<u>I-94</u> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or <u>I-688B</u> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or <u>I-766</u> annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	<u>I-551</u> : (Permanent Resident Card): stamped "S1-3", temporary I-551 stamp in a Canadian passport or <u>I-94</u> : stamped "S1-3" or <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act

Steuben County

Contact: Teresa Stever, Deputy Commissioner

Address: Steuben County Department of Social Services
3 East Pulteney Square
Bath, NY 14810

Phone: (607) 664-2183

Email: teresa.stever@co.steuben.ny.us

Website: <https://steubencountyny.gov/364/Social-Services>

Notes: No information available at this time.

Suffolk County

Contact: Suffolk County Department of Social Services

Address: 3085 Veterans Memorial Highway
Ronkonkoma, NY 11779

Phone: (631) 854-9935

Website: <https://www.suffolkcountyny.gov/Departments/Social-Services>

Notes: No information available at this time.

Sullivan County

Contact: Giselle Steketee, Director of Temporary Assistance

Address: Sullivan County Department of Family Services
16 Community Lane, Box 231
Liberty, NY 12754

Phone: (845) 292-0100 ext. 2294

Email: giselle.steketee@co.sullivan.ny.us

Website: <https://sullivanny.us/Departments/familyservices>

Notes: To be eligible, a child must be on public assistance and parent must be working during the hours that the camp is in session. Each year, the Sullivan County Child Care Council reaches out to the day camps in the early spring and compiles a list of camps interested in receiving a subsidy. Public Assistance recipients must provide the Child Care Unit with a copy of the completed registration form for their child or children to attend the day camp of their choice. The client must also provide a written statement from their employer stating the days of the week and hours per day that they work.

Tioga County

Contact: Katherine Garrison/Penny Ward

Address: Tioga County Department of Social Services
1062 State Route 38
Owego, NY 13827

Phone: (607) 687-8403/ (607) 687-8500

Email: Penelope.Ward@dfa.state.ny.us

Website: <https://www.tiogacountyny.com/departments/social-services/>

Notes:

- Temporary Assistance policy camp fees may be provided for children when funds cannot be obtained from other sources.
- Camp fees may only be paid for children in receipt of Family Assistance (FA) and federally participating Safety Net Assistance (SNA-FP).
- The amount per eligible child that may be authorized is established by Office Reg. 18 NYCRR 352.7(i) at \$400.00 per year, in amount not to exceed \$200 per week.

Attachments:

- Camp Fees Procedure

CAMP FEES

◆ INFORMATION REGARDING CAMP FEES ◆

- Per TA policy camp fees may be provided for children when funds cannot be obtained from other sources
- Camp fees may only be paid for children in receipt of Family Assistance (FA) and federally participating Safety Net Assistance (SNA-FP)
- The amount per eligible child that may be authorized is established by Office Reg. 18 NYCRR 352.7(i) at \$400.00 per year, in amount not to exceed \$200 per week

CAMP FEE Procedures:

- The parent/guardian initiates their need for assistance to pay for camp fees via phone or in person
- During this conversation, in lieu of the above information, the Employment Specialist explains to the parent/guardian:
 - what DSS can pay for, specifically the monetary amount and for what timeframe
 - that they, the parent/guardian are fully responsible for all camp fees until they receive notice from DSS
 - that DSS will be mailing a TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES CAMP FEE APPLICATION (att.)
- Employment Specialist, that same day, mails the parent/guardian a Camp fee application along with LDSS-4002 ACTION TAKEN ON YOUR REQUEST FOR ASSISTANCE TO MEET AN REQUIREMENTS form and makes a comment in I/EDR that both were mailed:
- If/when DSS receives the completed TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES CAMP FEE APPLICATION:
 - Review of the camp fee application takes place for eligibility
 - A phone call needs to be made to the Camp to see if they will accept payment from DSS, how much does their camp cost, how long is the camp
 - another completed LDSS-4002 ACTION TAKEN ON YOUR REQUEST FOR ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE form must be mailed to parent/guardian checking the box that we will meet their need in the following way for example: pay camp fee of \$180 for Johnny to attend El Rancho De Paz for the week of 8/1/17 – 8/7/17.
 - A copy of the completed template (att.) must be mailed to the camp, and to the client, verifying to all parties that said client has been approved for a monetary amount for a specific timeframe and for the camp to please bill DSS accordingly, AFTER client has shown for camp.

*Pay Type Code for screen 6 = 82

Reference: GIS TA/DC010 April 10, 2002
GIS 06 TA/DC023 July 10, 2006
18 NYCRR 352.7(i)

Att. Camp Letter
Camp Application (2 pages, front/back)

kg original 02/13
updated version 05/2018

TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES
Shawn L. Yetter, Commissioner

P.O. Box 240, Owego, N.Y. 13827-0240 • Telephone: (607) 687-8300 • Fax: (607) 687-8093
Website: www.tiogacountyny.com



June 4, 2013

Mapleridge Ranch
2857 Montrose Turnpike
Owego, NY 13827

Re: XXXXX

Dear Sir/Madam,

XXXXX has been approved for a \$200 payment from DSS to assist with the cost of Mapleridge Ranch day camp June 24 – 28.

AFTER he has shown and completed his camp stay please bill us accordingly.

Please feel free to call me directly at 607-687-8435 with any questions or concerns.

Sincerely,

Debra Goodspeed
Employment Specialist

Katherine E. Garrison
Principal Welfare Examiner

TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES CAMP FEE APPLICATION

This is an application for camp fee payment. Only specific types of assistance qualify for this funding. Parents/Guardians must complete this application in full including signatures. The Social Services employee handling your case must also verify eligibility on qualifying case types and sign this form.

Parents/Guardians are responsible for the camp fee themselves if the child is not eligible for Social Services during the time they attend camp. This application must be submitted for determining eligibility.

CHILD'S INFORMATION:

- NAME: _____

- SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

- ADDRESS: _____

- PHONE NUMBER: _____

Check which type of assistance the child receives (only the following qualify):

____ Foster Care – Name of Foster Parent(s) _____

____ Family Assistance – (Federally funded Temporary Assistance Case)

*If you have reached your 60-month Time Limit, you are no longer receiving federally
Funded temporary assistance therefore not eligible for camp fee assistance.

I am requesting that DSS help to pay a camp fee for the above child at:

CAMP NAME: _____ on/to _____
(Dates attending camp)

CAMP PHONE/CONTACT #: _____

I will pay \$ _____ directly to the camp and request DSS to pay the balance which is \$ _____
(Maximum of \$200.00/week and \$400.00/year)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(DSS REPRESENTATIVE - OVER)

DSS REPRESENTATIVE:

Please provide verification of assistance, (WMS printout with case type, status and dates of authorization).

Please complete the following (DO NOT leave blank):

CASE NUMBER: PA0 _____ Auth. To Date: _____ CIN: _____

DSS Representative name (print): _____ Phone ext.: _____

DSS Representative Signature: _____ Date: _____

.....

