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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Attachment 1**  New Jersey Department of Children and Families  Children’s System of Care (CSOC)  **Summer Camp**  **agency data information form** | | | | | | | | | | | | | | Rev. 12-19-22 |
|  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | Date: | | | |  | | | |
| **PLEASE TYPE OR PRINT LEGIBLY** | | | | | | | | | | | | | | | | |
| **▶ AGENCY/CORPORATE DATA** | | | | | | | | | | | | | | | | |
| Agency Name: | | | | |  | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |
| County (corporate location): | | | | |  | | | Agency Type: | | | Non Profit  For Profit | | | | | |
| Agency ID Numbers: | | | | | | | | | | | | | | | | |
| * FEIN (9-digit): | | | | |  | |  | | | | | | | |  | |
| * UEI (12-digit): | | | | |  | |  | | | | | | | |  | |
| * NJSTART (9-digit): | | | | |  | |  | | | | | | | |  | |
|  |  | | | | | |  | | |  | | | | | | |
| **▶ AGENCY CONTACTS** | | | | | | | | | | | | | | | | |
| ceo -or-  executive director: | | | | Name: | |  | | | | | | | | Title: |  | |
| Phone: | |  | | | | | | | | Fax: |  | |
| Email: | |  | | | | | | | |  |  | |
| Address: | |  | | | | | | | | | | |
|  | | | |  | |  | | | | | | | |  |  | |
| Contract:  Handles all questions pertaining to the contract and funded programs. | | | | Name: | |  | | | | | | | | Title: |  | |
| Phone: | |  | | | | | | | | Fax: |  | |
| Email: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Camp Program #1:  **Individual who will receive authorizations list from PerformCare. Handles all questions regarding camp operations.** | | | | Name: | |  | | | | | | | | Title: |  | |
| Phone: | |  | | | | | | | | \* Cell: |  | |
| Email: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Camp Program #2:  Assistant to Camp Program #1 listed above. | | | | Name: | |  | | | | | | Title: | | |  | |
| Phone: | |  | | | | | | Fax: | | |  | |
| Email: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| census/billing:  Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. | | | | Name: | |  | | | | | | Title: | | |  | |
| Phone: | |  | | | | | | Fax: | | |  | |
| Email: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |