



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
PO BOX 716
TRENTON, NJ 08625-0716

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SARAH ADELMAN
Commissioner

NATASHA JOHNSON
Assistant Commissioner

2022 Summer Youth Camp Financial Assistance Application

Parents interested in applying for financial assistance through their child's summer youth camp must complete this application. To be considered the child/family must not be receiving child care assistance from the NJ Child Care Assistance Program or any other publicly funded child care program and their household income cannot exceed \$100,000 per year.

SUMMER CAMP PROGRAM INFORMATION

Form with fields: COUNTY, NJCCIS ID, CAMP ID, PROGRAM NAME, DIRECTOR NAME, PHONE, EMAIL

APPLICANT INFORMATION

Form with fields: LAST NAME, FIRST NAME, EMAIL, PHONE

HOUSEHOLD INCOME INFORMATION:

Indicate your total household income (choose one and fill in applicable amount): ___ Annual ___ Monthly ___ Weekly

Check proof of income document provided to verify income:

- Pay Stubs, 2021 W-2 or 1099, 2021 Official/Registered Tax Transcript, SSI, Other Income, Employer Income Letter (new employment only)

CHILD INFORMATION Date of Service

Table with columns: Last Name, First Name, Date of Birth, To, From

I hereby confirm that the information provided above is true, accurate and complete to the best of my knowledge. I hereby confirm my youth camp cost was either reduced or paid in full through the youth camp grant. I understand that any falsification, omission, or concealment of material fact may jeopardize financial assistance provider and that the Department of Human Services, Division of Family Development may share this information with federal, state and government agency or designee for audit and monitoring purpose of public funds. I understand this information is necessary to authorize payment in connection with federal, state and local public funds. I understand this document is subject to an audit and must remain on file and safeguarded at the youth camp for a minimum of three (3) years.

GRANT AMOUNT AWARDED TO PARENT: \$ _____

Parent Guardian Signature: _____ Date: _____

Youth Camp Director/Operator Signature: _____ Date: _____