Final Disposition:

- Approved
 - Amount DSS approved and paid: \$ _____
- Denied

Disposition Comments: _____

Supervisor Signature: _____ Date: _____

Tompkins County

Contact: Tompkins County Department of Social Services
Address: Human Services Building
320 West Martin Luther King/State Street
Ithaca, NY 14850
Phone: (607) 274-5551 / (607) 274-5219 (Low Income Child Care Unit)
Website: <https://www2.tompkinscountyny.gov/dss>

Notes: To be eligible, children must be in receipt of Family Assistance or federally funded Safety Net Assistance. Children in receipt of state and locally funded Safety Net Assistance are not eligible for the camp subsidy. Application must be made on Form LDSS 2921.

If a child on a “child only” Temporary Assistance case needs summer camp, the caretaker applying on their behalf should contact their Temporary Assistance caseworker directly. If they are eligible to attend summer camp, a max fee of \$400 would be paid directly to the camp once camp is complete.

If a child NOT in receipt of Temporary Assistance needs summer camp, the caretaker applying for the child would contact the Low Income Child Care Unit (607-274-5219). Tompkins County will determine if the caregiver is eligible for the childcare subsidy. If eligible, Tompkins County will assign a parent cost share based on their income that they pay directly to the summer camp. Form OCFS-6025 is needed to apply for this subsidy.

Attachments:

- LDSS 2921 English: <http://otda.ny.gov/programs/applications/2921.pdf>
- LDSS 2921 Spanish: <http://otda.ny.gov/programs/applications/2921-SP.pdf>
- OCFS-6025 – Child Care Subsidy Application

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply **ONLY** for Category 2 or 3 Child Care Assistance. To apply for Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *Statewide Common Application (LDS-2921)*.

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE
DISTRICT	CASE TYPE: 40	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Recopen <input type="checkbox"/> Recert	Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code			<input type="checkbox"/> Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME: _____ M.L. _____ LAST NAME (Please include any ALIASES or MARDEN names in parentheses)

STREET ADDRESS: _____ APT. NO. _____ CITY _____

MAILING ADDRESS (if DIFFERENT FROM ABOVE): _____ APT. NO. _____ CITY _____

STATE _____ ZIP CODE _____

PHONE NUMBER () - _____ STATE _____ ZIP CODE _____

FORMER ADDRESS: _____

OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED: _____

What is your marital status? Single Married Divorced Separated Widowed

What is the primary language spoken in your home? English Spanish Other (specify) _____

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

L N	FIRST Name	M. L.	LAST Name (Please include any ALIASES or MARDEN names in parentheses)	DATE OF BIRTH (MM/DD/YYYY)	SE X M/ F	RELATION- SHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) Optional	Enter Y (Yes) or N (No) If Hispanic or Latino				Child is U.S. Citizen?	Child needs child care?	Child with a disability?	Both parents reside in home?	
								H	I	A	W					
1				/ /		SELF										
2				/ /												
3				/ /												
4				/ /												
5				/ /												
6				/ /												
7				/ /												
8				/ /												

* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White
You may use the back or additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

<p>DO ANY OF THESE APPLY TO YOU?</p> <p>For each of the following, answer YES or NO:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to work.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for another reason. Give reason: _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Homeless (no fixed, regular, and adequate place to stay at night). _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is serving full-time in the U.S. Military. _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit. _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for Public Assistance through a different application. _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for other child care funding. Agency Name: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant. Due date? / /	

SECTION 4. LIST EVERYONE UNDER 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD.

NAME OF PERSON UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Absent Parent's Date of Birth (optional)	Absent Parent's Social Security Number (optional)
		/ /	
		/ /	
		/ /	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

APPLICANT'S EMPLOYER'S NAME		WORK PHONE () -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE ZIPCODE
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime, O/T? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (e.g., Mon-Fri 8 A.M. – 4 P.M.):			

SECTION 6. OTHER EMPLOYMENT INFORMATION. Use this section for an applicant's second job or a spouse's/other parent's job.

Whose job information? Applicant's job OR Spouse's/ other parent's job

EMPLOYER'S NAME	WORK PHONE () -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE ZIPCODE
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Scheduled Days and Hours Worked (e.g., Mon-Fri 8 A.M. – 4 P.M.):		

You may use the back or additional pages if you need more room or there is other information that you think we might need.

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHOM?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHOM?	GROSS AMOUNT	PERIOD (week, month, etc.)
Wages/Salary, including overtime, commissions, training programs, tips								
Self-Employment								
Child Support Payments (received)								
Alimony/Spousal Support (received)								
Unemployment Insurance Benefits								
Social Security Benefits (including SSI)								
Disability Benefits (NYS, VA, Private)								
Rental/Boarder/Lodger Income (received)								
Dividends/Interest - Stocks, Bonds, Savings								
Pensions/Annuities								
Public Assistance (PA) Grant								
Other (please specify)								

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK-UP	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

PENALTIES – Federal and state laws provide for penalties of fine, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – I understand that by signing this application form I certify, under penalty of perjury, that all the children in need of Child Care Assistance are United States citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency immediately of any change in my needs, income, living arrangement or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

RESOURCES – I certify that my family resources do not exceed \$1,000,000 and my family's income does not exceed 85 percent of the state median income for a family of the same size.

SECTION 10. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local Department of Social Services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE SIGNATURE X	DATE SIGNED / /	SECOND APPLICANT'S SIGNATURE X	DATE SIGNED / /
PRINT NAME:		PRINT NAME:	

**RETURN YOUR APPLICATION TO: THE LOCAL
DEPARTMENT OF SOCIAL SERVICES (DSS)
OF THE COUNTY YOU LIVE IN.**

SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION

I CONSENT TO WITHDRAW MY APPLICATION FOR CHILD CARE ASSISTANCE. I understand I may reapply at any time.

SIGNATURE X _____	DATE SIGNED / /
-------------------	--------------------

FOR AGENCY USE ONLY:										
CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR <input type="checkbox"/>	DISTRICT: CASE TYPE: 40	DATE / /	ELIGIBILITY DETERMINED BY	DATE / /	DISPOSITION: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code	DATE / /
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert		ELIGIBILITY DETERMINED BY		ELIGIBILITY APPROVED BY		DATE / /		DATE / /		<input type="checkbox"/> Withdrawal
CHILD CARE AUTHORIZATION FROM DATE / /			CHILD CARE AUTHORIZATION TO DATE / /			COMMENTS:				
L1 CIN:	L4 CIN:	L7 CIN:								
L2 CIN:	L5 CIN:	L8 CIN:								
L3 CIN:	L6 CIN:	L9 CIN:								

NYS Agency-Based Voter Registration Form



"If you are not registered to vote where you live now, would you like to apply to register here today?"

