



Burlington County Community Action Program

718 Route 130 South
Burlington, New Jersey 08016

Dr. Ruben A. Johnson
Executive Director

Child Care Resource & Referral
www.bccap.org

1-877-322-2278

Dear Subsidy Program Applicant:

Enclosed you will find an application for the New Jersey Cares for Kids Child Care Certificate Program. Families who wish to participate in the program must meet income and eligibility guidelines and must submit the following:

- Complete address which includes telephone numbers for Employer or School
- Original documentation for income, which is the most recent four consecutive weeks of paystubs. If you are a new employee please submit a letter from the employer or award letter
- School or Educational training documentation or letter from registrar's office
- A copy of Social Security cards and Birth Certificates for all children in the household that are included in family size

Please carefully read the attached instructions thoroughly. Incomplete applications will be returned and will not be considered for funding. Also, please attach original income documentation only. Income documentation must cover the four consecutive weeks prior to the date you sign the application.

Also, if you have an order of child support, whether you are receiving it or not, please enclose original child support case screens, this show your payment history.

Once your application has been processed you will be notified via mail as to the status of the application.

To speak with our knowledgeable Child Care Resource and Referral Department to obtain names of child care programs that accept the New Jersey Cares for Kids Subsidy Program please contact our Resource Specialist at 609-835-4329 x 5144.

If you have any questions please do not hesitate to call and speak us.

Sincerely,

Bonnie Jackson
Child Care Resource & Referral Policy and Fraud Coordinator



United Way
of Burlington County



Frequently Asked Questions:

WHAT IS THE NEW JERSEY CARES FOR KIDS (NJCK) SUBSIDY PROGRAM?

The NJCK Subsidy Program helps eligible applicants pay for a PORTION of their child care costs. If the applicant is eligible and funding is available, the parent/guardian can contact a child care setting that accepts NJCK customers. It is the parents' choice and responsibility to find a quality child care setting that fits the needs of their family.

If you need referrals for a child care setting please contact our Consumer Education Resource Specialist at 609-835-4329, ext. 5144.

WILL THE SUBSIDY COVER ALL CHILD CARE COSTS?

NO. It will pay a portion. Attached is a MAXIMUM CHILD CARE PAYMENT RATE SCHEDULE that will show how much of the cost will be covered, depending on the type of care. The family is responsible to pay the remainder and a CO-PAYMENT to the child care provider. That agreement is between the parent and the provider, not NJCK.

HOW IS THE CHILD CARE PROVIDER PAID?

Child Care payments are issued through the E-Child Care System (ECC). Parents/Guardians are responsible to either swipe their issued EBT card or dial in on the telephone to verify attendance. Please see the attached flyer for more ECC information.

DO I NEED TO REPORT CHANGES IN MY INCOME, SCHOOL SCHEDULE OR ADDRESS?

YES. All changes involving application information must be reported to your case manager in writing.

WHAT IS THE MAILING/CONTACT INFORMATION AND HOURS?

New Jersey Cares for Kids (NJCK)

Mailing: 718 Route 130 South, Burlington, NJ 08016

Location: 1 Vansciver Parkway, Willingboro, NJ 08046

Phone: 609-835-4329 Fax: 609-835-7659

Hours: 9:00 am - 5:00 pm, Monday through Friday

*There is a drop off mail box on the side of the building for your convenience.

Website: www.bccap.org



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
SFY 2017
INCOME ELIGIBILITY SCHEDULES
FOR PUBLICLY SUBSIDIZED
CHILD CARE ASSISTANCE or SERVICES

