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|  | **Attachment 1**New Jersey Department of Children and FamiliesChildren’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: |       |