YES (If you check yes, please complete **VOTER REGISTRATION APPLICATION** at bottom of page)

NO because I choose not to register OR

I am already registered at my current address OR

I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

(Signature) _____ (Date) _____

(Please Print Name) _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español de su interés obtendrá este formulario en español, llame al 1-800-367-6882.

中文資料: 若您有興趣填寫中文資料表格, 請電: 1-800-367-6882

한국어: 한국어 신청서 양식을 원하시면 1-800-367-6882 전화로 연락하십시오.

વધુ માહિતી અથવા સહાય માટે અથવા અન્ય સહાય માટે 1-800-367-6882 નંબર પર કોલ કરવું.

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (07/2012)

Yes, I need an application for an Absentee Ballot worker

Yes, I would like to be an Election Day

Please print or type in blue or black ink

1	Are you a U. S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form.		2	Will you be 18 years old on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered NO, do not complete this form unless you will be 18 by the end of the year.		For Board use only!
	3	Last Name First Name Middle Initial Suffix				
4	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village		Zip Code County
5	Address where you get your mail (if different from above)		P.O. Box, star route, etc.		Post Office	Zip Code
6	Date of Birth	7	Sex (circle) M F	8	Home Tel. Number (optional)	
10	The last year you voted		Your Address was (give house number, street and city)			9
	In county/state		Under the Name (if different from your name now)			
11	Choose a party -- Check one box only <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			12	AFFIDAVIT: I swear or affirm that	
					<ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. 	
			→		(Date)	

(Optional) Register to donate your organs and tissues

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Address _____
 Apt Number _____ Zip Code _____
 City _____
 Birth Date _____ Sex M F
 Eye Color _____ Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



Sign

Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729

Telephone: 1-800-463-6872;

TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the **DMV number (driver's license number or non-driver ID number)**, or the **last four digits of your social security number**, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay-check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to *Verifying your identity* above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

Ulster County

Contact: Maria Ruffner

Address: Ulster County Department of Social Services – Temporary Assistance Office
1021 Development Court Kingston, NY 12401

Phone: (845) 334-5316 / (845) 334-5489 (For Applications)

Website: <https://ulstercountyny.gov/social-services/temporary-assistance>

Notes: Ulster County will only pay camp fees for working parents or caretakers who qualify under their low income childcare subsidy program. Eligibility is up to 200% poverty. Camps must be registered with Ulster County and have approval once a client chooses them as a provider. They cannot be approved prior to any clients requesting them. Applications can be obtained by calling our main number (845) 334-5489.

Warren County

Contact: Tracy Terry
Address: Warren County Department of Social Services
Human Services Building
1340 State Route 9
Lake George, NY 12845
Phone: (518) 761-6304
Website: <https://warrencountyny.gov/socserv>

Notes:

Warren County does not provide grants through SSL § 131 (a)(5)(d). However, through the Youth Bureau, all towns have summer programs and send out their own flyers. Additionally, Skye Farm camp in Warrensburg (www.skyefarm.camp.org) is free to children who are referred from preventive or protective services or from their school. Applications for Skye Farm are available from Children's Services at WCDSS or local schools.

Attachments:

- Campership Letter to School and Agency Personnel
- Campership Information
- Campership Referral Report
- Camper Flyer
- Campership Application
- Skye Farm Registration Form



Cornell University
Cooperative Extension

Warren County
Education Center
377 Schroon River Road
Warrensburg, NY 12885-4807

Tel: 518-668-4881 or 518-623-3921
Fax: 518-668-4912
E-mail: warren@cornell.edu
Web: <http://counties.cce.cornell.edu/warren>

January 2021

Dear School and Agency Personnel,

It may be hard to believe, but the process for the 2021 Warren County Residential Campership Program is now underway! It is time to begin making referrals of children who could benefit from a quality summer camping experience. The youth referred must be between the ages of 7 and 16, live in Warren County and be experiencing limited family life, economic hardship or other special circumstances to qualify them for the program. Please note that camp will only occur with the permission from the Department of Health under COVID-19 guidelines, but please send us your referrals as we are hopeful that it will happen.

To have fun in a safe and relaxing environment is just one of the many important benefits to youth who attend the Campership Program. Youth enjoy numerous activities, interact with positive role models and participate in decision making processes, all while increasing their self-esteem and independence.

Cornell Cooperative Extension of Warren County administers the Campership Program on behalf of its funder, the Warren County Board of Supervisors.

For your use, we have attached the following forms and applications associated with the Campership Program:

Summer Camp Flyer & Letter - note that this should be used as your "cover-page" in the packet that you send home to your families.

Referral Report Form* - note that you as the referring agent must complete and sign the referral report form. *If we do not receive this form from you, we cannot accept the application.*

Warren County Campership Application* - the parent/guardian of the child you are referring must complete the application with the exception of the top of the form as your signature is also required there as well.

Camp Registration Form* - to streamline the paperwork process, the parent/guardian of the child you are referring must complete the registration form and return with the application.

*A referral report form, campership application, and registration form must be completed for each child you would like to be considered for an opportunity to attend camp. These forms are due back to our office by Monday, March 1, 2021.

2021 Warren County Campership Information - here you will find some background information on the Campership Program.

Please make as many copies as needed. Also, feel free to pass this message along and inform others within your organization or school about the Campership Program. If you have any questions, you can contact me, John Bowe, at jfb32@cornell.edu or Michele Baker, Campership Coordinator, at mlb222@cornell.edu. We look forward to working with you this year on this important endeavor!

Sincerely,

John Bowe
4-H Youth Development & Family Living Team Coordinator

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension provides equal program and employment opportunities, NYS College of Agriculture and Life Sciences, NYS College of Human Ecology, and NYS College of Veterinary Medicine at Cornell University Cooperative Extension associations, county governing bodies, and U.S. Department of Agriculture, cooperating.



2021 Warren County Campership Information

“To have fun in a safe and relaxing environment is just one of the many important benefits to youth who attend a quality leisure experience through the Warren County Campership Program. At camp youth enjoy numerous activities, interact with positive role models, and participate in decision making processes while increasing skills, their self-understanding, self-esteem and independence.”

Funding for the 2021 Warren County Campership Program has once again been made available for disadvantaged Warren County youngsters nine through fourteen years of age who may be experiencing limited family life, economic hardship and/or other special circumstances. This funding is provided through the Warren County Board of Supervisors and private donations. Cornell University Cooperative Extension administers the program.

All the dollars we receive are truly appreciated to help assist the children. However, if you know of any other funding sources to give additional children a great opportunity, that they may not otherwise receive, please make the contact for us or refer them to us.

Organized camping can be an excellent way to address youth needs. Unfortunately, many Warren County youth lack access to organized camping programs due to fiscal or logistical barriers. For example, the 2000 New York State data shows that 14.5% or 2,149 children under the age of 17 in Warren County are below the poverty level. Also, this data indicates that 3,673 Warren County children below the age of 18 live in single parent homes while 2.9% or 438 children live in high-poverty neighborhoods. The 2020 Campership season was unfortunately cancelled due to the COVID-19 pandemic. However, in 2019, 141 youth were referred to the Campership Program. Due to generous donations and funding from the Warren County Supervisors, we were able to offer a campership to EVERY child referred, with 99 of these children attending. Due to budget constraints, the number of children attending camp in 2021 may be fewer than past years.