Income Eligibility for the Child Care Assistance Program and Other Selected Child Care Programs Including Preschool Wrap Around Child Care Administered through the New Jersey Department of Human Services										State Funded Kinship Child Care Services	
Federal Head Start Program*	Maximum Allowable Annual Family Gross Income	Maximum Allowable Annual Gross Family Income for Entry Level and/or Initial Eligibility				Maximum Allowable Annual Gross Family Income At Redetermination	Maximum Allowable Annual Gross Family Income for Prior to Exit	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Under Age 60	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Over Age 60		
		TIER A Represents 150% of the 2017 Federal Poverty Index	TIER B Represents 175% of the 2017 Federal Poverty Index	TIER C Represents 200% of the 2017 Federal Poverty Index	TIER D Represents 250% of the 2017 Federal Poverty Index	TIER E* Represents 85% of the 2017 New Jersey State Median Income	Represents 350% of the 2017 Federal Poverty Index	Represents 500% of the 2017 Federal Poverty Index			
Family Size											
1	\$12,060	\$18,090	\$21,105	\$24,120	\$30,150	\$52,827	\$42,210	\$60,300			
2	\$16,240	\$24,360	\$28,420	\$32,480	\$40,600	\$63,212	\$56,840	\$81,200			
3	\$20,420	\$30,630	\$35,735	\$40,840	\$51,050	\$78,616	\$71,470	\$102,100			
4	\$24,600	\$36,900	\$43,050	\$49,200	\$61,500	\$96,437	\$86,100	\$123,000			
5	\$28,780	\$43,170	\$50,365	\$57,560	\$71,950	\$103,577	\$100,730	\$143,900			
6	\$32,960	\$49,440	\$57,680	\$65,920	\$82,400	\$110,717	\$115,360	\$164,800			
7	\$37,140	\$55,710	\$64,995	\$74,280	\$92,850	\$117,857	\$129,990	\$185,700			
8	\$41,320	\$61,980	\$72,310	\$82,640	\$103,300	\$124,997	\$144,620	\$206,600			
9	\$45,500	\$68,250	\$79,625	\$91,000	\$113,750	\$132,137	\$159,250	\$227,500			
10	\$49,680	\$74,520	\$86,940	\$99,360	\$124,200	\$139,277	\$173,880	\$248,400			
11	\$53,860	\$80,790	\$94,255	\$107,720	\$134,650	\$146,417	\$188,510	\$269,300			
12	\$58,040	\$87,060	\$101,570	\$116,080	\$145,100	\$153,557	\$203,140	\$290,200			
For each additional family member add:		\$6,270	\$7,315	\$8,360	\$10,450	\$7,140	\$14,630	\$20,900			

Note: Tier E represents the one-time Graduated Phase-Out period of child care assistance that may be utilized for one year.

Source: Annual Update of the HHS Poverty Guidelines, *Federal Register*, Vol. 82, No. 19, Tuesday, January 31, 2017, Page 8832

Source: Census Bureau Median Family Income by Family Size, Department of Justice, Cases Filed as of November 1, 2016, <https://www.justice.gov/>



