

FOR YOUR INFORMATION

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Issue 17-21

Date: 07/26/17

2017 SUMMER CAMBERSHIP PROGRAM ENROLLMENT PROCESS

The Department of Children and Family Services (DCFS) Summer Campership Program provides financial support for our foster youth to attend a camp during the summer. Camps are administered by outside agencies at off-site locations. The DCFS Children's Trust Fund Unit (CTFU) provides oversight of the Campership Program to ensure the necessary internal controls that were put in place are followed and in compliance with County fiscal policies and procedures. Specifically, the DCFS CTFU coordinates the pre- and post-planning activities of the campership program, including the summer camp selections and camp fairs hosted by regional offices, where camp representatives provide information to caregivers and enroll children in the camps. The CTFU also assists with the application, child/youth eligibility verification and approval process.

DCFS will pay for a child **to attend one summer camp per year** up to **\$350.00 per child for a five-day, overnight program**. Payment for camps will be handled through the Special Payment process (DCFS Form 5540) with checks provided to caregivers to pay camps directly.

CAMPERSHIP FAIRS

DCFS hosted Campership Fairs in the following Regional Offices/Locations:

TUESDAY, June 6, 2017 2:00 p.m. to 6:00 p.m.	PASADENA OFFICE	532 E. Colorado Blvd., Pasadena, CA 91101
WEDNESDAY, June 7, 2017 9:00 a.m. to 4:00 p.m.	COMPTON OFFICE	11539 Hawthorne Blvd., 1 st Flr. Conference Room, Hawthorne, CA 90250
THURSDAY, June 8, 2017 10:00 a.m. to 4:00 p.m.	BELVEDERE OFFICE	5835 S. Eastern Ave., 2 nd Flr. Commerce, CA 90040
MONDAY June 12, 2017 10:00 a.m. to 4:00 p.m.	PALMDALE OFFICE	39959 Sierra Highway Sierra Conference Room Palmdale, CA 93550
TUESDAY, June 13, 2017 10:00 a.m. to 4:00 p.m.	ZION HILL BAPTIST CHURCH	78610 10 TH Ave. Los Angeles, CA 90043
WEDNESDAY, June 14, 2017 10:00 a.m. to 4:00 p.m.	CHATSWORTH	20151 Nordhoff St. Chatsworth, CA 91311
THURSDAY, June 15, 2017 10:00 a.m. to 5:00 p.m.	GLENDORA	725 S. Grand Ave. Glendora, CA 91740

Referrals for camperships are being accepted until available slots are filled.



If you have any questions regarding this release please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)

The following outlines the 2017 Campership Fair Eligibility Requirements, Enrollment and Payment Process:

CAMPERSHIP PROGRAM REQUIREMENTS AND SELECTION CRITERIA

Children/Youth Eligibility Requirements:

- Child/Youth must have an open DCFS case. Children/youth placed in Group Homes or Foster Family Agencies are not eligible.
- Child/Youth can only attend one summer camp per year.

Camp Selection:

- Caregivers may select one camp from the list below. **NO EXCEPTIONS:**

Camp	Age	Camp Dates
Camp Mariastella	7-15 Girls Only	Session 1: June 28-July 1 Session 2: July 3-July 8 Session 3: July 10-July 15 Session 4: July 20-July 23 Session 5: July 24-July 29 Session 6: August 7-August 12
YMCA Camp Ta Ta Pochon	8-15 Co-ed	July 15-July 22
U.P.A.C.-United Peace Officers Against Crime	7-17 Co-ed	July 30-August 5

PROCESS FOR CAMP ENROLLMENT AND PAYMENT TO CAMPS

The caregiver must:

- As part of the camp enrollment process, select one of the camps listed above to enroll the youth in summer camp and complete a Campership Fair Registration Form, then complete and sign the Caregiver Check Acceptance Form (see Attachment I).
- Provide the completed forms to the Office's DCFS Coordinators for review/approval and processing in order for the caregiver to be provided a check for the youth/minor to attend summer camp.
- Upon receipt of the check, submit payment to the camps directly in order for the youth/minor to attend summer camp.

The DCFS Office Coordinators must:

- Upon receipt of the completed forms from the caregiver, confirm completed forms have accurate case information for each child and obtain Regional Administrator (RA) signature on the DCFS 5540.
- Distribute copies of the completed forms (DCFS 5540 Form, Campership Fair Registration and Caregiver Check Acceptance Form to the Camp Representative, CTF Unit Manager, and file a copy in the corresponding Regional Office's file).
- Provide copies of the Campership Fair Registration and Check Acceptance Forms to the caregiver.



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The DCFS Special Payments Section must:

- Review the completed forms submitted by the caregiver for accuracy, confirm the supporting documentation submitted, verify the child/youth's registration in a camp prior to issuance of the check.
- Once the submitted documents have been verified and approved by CTFU and the DCFS Special Payment Section, a check will be issued and made payable to the caregiver.

The DCFS CTFU Manager must:

- Ensure that the summer camps provide proof of each child/youth's attendance and proof of payment made to the camp.

PROCESS FOR CAMBERSHIP FOLLOW-UP

The DCFS Coordinators or Children's Social Workers must:

- Confirm that the child/youth has enrolled in the selected camp by following up with the child/youth and caregiver. The CSW may do this during their home visits and must document this information in CWS/CMS within 30 days of the youth/minor's end camp date.
- Immediately inform CTFU of any attendance discrepancies with the summer camp enrollment process that were raised during the youth/minor's home visit.