This year the location for camp will once again be at Skye Farm Camp (www.skyefarmcamp.com)- just off Northway Exit 24. It will be our 11th year at this site. We work closely with the staff at the camp, to ensure a quality, yet affordable program. If you have any specific questions regarding Skye Farm Camp, we ask that you speak directly with the Camp Executive Director at (518) 494-7170.

All children attending Camp must have had a physical by a physician within the last two years. Any assistance you can provide for those children you refer who have not had recent physicals would be appreciated. If a child is in a grade that does not require a school physical, please see if accommodations can be made for the referred children when the school physician is present.

Transportation can be problematic for some families. Currently the program does not offer transportation. If your agency has a vehicle and staff to be able to transport from your area, this would assist many children and reduce one additional barrier for families.

Selection for this campership program is based on limited family life and/or limited income and/or special circumstances. When based on income, the family income **must be** at a level which makes them eligible for the School Lunch Reduced and Free Program. Limited family life or special circumstances can include many considerations such as, but not limited to, divorce; living with grandparents; death of a family member; separation; parental illness, or foster care placement.

CONTINUED ON BACK

The Application and registration form must be signed and completed in **full** by the parent or guardian. **Please note:** the Referral Report/Medical includes an Immunization Record.

We ask also, that you **do not** refer children to Camp who are emotionally disturbed or have a constant discipline problem.

Applications **will not** be accepted for which a Referral Report has not been **completed** and **signed** by the individual referring the youngster. The reason for this is that we need to have a contact person for each individual. To help the selection process, please give as much information as possible concerning the family life and needs of the applicant. This truly assists us in the selection process.

Please note that camp will only occur with the permission from the Department of Health under COVID-19 guidelines.

All information will be strictly confidential.

You may refer as many children as you like, however, not all may be able to attend. The number of youngsters who will be accepted from any one township is based on the township's population of the current census.

Please return the Application and Referral Reports **before** MONDAY, March 1, 2021 to:

Warren County Campership Program – Confidential
Attn: Michele Baker
Cornell University Cooperative Extension, Warren County
377 Schroon River Road
Warrensburg, NY 12885

Thank you for your time in this matter and your commitment to the youth in Warren County. If you have any further questions, please call us at (518) 623-3291 or (518) 668-4881.

CONFIDENTIAL

REFERRAL REPORT - 2021

CONFIDENTIAL

NOTE: THIS MUST BE FILLED OUT BY THE REFERRING INDIVIDUAL ONLY

Date: _____

CHILD'S NAME: _____ DOB: _____ YEAR IN SCHOOL: _____

(Questions 1 through 4 are very important. Please explain # 1-3 in detail. Use back of paper if more space is needed.)

- 1. Reason(s) for referral: (check all that apply)
 - Abuse/Neglect
 - Family trauma
 - Foster care
 - Grandparent/other relative raising child
 - Health issue of child
 - Health issue of parent(s)
 - Homeless
 - Limited income/economic hardship
 - Limited support system
 - Parent(s) deceased
 - Parent(s) incarcerated
 - Single Parent
 - Unemployed
 - Other _____

Comments regarding family (please be specific)

- 2. Please describe or identify any physical, environmental, or health related limitations that this child may have (Especially in thinking about a rustic camp environment):
- 3. Please list any other pertinent information that will help in evaluating the youngster's acceptance to Camp. (Why do you believe this child should have this opportunity?)
- 4. Please attach a copy of the child's Immunization History, etc. or complete the following. This information is necessary for the child's acceptance in the program. Thank you.

Diphtheria (DtaP, DTP): _____

Poliomyelitis: _____ Tetanus: _____

MMR (measles, mumps, rubella): _____ Varicella _____

Haemophilus Influenza Type b: _____ Hepatitis b _____

Allergies: _____
(food or other)

Recent Exposure to Contagious Disease: _____

This report has been submitted by:

Name (Please print) School or Agency Name Telephone #

(Signature)

E-mail Address

Please attach this form to the "Application" and return together before March 1, 2021 to:

Warren County Campership Program - CONFIDENTIAL
Cornell Cooperative Extension of Warren County
377 Schroom River Road
Warrensburg, NY 12885

Cornell Cooperative Extension and the Warren County Board of Supervisors offer:

SUMMER

2021

Camp

Join us for a FREE
Week of Camping!

SKYE FARM CAMP

1884 East Schroon River Road
Warrensburg, NY 12885

©2021 Cornell University

Dear Parent/Guardian,

I am happy to report that funding is available for camperships thru the Warren County Campership Program. The week-long overnight camp is for children age 7-16! For those of you unfamiliar with this project, funding is provided through the Warren County Board of Supervisors and private donations. Cornell University Cooperative Extension of Warren County administers the program.

This year the children will be given a campership to attend Skye Farm Camp, a residential camp located just off Northway Exit 24 in Warren County. The children selected would attend this camp *free of charge*.

If you are interested in applying for this opportunity, please fill out the enclosed application and registration form and return to me before March 1, 2021. The application will then be forwarded to the camp committee at Cornell University Cooperative Extension Warren County and they will notify you if your child has been selected. All information is strictly confidential. *Please note that camp will only occur with the permission from the Department of Health under COVID-19 guidelines, but please send in your paperwork as we are hopeful that it will happen.*

Please note that your child will need to have had a physical exam within the last 2 years and an up-to-date immunization record to be able to attend camp. Please also be aware that there will be medical forms that need to be completed and signed by your child's physician if they are selected to attend camp.

If you have any questions, please feel free to contact the Campership Coordinator at Cornell University Cooperative Extension directly at mlb222@cornell.edu or 518-623-3291 or 518-668-4881.

WARREN COUNTY CAMBERSHIP APPLICATION

CONFIDENTIAL

This is only an application. Your child has not been accepted unless you are otherwise notified.

Please note: Camp will only occur with the permission from the Department of Health under COVID-19 guidelines.

For Warren County boys and girls, 7 - 16 years of age only.