DEPARTMENT OF HUMAN SERVICES
SFY 2014 MAXIMUM CHILD CARE PAYMENT RATES

	LICENSED CHILD CARE CENTERS		ACCREDITED CHILD CARE CENTERS		REGISTERED FAMILY CHILD CARE HOMES		ACCREDITED FAMILY CHILD CARE HOMES		APPROVED HOME FAMILY-TYPE OR IN-HOME CAREGIVERS	
	MONTHLY	DAILY	MONTHLY	DAILY	MONTHLY	DAILY	MONTHLY	DAILY	MONTHLY	DAILY
INFANTS & TODDLERS <i>Birth to 2.5 years</i>										
Full Time Care (6 hrs or more)	695.40	32.12	730.04	33.72	670.28	30.96	703.20	32.48	403.56	93.20
3/4 Time (4 or 5 hrs)	120.45	24.09	126.45	25.29	116.10	23.22	121.80	24.36	69.90	13.98
Part Time Care (2 or 3 hrs)	347.70	16.06	365.02	16.86	335.14	15.48	351.60	16.24	201.78	46.60
1/4 Time (1 hr or fewer)	40.15	8.03	42.15	8.43	38.70	7.74	40.60	8.12	23.30	4.66
INFANTS & TODDLERS <i>Birth to 2.5 years w/ Special Needs</i>										
Full Time Care (6 hrs or more)	695.40	32.12	730.04	33.72	814.04	37.60	856.48	39.56	487.56	112.60
3/4 Time (4 or 5 hrs)	120.45	24.09	126.45	25.29	141.00	28.20	148.35	29.67	84.45	16.89
Part Time Care (2 or 3 hrs)	347.70	16.06	365.02	16.86	407.02	18.80	428.24	19.78	243.78	56.30
1/4 Time (1 hr or fewer)	40.15	8.03	42.15	8.43	47.00	9.40	49.45	9.89	28.15	5.63
EARLY PRESCHOOL <i>2 to 2.5 years</i>										
Full Time Care (6 hrs or more)	695.40	32.12	730.04	33.72	670.28	30.96	703.20	32.48	403.56	93.20
3/4 Time (4 or 5 hrs)	120.45	24.09	126.45	25.29	116.10	23.22	121.80	24.36	69.90	13.98
Part Time Care (2 or 3 hrs)	347.70	16.06	365.02	16.86	335.14	15.48	351.60	16.24	201.78	46.60
1/4 Time (1 hr or fewer)	40.15	8.03	42.15	8.43	38.70	7.74	40.60	8.12	23.30	4.66
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Full Time Care (6 hrs or more)	695.40	32.12	730.04	33.72	814.04	37.60	856.48	39.56	487.56	112.60
3/4 Time (4 or 5 hrs)	120.45	24.09	126.45	25.29	141.00	28.20	148.35	29.67	84.45	16.89
Part Time Care (2 or 3 hrs)	347.70	16.06	365.02	16.86	407.02	18.80	428.24	19.78	243.78	56.30
1/4 Time (1 hr or fewer)	40.15	8.03	42.15	8.43	47.00	9.40	49.45	9.89	28.15	5.63
PRESCHOOL <i>2.5 to 5 years</i>										
Full Time Care (6 hrs or more)	573.30	26.48	604.46	27.92	526.52	24.32	549.92	25.40	314.36	72.60
3/4 Time (4 or 5 hrs)	99.30	19.86	104.70	20.94	91.20	18.24	95.25	19.05	54.45	10.89
Part Time Care (2 or 3 hrs)	286.65	13.24	302.23	13.96	263.26	12.16	274.96	12.70	157.18	36.30
1/4 Time (1 hr or fewer)	33.10	6.62	34.90	6.98	30.40	6.08	31.75	6.35	18.15	3.63
PRESCHOOL <i>2.5 to 5 years w/ Special Needs</i>										
Full Time Care (6 hrs or more)	573.30	26.48	604.46	27.92	670.28	30.96	703.20	32.48	403.56	93.20
3/4 Time (4 or 5 hrs)	99.30	19.86	104.70	20.94	116.10	23.22	121.80	24.36	69.90	13.98
Part Time Care (2 or 3 hrs)	286.65	13.24	302.23	13.96	335.14	15.48	351.60	16.24	201.78	46.60
1/4 Time (1 hr or fewer)	33.10	6.62	34.90	6.98	38.70	7.74	40.60	8.12	23.30	4.66
SCHOOL-AGE <i>5 to 13 years</i>										
Full Time Care (6 hrs or more)	573.30	26.48	604.46	27.92	526.52	24.32	549.92	25.40	314.36	72.60
3/4 Time (4 or 5 hrs)	99.30	19.86	104.70	20.94	91.20	18.24	95.25	19.05	54.45	10.89
Part Time Care (2 or 3 hrs)	286.65	13.24	302.23	13.96	263.26	12.16	274.96	12.70	157.18	36.30
1/4 Time (1 hr or fewer)	33.10	6.62	34.90	6.98	30.40	6.08	31.75	6.35	18.15	3.63
SCHOOL-AGE <i>5 to 19 years w/ Special Needs</i>										
Full Time Care (6 hrs or more)	573.30	26.48	604.46	27.92	670.28	30.96	703.20	32.48	403.56	93.20
3/4 Time (4 or 5 hrs)	99.30	19.86	104.70	20.94	116.10	23.22	121.80	24.36	69.90	13.98
Part Time Care (2 or 3 hrs)	286.65	13.24	302.23	13.96	335.14	15.48	351.60	16.24	201.78	46.60
1/4 Time (1 hr or fewer)	33.10	6.62	34.90	6.98	38.70	7.74	40.60	8.12	23.30	4.66

The amounts listed above represent the maximum authorized rates for child care. Care given for any portion of an hour shall be rounded to the next full hour. For example, one hour and 15 minutes is rounded to two hours. Agencies responsible for administering voucher subsidy programs may authorize payment for the actual cost of care up to these amounts. Amounts paid for contracted services in licensed centers, in most cases, are based on the maximum weekly rates listed. When appropriate, any required co-payment will be deducted from the rate prior to issuance of payment. The parent/applciant may select a provider with a cost higher than these maximum rates; however, in such instances, the parent/applciant is totally responsible for all expenses in excess of these maximum rates, as well as for the required co-payment. Proportionate to the full time and part time rates listed above, maximum amounts paid only through the TANF Work First New Jersey and Transitional Child Care voucher program include rates for 3/4 time (4 or 5 hours per day) and 1/4-time (1 hour per day).