The DCFS CTFU must:

- At the end of each Campership Fair, review all relevant documents to confirm information submitted is accurate, and submit documentation to the Bureau of Finance and Administration, Fiscal Operations Division, for payment processing and record keeping. If the submitted documents are incomplete, CTFU will notify the Regional Office to request missing and/or inaccurate information.
- Upon completion of the Campership Fair enrollment process, reconcile all enrollment documents submitted during the campership fair with camp attendance documents to identify youth/minor(s) who did not attend camp but the caregiver received an advance payment.
- Forward all identified potential overpayments to the DCFS Overpayment Unit.

The DCFS Overpayment Unit must:

- Contact caregivers to recover overpayments in instances where it has been determined that the youth/minor(s) did not attend the camp and the caregiver did not pay for camp and did not return the check to DCFS.

Any questions regarding the Campership Program should be addressed to the Children's Trust Fund Unit e-mail inbox at Trust@dcfs.lacounty.gov.



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(right click to open footer section and access link)

*Camperships for
Open DCFS Cases
Only*

Los Angeles County, Department of Children & Family Services

CAMPERSHIP FAIR REGISTRATION FORM

FOSTER YOUTH MAY ONLY BE REGISTERED FOR ONE (1) CAMP

PLEASE COMPLETE ALL BOXES AND PRINT LEGIBLY

SIGN UP DATE				
CASE NAME				
CASE NUMBER				
CHILD'S NAME	FIRST:	LAST:	DOB:	SEX:
CHILD #2	FIRST:	LAST:	DOB:	SEX:
CHILD #3	FIRST:	LAST:	DOB:	SEX:
CHILD #4	FIRST:	LAST:	DOB:	SEX:
CARETAKER	FIRST:	LAST:		
ADDRESS	STREET & APT. #			
	CITY:		STATE: CA	ZIP:
TELEPHONE #s			Cell or Pager:	
RELATIONSHIP	<input type="checkbox"/> RELATIVE CAREGIVER <input type="checkbox"/> FOSTER PARENT			
CSW	FIRST:		LAST:	
REGION				
TELEPHONE #				
DCFS COORDINATOR	FIRST:		LAST:	
TELEPHONE #				

MUST BE COMPLETED BY THE CAMP

CAMP NAME			CAMP COST: \$ 350.00 per child	
CAMP REPRESENTATIVE ADDRESS	Print Name		Signature Date	
	STREET			
	CITY:		STATE: CA	ZIP:
TELEPHONE #s				
CAMP DATES	/ / TO / /			

Distribution: Camp, CTF Manager, DCFS Coordinator, Caregiver



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 6, 2017

Caregiver Name:
Address:
City/State/Zip:
Child Name:
Case No:

Caregiver Check Acceptance

I, [Caregiver Name], agree to use the issued check in the amount of \$350.00 for registration of the 2017 Foster Youth Summer Campership Program for services provided to [DCFS Child Name/minor] from the period of [Month/Day] - [Month/Day] to one of the following three eligible camps: (please check one) [] Camp Mariastella [] United Peace Officers Against Crime [] YMCA Camp Ta Ta Pochon1.

I understand the Department of Children and Family Services (DCFS) will verify [DCFS Child Name/minor]'s attendance. Additionally, if the minor is unable to attend, as the caregiver, I will notify DCFS and the camp provider by the 2nd day of the campership program so that he/she can be removed from the 2017 summer camp registration roster. The issued check will be considered an overpayment to me if the minor does not attend camp. I will be required to repay the overpayment pursuant to the terms set forth by the County of Los Angeles, DCFS. I understand [DCFS Child Name/minor] is only allowed to register and attend one sponsored camp during the summer of 2017.

I hereby acknowledge that I have read the above requirements for receiving the Caregiver Check and that I will comply with the stated conditions:

Caregiver Signature _____ Date _____
Caregiver Signature _____ Date _____

1 Respite Checks can only be issued to pay for minor attending one of the following three eligible camps: Camp Mariastella, United Peace Officers Against Crime or YMCA Camp Ta Ta Pochon.

SPECIAL PAYMENT AUTHORIZATION/REQUEST

Date _____

Case Name		Case Number		Placement Date	
Child Name-If multiple children list all names:				Telephone Number	
Street Address		City	State	Zip Code	
Person Services Are Requested For SAME AS ABOVE		Caregiver Name			
Type of Services Requested		Timeframe (Start/Stop Dates)	Frequency (How Often)	Amount (Cost per Session)	
<input type="checkbox"/> Respite Care DO NOT SELECT <input type="checkbox"/> Payment of medical and dental bills... <input type="checkbox"/> Funeral Expenses <input type="checkbox"/> Counseling <input type="checkbox"/> Temporary in-home caretakers <input type="checkbox"/> Child care <input type="checkbox"/> Court ordered services (attach Minute order stating the service) <input type="checkbox"/> Orthodontia..... <input type="checkbox"/> Computers <input type="checkbox"/> Specialized educational equipment.... <input type="checkbox"/> Tutoring <input type="checkbox"/> Glasses..... <input checked="" type="checkbox"/> OTHER items required to stimulate the child's physical and/or emotional growth. (SPECIFY ITEM) CAMPERSHIP		CAMP DATES	ONE TIME PAYMENT	\$350.00 PER CHILD	
				TOTAL AMOUNT	\$

VENDOR/CAREGIVER INFORMATION:

TAX ID/CAREGIVER SOCIAL SECURITY #:

Name: _____

(9 DIGIT # REQUIRED FOR PAYMENT) _____

Address: _____

Phone/Fax #: _____

Contact Name (Vendors Only): **N/A**

Email (Vendors Only): **N/A**

CSW Name	CSW Signature	CSW Telephone	CSW Office/SPA
SCSW Signature	ARA Signature NOT REQUIRED FOR 2017 CAMPERSHIP	RA Signature (Required on all requests)	

Note: Please send the DCFS 5540 along with supporting documentation to: SpecialPaymentRequests@dcfs.lacounty.gov. The subject line should state the Case Number.