*Please return by: March 1, 2021

This child has been referred by: _____
(Please print)

Referrer's Telephone: _____

Referrer's Email: _____

(Signature)

CHILD'S NAME: _____

AGE: _____ DOB: _____

ADDRESS: _____

M _____ F: _____ GRADE: _____

SCHOOL: _____
TOWNSHIP: _____

CHILD'S TELEPHONE: _____

MOTHER'S NAME: _____

TELEPHONE: (Home) _____

MOTHER'S ADDRESS: _____

(Work) _____

(Cell) _____

FATHER'S NAME: _____

TELEPHONE: (Home) _____

FATHER'S ADDRESS: _____

(Work) _____

(Cell) _____

GUARDIAN'S NAME: _____

TELEPHONE: (Home) _____

GUARDIAN'S ADDRESS: _____

(Work) _____

(Cell) _____

If telephone given above is not at the address noted, please explain: _____

***A TELEPHONE NUMBER WHERE A PARENT OR GUARDIAN CAN BE REACHED MUST BE GIVEN.*
*THE CHILD'S APPLICATION CANNOT BE ACCEPTED IF THE NUMBER IS OMITTED.***

Has the child been awarded a Warren County Campership before? _____ Yes _____ No

Number of people in family: _____

What is your Total Family Income before deductions? Include wages/salaries, public assistance payments, pensions, social security, supplementary income, interest on savings or bonds, unemployment compensation, veteran's payments, alimony, child support, and other cash income of all family members in the home. Do not deduct income taxes, social security taxes, health insurance, etc. (Acceptance is not solely based on this information.)

Weekly: _____ or Monthly: _____ or Yearly: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

RULES FOR ACCEPTANCE AND PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO SEX, RACE, COLOR, NATIONAL ORIGIN, OR ECONOMIC SITUATION.

2021 ONY CAMP & RETREAT MINISTRIES **SUMMER CAMP REGISTRATION FORM**

Skye Farm Camp and Retreat Center

Reminder!
It's easy to register online at
CAMPANDRETREATS.ORG

FAMILY INFO

NAME OF CAMPER: _____

CAMPER ADDRESS (Street, City, Zip): _____

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Occupation: _____ Occupation: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell/Pager Number: _____ Cell/Pager Number: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____
(if different than camper) (if different than camper)

Name of Church: _____ City: _____ Denomination: _____

Sponsoring church/agency responsible for payment: _____ Amount (if known): \$ _____

CAMPER INFO

Date of Birth: _____ Male Female

Age at Camp: _____ Grade Entering: _____

Camper E-mail: _____

Camper T-shirt size (pick 1) **CHILD:** Sm Med Lg **ADULT:** Sm Med Lg XL XXL

Cabinmate Request: _____
(if possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)

Camper resides with: Mother Father Both Other: _____

Notes for leaders to help my child have a super week: Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

I first heard about camp through: Church Brochure Website
 Family Friend Newspaper Other: _____

CHOICES

please list your top

3

Dates: (ex. 06/12-06/18) _____ Program Name: (ex. Game Crazy) _____ Site: Skye Farm

1. _____

2. _____

3. _____

DISCOUNTS & PAYMENT

SCHOLARSHIP RECIPIENT

Your week of camp has been paid fully for by the Warren County Board of Supervisors and through private donations.

- \$ _____

+ \$ _____

Total \$ _____

Amount Enclosed* \$ _____

Balance Due \$ _____

SIGN

PARENTAL/GUARDIAN PERMISSION

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

FOR OFFICE USE ONLY CAMPER NAME Postmark Date RFD

Washington County

Contact: Services Intake Worker

Address: Washington County Department of Social Services
383 Broadway, Building B
Fort Edward, NY 12828

Phone: (518) 746-2300

Website: <https://www.washingtoncountyny.gov/517/Social-Services>

Notes: Must be determined eligible for Family Assistance. Application is made on Form LDSS 2921

Attachments:

- LDSS 2921 English: <http://otda.ny.gov/programs/applications/2921.pdf>
- LDSS 2921 Spanish: <http://otda.ny.gov/programs/applications/2921-SP.pdf>

Wayne County

Contact: Angela Switzer, Head Welfare Examiner
Address: Wayne County Department of Social Services
P.O. Box 10, 77 Water Street Lyons, NY 14489
Phone: (315) 946-7602
Fax: (315) 946-7625
Email: Angela.Switzer@dfa.state.ny.us

Notes: Eligibility is determined through filling out an application for public assistance with current information. All that is required from parent/guardian is a signed statement making the request.

Westchester County

Contact: Dawn Li Gregni

Address: Westchester County Department of Social Services

Mount Vernon Office: 100 East First Street Mount Vernon, NY 10550-3442

Peekskill Office: 750 Washington County Peekskill, NY 10566-5499

White Plains Office: 85 Court Street White Plains, NY 10601-4201

Yonkers Office: 131 Warburton Avenue Yonkers, NY 10701

Phone: (914) 995-1578

Email: dawn.ligregni@dfa.state.ny.us

Website: <https://socialservices.westchestergov.com/>

Notes: Westchester County has been funding Camp Morty for several years. Camp Morty was originally a one-week sleep away camp that was originally designed for Foster children but in recent years has been opened to serving other families that have been receiving services through the Department of Social Services. Last year, Camp Morty was provided through a virtual platform and no announcement has been made yet about the 2021 season.

- For children in Foster Care \$400.00 weekly for overnight and \$200 weekly for day camp for a maximum of 8 weeks
- For children in preventive cases the county will pay \$500.00 dollars.

Wyoming County

Contact: Jessica VanDerlaske

Address: Wyoming County Department of Social Services
466 North Main Street
Warsaw, NY 14569

Phone: (585) 786-8900 ext. 6145

Fax: (585) 786-8925

Email: Jessica.vanderlaske@dfa.state.us.ny

Website: <https://www.wyomingco.net/205/Social-Services>

Notes: To be eligible, child must be recipient of public assistance. There is no specific social service's camp application. Eligible youth submit camp information to staff.

Yates County

Contact: Amy Miller

Address: Yates County Department of Social Services
417 Liberty Street Penn Yan, NY 14527

Phone: (315) 536-5183

Fax: (315) 536-5168

Email: ycdss@yatescounty.org

Website: <https://www.yatescounty.org/317/Social-Services>

Notes: Families in need should contact the Department of Social Services with requests. Funding may be provided through Temporary Assistance, Child Care Assistance, or other flexible funds.

Legal Resources

Social Service Law § 131 (a)(5)(d)

5. Notwithstanding any other provisions of this chapter or to other law, a social services official may make provisions for the following items and services:

...

d. camp fees when funds cannot be obtained from other sources for children receiving aid to dependent children assistance not in excess of maximum fees as established by regulations of the department...

