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| **Attachment 2**  New Jersey Department of Children and Families  Children’s System of Care (CSOC)  **Summer Camp**  **program component form** | | | | | | | | | | | | | | | | | | | | | | |
| A separate form is required for each location and/or each camp session.  In the box below, place a check in either Camp-Day or Camp-Overnight (one box per form). | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | |
| Alternative Recreational  Sessions | | | Standard: Up to 20 sessions per youth per summer season | | | | | | | | | | | | | | | | | $ 40 per session | | |
| 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: |  |