NJCK utilizes only 'Full Time Care' and 'Part Time Care' rates. 'Full Time Care' for NJCK is 6 hours or more and 'Part Time Care' for NJCK is less than 6 hours. Children who are under DCP&P child protective service (CPS) supervision are considered automatically as having special needs solely by virtue of their CPS status. Approved Homes (other than DCP&P approved in-home day care), exceptional child care programs and babysitting for DCP&P/CPS clients are not applicable for DCP&P/CPS child care service use and are not payable through the NJCK Child Care Voucher Program.

Provider/caregivers eligible for accredited rates include:

- > Licensed child care centers accredited by the National Association for the Education of Young Children - National Academy of Early Childhood Programs, Council on Accreditation (COA) of Services for Families and Children, and National Early Childhood Professional Accreditation (NECPA);
- > Registered family child care providers accredited by the National Association for Family Child Care;
- > School age child care programs accredited by the National School Age Child Care Alliance; and
- > Summer camps accredited by the American Camping Association.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES



Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

► INSTRUCTIONS FOR COMPLETING SECTION A

1. Enter your full name (last, first, middle initial), social security number and date of birth (month/date/year). Check one or more of the appropriate boxes provided to indicate your race. Check the appropriate box to indicate your ethnicity and sex. Check the appropriate box to indicate the relationship of the parent/applicant to the child(ren) for which you are making an application for assistance. If you are not an immediate relative (mother/father), please indicate whether you are another legally responsible person, a foster parent or other. If other, please specify.
2. If applicable (resides in household), enter the full name of your spouse or co-applicant, social security number and date of birth (month/date/year). Check the appropriate boxes provided to indicate the race, ethnicity and sex of the co-applicant/spouse.
3. Enter your home address and county in which you reside. Enter the school district which the child(ren) attends.
4. Enter your home telephone number.
5. Enter the "family size" meaning the number of adults (persons 18 years or older who are legally responsible for the children) and dependent adults (persons 18 years or older) who are in your immediate family unit, and the number of dependent children (persons under age 18).

Examples: In a single parent family with two children state: "# of Adults: 1, # of Children: 2."

In a two parent family with a dependent adult (grandparent) and two children state: "# of Adults: 3, # of Children: 2."

Note: If as a single parent, you and your child(ren) live with your mother and father, you would **NOT** include the grandparents in the family size.

► INSTRUCTIONS FOR COMPLETING SECTION B

Provide Income Information Based on the Current Year. Fill In All Blanks. List Gross Figures Unless Otherwise Indicated. If You Receive None in a Certain Category, Write "0."

For each adult (applicant co-applicant or other dependent adult) residing in the household unit, list all current income information. Columns are provided to enter income information either by week, every two weeks, month or year. For separated or divorced spouses, include only that income (i.e., child support or alimony) which is available to the custodial family.

1. List all gross income due to wages and salary.
2. List all benefit income received from pensions and retirement.
3. List all benefit income received from Supplemental Security Income (SSI).
4. List all benefit income received from unemployment and workmen's compensation.
5. List all benefit income received from public assistance (TANF).

6. List income received from an absent parent for child support or alimony.
7. Include any other income received which is required to be listed for federal and state tax reporting purposes.
8. Indicate the annual total of all sources of income.

► INSTRUCTIONS FOR COMPLETING SECTION C

Provide Information of Current Work, School and/or Training Activity for Applicant and Co-Applicant (if applicable).

1. Enter the name, complete address and telephone number of Primary Work/School/Training Site.
2. Check the appropriate box to indicate if activity is work, school or training.
3. Enter your starting date (month/date/year).
4. Check the appropriate box to indicate if Work/School/Training activity is full time, part time or seasonal. Enter the number of hours per week and months per year spent at site.
5. Include the information for your Secondary Work/School/Training activity (if applicable).