18 NYCRR 352.7 (i)

- (i) Camp fees. When funds cannot be obtained from other sources, camp fees may be paid for children receiving ADC not in excess of total cost of \$400 per annum, in amounts not to exceed \$200 per week

Attached:

05 INF24, p. 8: <https://otda.ny.gov/policy/directives/2005/INF/05-INF-24.pdf>

00 INF15, Q. 5 (Definition of summer camp):
<https://otda.ny.gov/policy/directives/2000/INF/00inf15.pdf>

01 INF11, Q. 4 (Child on SSI not eligible for camp fees):
https://otda.ny.gov/policy/directives/2001/INF/01_INF-11_attach.pdf

07 INF-14, Q. 14 (Child Only Questions and Answers) (using Flexible Fund or Family Services to pay for Summer Camp): <https://otda.ny.gov/policy/directives/2007/INF/07-INF-14.pdf>

GIS TA/DC010 (4/10/02) (Camp Fees and No-Federally Participating Safety Net):
<https://otda.ny.gov/policy/gis/2002/02DC010.rtf>

00 OCFS INF-3 (Child Care Subsidies for School Age Children During the Summer):
https://ocfs.ny.gov/main/policies/external/OCFS_2000/INFs/00-OCFS-INF-03%20Child%20Care%20Subsidies%20for%20School%20Age%20Children%20During%20the%20Summer.pdf

06 GIS TA/DC023 (7/10/06) (Camp Fees): <https://otda.ny.gov/policy/gis/2006/06dc023.rtf>



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001**

Eliot Spitzer
Governor

David A. Hansell
Commissioner

Informational Letter

Section 1

Transmittal:	05-INF-24 (<i>re-issue</i>)
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	September 28, 2007 (<i>original issue date - November 9, 2005</i>)
Subject:	Temporary Assistance Policy: Non-parent Caregiver Cases and Temporary Assistance (TA)
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors Medicaid Directors Staff Development Coordinators Child Support Coordinators
Contact Person(s):	TA Policy Questions: Cash Assistance Bureau at 1-800-343-8859 extension 4-9344 Medicaid: Upstate Regional representatives at (518) 474-8887 New York City representatives at (212) 417-4500
Attachments:	none
Attachment Available On – Line:	<input type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 INF-12 01 ADM-4 00 INF-6 99 ADM-5 91 ADM-3 87 ADM-51		351.1(b)(2) 351.2a 352.5 352.29(e) 352.31(d)(e) (f) 352.7(i) 370.3 372 384		TASB 14-B-2; FSSB Section 18	GIS 02 TA/DC 010

Section 2

OTDA 05-INF-24 (*reissue*)
(Rev. 9/2007)

www.grandparentagain.com

www.parentsagain.com

www.aard.com

<http://aging.state.nv.us>

www.grandparentsforchildren.org

www.grandparentsrightslaw.com

- Non-parent caregivers who are caring for child (ren) whose parents are disabled or deceased should apply for Social Security benefits on behalf of the child (ren). If the non-parent caregiver adopts the child(ren), they may be able to add the child(ren) to their Social Security benefit claim.
- Camp fees can be utilized to provide respite for non-parent caregivers. When funds cannot be obtained from another source, camp fees can be paid for children who are in receipt of federally funded Family Assistance (FA) and Safety Net Assistance – Federally Participating (SNA-FP). The amount that may be authorized is established at \$400.00 per year, not to exceed \$200.00 per week (GIS 02 TA/DC 010, dated 4/10/02).

Local District Initiatives

Several local districts have recognized the need to explore alternative procedures for non-parent caregiver cases. The following are examples of initiatives that these local districts are either exploring or have implemented. If your district is interested in more information on any of the initiatives listed, contact the Cash Assistance Bureau at 1-800-343-8859 extension 4-9344.

- Contract with an outside agency to provide case managers to work full time with non-parent caregiver cases. The case managers meet with each family to assess the household's situation, family history, educational issues and substance abuse issues. Once an assessment is made, referrals are made to appropriate providers and the case managers continue to monitor the family.
- Establish a separate caseload for the non-parent caregiver cases. Generally, this is an easier caseload for districts to manage. This allows districts to streamline services to this population.
- Establish a network of resources for non-parent caregiver cases. These include student advocacy services, respite services, support groups for the child(ren) and the non-parent caregiver and charities that could help with the cost of sports equipment, clothes, school trips etc.
- Establish a local district website that lists resources available to non-parent caregivers.
- Provide in-service training for children and family services workers to educate them on what the TA benefits are and the process of applying. Along with this, one local district has developed a packet of information for their services caseworkers to give to non-parents caregivers.

Note: Districts must be mindful that client compliance is only mandatory with eligibility requirements articulated in office regulations and therefore non-compliance with service-related referrals or case management activities not specified in office regulations cannot be required as a condition of eligibility.

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-15

TO: Commissioners of
Social Services

DIVISION: Temporary
Assistance

DATE: July 24, 2000

SUBJECT: Temporary Assistance Questions and Answers

SUGGESTED

DISTRIBUTION: Temporary Assistance Staff
Food Stamp Staff
Directors of Services
Staff Development Coordinators
CAP Coordinators

CONTACT PERSON: Call 1-800-343-8859 and ask for the following:
Central Team, Extension 4-9344.

ATTACHMENTS: Questions and Answers (Available on line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
99 ADM-2					
99 LCM-20					94 ES/DC039
99 INF-15					
97 ADM-23					
97 ADM-07					
95 INF-19					
94 INF-45					
94 ADM-11					
94 ADM-10					
93 ADM-20					
93 ADM-13					
90 ADM-18					

GENERAL

1. Q. Are districts required to provide the Client Information Books I, II and III, and the Supplements to all applicants for Temporary Assistance (TA)?
 - A. Yes, Client Information Books must be mailed or given with the application (and recertification). Please see the Public Assistance Source Book (PASB) IV-B-1 and V-B-2.
2. Q. Can a college student who lives on campus be considered temporarily absent from a Family Assistance (FA) case? If so, are there any time limits for the eligibility?
 - A. Yes, a college student may be considered temporarily absent from the FA household. However, they must continue to comply with all eligibility requirements, including employment requirements.
3. Q. Can a non-applying stepparent charge a stepchild rent?
 - A. No. Aside from the shelter considered in the stepparent deeming process, the stepparent married to the child's natural or adoptive parent is legally responsible for the stepchild under 21 years of age.
4. Q. If a recipient contacts the district prior to the effective date of a timely notice and promises to cooperate after the effective date of the notice and then fails to comply, does the action of the original timely notice become effective?
 - A. No. A recipient must comply by the effective date of the notice. There must be demonstrated good cause to reactivate the case after the negative action has been taken.
5. Q. What is the definition of a summer camp?
 - A. A Summer camp is defined in Public Health Law 225. Summer camps are broken into three categories. Summer day camps, a place occupied at least five days a week between June 1 and September 15 by children under 16 years of age, primarily for the purpose of outdoor organized group activities, for a period less than 24 hours a day, on any day the property is occupied. A children's traveling summer day camp operates for a period of less than 24 hours on any day between May 15 and September 15, and transports children under 16 years of age on a regular schedule to any place primarily for the purpose of organized group activity. A children's overnight camp is a place occupied by children under 18 years of age for the purpose of organized activities and for which provisions are made for overnight occupancy of more than 72 continuous hours.
6. Q. What is the category of a relative (other than the parent) who is applying for assistance and residing in a household containing a child and the child's natural or adoptive parent?

