

Camp Fees

I want to send my child to camp. Are there any programs to help pay for this?

Yes. If your child is receiving public assistance, then he or she may be eligible for camp fees from the Department of Social Services.

How much will DSS pay?

DSS will pay camp fees of up to \$400.00 for the year and no more than \$200.00 per week per child.

How do I apply for these camp fees?

You need to speak with the camp directly. They will help you with the application process and are familiar with getting fees from DSS.

What if the camp fees are more than what DSS will pay?

Here are a few camps and their phone numbers that offer scholarships/financial assistance to cover what DSS does not pay.

Cradle Beach	549-6307	application due by March for the following summer
Pioneer Camp	549-1420	application due by March for the following summer
JCC of Greater Buffalo	886-3145	application due by May 1 st for the following summer
St. Vincent De Paul	882-3360 ext. 7	call directly for application deadlines

Will these camp fees count as income?

These camp fees will not count as income and will not affect your Food Stamps.

What if I get denied?

Call our office immediately at (716) 847-06540. We will review the decision with you. If it appears to be wrong, we will tell you how to challenge it, or we may agree to take your case. You must ask for a Fair Hearing to challenge the denial within 90 days from the date of the notice. To request a Fair Hearing, notify the New York State Office of Temporary and Disability Assistance (OTDA) by telephone, fax, or mail that you want a Fair Hearing. You can write on the back of your notice the reason for requesting the hearing. If you phone, get the name of the person you speak to. If you write, send your letter by certified mail and keep a copy. The correct address is:

New York State Office of
Temporary and Disability Assistance (OTDA)
Office of Administrative Hearings
P.O. Box 1930
Albany, New York 12201-1930
Telephone No.: 1-800-342-3334
Fax No. (518) 473-6735

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____ Address: _____ _____	Case Number: _____ Telephone Number: _____
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I am requesting the following Temporary Assistance allowance(s) for special need(s): <ul style="list-style-type: none"> <input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home. <input type="checkbox"/> Pregnancy Allowance <input type="checkbox"/> Housing and Shelter Related Items <ul style="list-style-type: none"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items <input type="checkbox"/> Other _____ _____ _____ _____ 	I am requesting other help: <ul style="list-style-type: none"> <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> I am working. <input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma. <input type="checkbox"/> I wish to attend approved occupational training. <input type="checkbox"/> I am sick and incapacitated and cannot care for my children. <input type="checkbox"/> Other _____ _____ _____
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FOR WORKER'S USE ONLY
CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST
_____ _____

CLIENT'S SIGNATURE X	DATE	WORKER'S SIGNATURE X	DATE
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