|  |  |
| --- | --- |
|  **Attachment 2** New Jersey Department of Children and Families Children’s System of Care (CSOC) **Summer Camp Providers** **program component form**  | Version:1-25-18 |

|  |
| --- |
| In the box below, place a check in either Camp-Day or Camp-Overnight (one box per form).If the camp has multiple locations, a separate form is required for each site location. |
| **Type** (please check) | **Authorized Unit of Service**  | **Maximum Rate per Unit**  |
| [ ]  Camp – Day  | Standard: | Up to 10 days per youth per summer season  | $ 80 per day  |
| [ ]  Camp – Overnight  |  Standard: | Up to 6 nights per youth per summer season | $ 133 per night  |
| Camp Name:  |       |  |  |
| Camp Site Address: |        |
| Program Lead:  | Name: |       | Title: |       |
|  | Phone: |       | Fax: |       |
|  | Email: |       |
| Number of Youth Able to Serve:  |       | Staffing Ratio: |       |
| Ages Served:  |       |
| Operational Timeframe:  | Start Date:  |       |  End Date: |       |
| Operation Days & Hours  | From: AM (enter time below) | To: PM (enter time below) |
| * Sunday
 |  |  |  |  |
| * Monday
 |  |  |  |  |
| * Tuesday
 |  |  |  |  |
| * Wednesday
 |  |  |  |  |
| * Thursday
 |  |  |  |  |
| * Friday
 |  |  |  |  |
| * Saturday
 |  |  |  |  |
| Counties Served:  | [ ]  Atlantic | [ ]  Cumberland | [ ]  Hunterdon | [ ]  Morris | [ ]  Somerset |
| [ ]  Bergen | [ ]  Essex | [ ]  Mercer | [ ]  Ocean | [ ]  Sussex |
| [ ]  Burlington | [ ]  Gloucester  | [ ]  Middlesex  | [ ]  Passaic  | [ ]  Union  |
| [ ]  Camden | [ ]  Hudson | [ ]  Monmouth | [ ]  Salem | [ ]  Warren |
|  | [ ]  Cape May |  |  |   |  |

Transportation Provided: Youth transport is allowed; however, additional funds will not be provided.

|  |  |  |  |
| --- | --- | --- | --- |
|  [ ]  Yes  | [ ]  No  |  Type: |       |

Bilingual Services Offered:

|  |  |  |  |
| --- | --- | --- | --- |
|  [ ]  Yes  | [ ]  No  |  Languages: |       |

Site has a Youth Camp Safety Act Certificate of Approval issued by Department of Health: (attach copy)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  [ ]  Yes  | [ ]  No  |  Camp ID Number: |       | Date Issued:  |       |  Status: |       |