Temporary Assistance Questions and Answers

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Sanction/IPV.....	Page 11
Overpayment/Underpayment.....	Page 16
Resources.....	Page 18
Income/Budgeting.....	Page 19

3. Q. Does an individual gain residency while in jail or prison?

A. An individual does not gain residence while in jail or prison, regardless of who regulates the facility. The district in which the inmate was residing at the time of the incarceration remains fiscally responsible for him/her unless upon release he/she chooses to remain in the district where the facility is located. If upon release, the facility or the court orders the inmate into a medical facility (e.g. a drug and/or alcohol treatment facility), the responsibility remains with the former district until there is a break in assistance of one calendar month. This includes a VA run hospital, not including a Domiciliary. If the inmate is released from jail or prison and goes to the district in which the facility is located with an emergency, the "where found" district must meet the immediate need. The conditions of the release must always be reviewed prior to granting assistance (e.g. release, conditional release, probation, etc.)

4. Q. Can Temporary Assistance (TA) authorize payment of camp fees for a SSI child?

A. No, SSL 131(a)(6)(d) and 18 NYCRR 352.7(I) state that the child must be in receipt of FA in order to be eligible for the payment of camp fees.

5. Q. Does the addition of a newborn to an active case require an application, whether the social services district (SSD) was notified of the pregnancy or not?

A. No, however, if the newborn's father lives in the home and is not receiving TA, he must complete and sign an application. Assuming that the family is eligible, the father can be added to the mother's case.

6. Q. Is a TA application required for a child released from Foster Care (FC) to a TA household?

A. No.

7. Q. Is a SSD required to pay for transportation for a TA parent to visit his/her child in foster care?

A. Yes, provided the services plan for the child requires the TA parent to travel to visit the child while the child is in foster care. A district can pay for the costs of travel through EAF 18 NYCRR 372.4(d) under services necessary to cope with the emergency which cannot be met by other means. In this case, the need cannot be met under the TA parent's category of assistance.



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001**

Eliot Spitzer
Governor

David A. Hansell
Commissioner

Informational Letter

Section 1

Transmittal:	07-INF-14
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	September 28, 2007
Subject:	Child Only Questions and Answers
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors Medicaid Directors Staff Development Coordinators Child Support Enforcement Coordinators
Contact Person(s):	Temporary Assistance Policy Questions: Bureau of Temporary Assistance at 1-800-343-8859 extension 4-9344 Medicaid: Upstate Regional representatives at (518) 474-8887 New York City representatives at (212) 417-4500 Food Stamp Questions: Food Stamp Bureau (518) 473-1469
Attachments:	None
Attachment Available On – Line:	<input type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
07 ADM-04 05 INF-24 05 INF-12 04 ADM-05 03 INF-22 01 INF-12 01 ADM-4 00 INF-6 99 ADM-5 97 ADM-23 91 ADM-3 91 INF-12 87 ADM-51		350.3(a) 351.1(b)(2) 351.2a 352.5 352.7(i) 352.29(e) 352.31(d)(e) (f) 352.7(i) 369.2(i) 370.3 372 381.7 384		TASB 14-B-2 FSSB Section 18	GIS 02 TA/DC010

who is not applying. This was done to provide consistent terminology among state and local offices as well as other entities (for example, family courts, schools, faith based) that are involved with these cases.

14. Q. To help local districts with the large child only population is there a way to assist in paying tuition for summer camps?

A. 18 NYCRR 352.7(i) gives local districts the option to offer an allowance for camp fees. When funds cannot be obtained from other sources, camp fees may be paid for children receiving FA or SNA-FP not in excess of total cost of \$400 per child per annum, in amounts not to exceed \$200 per week.

Flexible Fund for Family Services (FFFS) funds may be used to pay for the cost of summer camp tuition. Districts would include funds allocated to camp tuition in their FFFS plan on the TANF services program line. For the 2007-08 plan year, districts are required to break out services provided on the TANF services project summary page of their plans. These funds and projected numbers to be served must be included on the Specialized Services for Children line of the form. Finally, Districts using FFFS funds to provide camp fees must report monthly on their TANF Services Projects on the 2007-08 FFFS Performance Report. (Please see 07 ADM-04 for additional information on the 2007-08 FFFS.)

15. Q. For child only cases in which the parent is an SSI recipient, does the local district use Individual Category Code 09 - FA/SN/LIF Child (No deprivation) or SCC Single Individual or Childless Couple (Not aged or disabled) or 13 - FA/SN/LIF Dependent relative?

A. For federal reporting requirements, it was determined that local districts must use Individual Category Code "09" for all reportable non-applying household members. (See 01 ADM-4.)

16. Q. What are the Automated Finger Imaging System (AFIS) requirements when it comes to non-parent caregivers?

A. There are no TA AFIS requirements for non-applying non-parent caregivers. (See 05 INF-24.)

17. Q. Which local district is fiscally responsible for a child when he/she is court-ordered to live in another county?

A. The district of fiscal responsibility would depend on the intent of the order. If the court order places the child with a relative or guardian on a temporary basis with periodic reviews (often once a year) then the child remains the responsibility of the placing district. According to Social Services Law 62.5(b), if the child is discharged (placed permanently) with the relative or legal guardian, then the district in which the child is living with the relative or legal guardian becomes the district of fiscal responsibility and the transition rule Social Services Law 62.5(a) would apply. (For further information see 97 INF-6.)

18. Q. Can a lien be placed against a child's inheritance if it cannot be accessed right away?

A. A lien can not be placed against a child's inheritance.

GENERAL INFORMATION SYSTEM
DIVISION: Temporary Assistance

April 10, 2002

Page: 1

TO: Commissioners; TA Directors; FS Directors; MA Directors; WMS Coordinators; CAP Coordinators, Services Directors, and Finance Directors

FROM: Patricia A. Stevens, Deputy Commissioner, Division of Temporary Assistance

SUBJECT: Camp Fees and Non-Federally Participating Safety Net Assistance

EFFECTIVE DATE: Immediately

CONTACT PERSON: Central Team (TA) at 1-800-343-8859; extension 3-9344, Eastern Team (FS); extension 3-1469, Western Team (HEAP); extension 3-0332.

Medicaid contacts: Local District Liaison at (518) 474-8216, or, for New York City, (212) 268-6855.

The purpose of this GIS is to remind districts that camp fees must not be paid on cases where the children are recipients of temporary assistance (TA) under either the cash or non-cash components of non-federal categories of Safety Net Assistance (SNA-FNP). These include households who receive SNA-FNP because they have reached their State 60-month time limit, and are no longer eligible to receive TA under Family Assistance (FA) or federally participating SNA (SNA-FP). Social Services Law 131-a (5)(d) requires districts to provide payment for camp fees for children receiving Aid to Dependent Children (FA and SNA-FP), when funds cannot be obtained from other sources. The amount that may be authorized is established by Office Regulations 18 NYCRR 352.7(i) at \$400 per year, not to exceed \$200 per week.

To meet the requests for camp fees by those families receiving TA under SNA-FNP, districts may elect to provide information to them on other sources of funding, or provide referrals to locally available programs that pay summer camp costs. Examples of these programs may include faith-based groups and organizations, professional social organizations, local schools or colleges, police, fire and rescue worker benevolent groups, unions, businesses, etc.

If the summer camp is meeting a child care need while the parent participates in a district-approved or required activity, camps that provide less than 24-hour services are a possible additional source of available day care slots for any TA recipient (whether FP or FNP). Please refer to 00 OCFS INF-3, "Child Care Subsidies for School Age Children During the Summer" for further information on this subject.

OFFICE OF CHILDREN AND FAMILY SERVICES

INFORMATIONAL LETTER

TRANSMITTAL: 00 OCFS INF-3

TO: Commissioners of Social Services
 DIVISION: Development and Prevention Services

DATE: April 7, 2000

SUBJECT: Child Care Subsidies for School Age Children During the Summer

SUGGESTED

DISTRIBUTION: Directors of Social Services
 Directors of Income Maintenance
 Child Care Supervisors and Staff
 Planning Coordinators
 Accounting Coordinators
 Staff Development Coordinators

CONTACT PERSON: Paula Vielkind (518)402-6520, USERID 90A167
 Bureau of Early Childhood Services

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INPs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
99 OCFS- LCM-28		415			
99 OCFS- LCM-29					
00 OCFS- LCM-2					

Date April 7, 2000

Trans. No. 00 OCFS INF-3

Page No. 2

The purpose of this release is to provide local social services districts with information on the continued use of New York State Child Care Block Grant (NYSCCBG) subsidy funds for summer programming for school age children.

BACKGROUND

The State Budget for State Fiscal Year 1999-2000 contained significant increases in funding for child day care subsidies. In making those increases, the Budget language highlighted the importance of continuing to meet the needs of low income and temporary assistance families, including responding to their needs for care during non-traditional hours as well as care for school age children during school vacations. Child care subsidy funds under the NYSCCBG are specifically designed to provide districts the flexibility to meet these and other emerging needs of temporary assistance and low income families.

PROGRAM INFORMATION

As the summer season approaches, districts are encouraged to outreach to parents already on subsidy to alert them to the potential need to change the hours of child care or to seek additional arrangements for child care while school is not in session. Care may also be needed during the summer months for other school age children in the case who did not receive care while school was in session. Parents should be made aware that it is important to arrange for summer care early. Many summer programs begin enrollment in the early spring and slots fill up quickly.

Districts are also encouraged to outreach to the community to open new cases. Districts may designate such cases that have been newly opened for the purpose of summer care to be the first priority for case closings if available subsidy funds would not support the annualization of this expanded caseload.

Alternately, districts have the option of submitting an amendment to the Child Care section of their Consolidated Services Plan which would stipulate that a specific amount of NYSCCBG funds be a priority set-aside to address summer school age child care needs. This set-aside could only be used to meet summer school age child care needs. Cases opened as part of this set-aside would not automatically be continued beyond the summer program period. Districts would be encouraged to provide these families with information about the availability of continued subsidy support for the school year.

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Child care resource and referral agencies and other community resources can be accessed to assist parents plan for and locate appropriate child care services. Parents should be afforded adequate time to arrange for appropriate care. In addition, district procedures should allow ample time for parents to arrange for child care for the new school year once summer vacation is over.

Legally-exempt providers meeting the health and safety requirements in 18 NYCRR Part 415 are eligible to receive reimbursement for child care services under the NYSCCBG. Summer day camps provide an additional source of available slots for parents during the school summer vacation. Note that summer day camps operating in compliance with New York State Department of Health requirements do not have to complete the Facility Safety Checklist section of the Legally-Exempt Group Child Care Program Enrollment form. The other health and safety requirements issued by the Office of Children and Family Services are applicable and those sections of the enrollment form must be completed.

The rate of payment for caregivers of legally-exempt group child care is the actual cost of care up to the applicable market rate for day care center providers as set forth in 00 OCFS ADM-1.

Overnight summer camps are not eligible to receive NYSCCBG funds, since care provided for 24 hours a day does not meet the definition of child care services.

In assessing the funding available for summer programs, each district should compare its level of expenditures against its NYSCCBG allocation. The district should include its Federal fiscal year NYSCCBG allocation issued in 99 OCFS LCM-28 dated September 30, 1999 and 00 OCFS LCM-02 dated February 8, 2000 and any rollover of unspent funds that they may have from the period ending September 30, 1998. If there are questions concerning claiming under the NYSCCBG or the amount of funds available, please contact the Office of Temporary and Disability Assistance, Bureau of Financial Services:

Regions 1-4 - Roland Levie at 1-800-343-8859, extension 4-7549 or dial direct (518) 474-7549; User ID #FMS001.

Region 5 - Marvin Gold at (212) 383-1733; User ID #OFM270.

Donald K. Smith
Deputy Commissioner

GENERAL INFORMATION SYSTEM
DIVISION: Employment & Transitional Supports

July 10, 2006

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TO: Commissioners; TA Directors; FS Directors; Medicaid Directors; WMS Coordinators;
CAP Coordinators, Services Directors, and Finance Directors

FROM: Russell Sykes, Deputy Commissioner, Division of Employment and Transitional
Supports

SUBJECT: Camp Fees

EFFECTIVE DATE: Immediately

CONTACT PERSON: Temporary Assistance Bureau (TA) at 1-800-343-8859; extension 4-
9344

This GIS has two purposes:

- First, to reiterate TA policy that an allowance for camp fees may be provided for children when funds cannot be obtained from other sources. However, camp fees may only be paid for children in receipt of Family Assistance (FA) and federally participating Safety Net Assistance (SNA-FP). Camp fees must not be authorized for cases where the children are recipients of temporary assistance (TA) under either the cash or non-cash components of non-federal categories of Safety Net Assistance (SNA-FNP). These cases include households that receive SNA-FNP because they have reached their State 60-month time limit, and are no longer eligible to receive TA under Family Assistance (FA) or federally participating SNA (SNA-FP). Camp fees also must not be authorized on behalf of children in receipt of Supplemental Security Income (SSI) who are members of FA or SNA-FP households.
- Second, to correct a GIS issued on April 10, 2002 (GIS TA/DC010) which stated that Social Services Law (SSL) §131-a (5) (d) requires districts to provide payment for camp fees for children receiving Aid to Dependent Children (FA and SNA-FP), when funds cannot be obtained from other sources. This is not correct. SSL §131-a (5) (d) states that a district "may make provisions" for issuing camp fees. Although a district is not required to issue camp fees, once a district determines to offer camp fees as an additional allowance, the authorization of camp fees must not be limited only to certain FA or SNA-FP cases. The amount per eligible child that may be authorized is established by Office Regulations, 18 NYCRR §352.7(i) at \$400 per year, in amounts not to exceed \$200 per week.