► INSTRUCTIONS FOR COMPLETING SECTION D

Questions 1-9. Check the appropriate box (either "Yes" or "No") for each question. If you answer "Yes" to any of questions 2-5, provide the requested information.

Questions 10. Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

Questions 11. Check whether you understand you are applying for voucher or contracted child care services.

Questions 12. Check whether all of the children in your family have health insurance and if you wish to receive an application for NJ Family Care.

► INSTRUCTIONS FOR COMPLETING SECTION E

1-2. Enter full name (last, first, middle initial), social security number and date of birth (month/date/year) for each child for whom assistance is requested. Check the appropriate boxes provided to indicate race, ethnicity and sex of child(ren). Indicate the hours, days and duration for which child care is needed. Check the appropriate box to indicate if the child(ren) has a special need, if yes, state the need. Check the appropriate box to indicate if the child is a US citizen. If yes, attach a copy of the child's birth certificate and social security card. Proof of the child's citizenship is not required for Abbott, Child Protective Services, Kinship or Post-Adoption subsidies.

► INSTRUCTIONS FOR COMPLETING SECTION F

After reading the certification, applicant and co-applicant (if applicable) sign on the appropriate line and include the date.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:
Burlington County Community Action Program (BCCAP)
718 Route 130 South
Burlington, NJ 08016

A Applicant/Co-Applicant Information Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME		SOCIAL SECURITY NO.	DATE OF BIRTH
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)			
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.			
RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Relationship of APPLICANT to children: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legally Responsible Adult <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____			
2. PARENT/CO-APPLICANT NAME (If Applicable)		SOCIAL SECURITY NO.	DATE OF BIRTH
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)			
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.			
RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
3. HOME ADDRESS (Number and Street) _____			
City: _____		State: _____	Zip Code: _____
County: _____		School District: _____	
4. HOME TELEPHONE: _____			
5. NUMBER OF ADULTS IN FAMILY: _____ NUMBER OF CHILDREN IN FAMILY: _____ TOTAL FAMILY SIZE: _____			
Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.			

B Family Income Information

Attach Original Proof of Income - Most Recent Four Consecutive Weeks

Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.

	PARENT/APPLICANT List gross income for current:				PARENT/CO-APPLICANT List gross income for current:			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
1. Wages and Salary (gross):								
2. Pensions, Retirement:								
3. Supplemental/Social Security Benefits:								
4. Unemployment, Workmen's Compensation:								
5. TANF Cash Assistance:								
6. Child Support/Alimony:								
7. Other: _____								
8. TOTAL GROSS INCOME:								

C Work/School/Training Information

Proof of Current School Registration Must Be Attached

	PARENT/APPLICANT	PARENT/CO-APPLICANT
Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip.: (If applicable, enter "Self-Employed") Telephone Number: () _____ Check One: Enter Starting Date (Mo/Dy/Yr): Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr
Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip.: Telephone Number: () _____ Check One: Enter Starting Date (Mo/Dy/Yr): Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr

* Incomplete Applications Will Not Be Accepted *

DHS/CC:1 (12/08)



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

The Child Care Resource and Referral Agency located in the county where you live. A list can be found at:
<http://www.state.nj.us/humanservices/dfd/programs/child/ccrr/>

A Applicant/Co-Applicant Information Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME SOCIAL SECURITY NO. DATE OF BIRTH
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No SEX: ☐ Male ☐ Female

Relationship of APPLICANT to children: ☐ Father ☐ Mother ☐ Legally Responsible Adult ☐ Foster Parent ☐ Other: _____

2. PARENT/CO-APPLICANT NAME (If Applicable) SOCIAL SECURITY NO. DATE OF BIRTH
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No SEX: ☐ Male ☐ Female

3. HOME ADDRESS (Number and Street) _____
City: _____ State: _____ Zip Code: _____
County: _____ School District: _____

4. HOME TELEPHONE: _____

5. NUMBER OF ADULTS IN FAMILY: _____ NUMBER OF CHILDREN IN FAMILY: _____ TOTAL FAMILY SIZE: _____
Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.

B Family Income Information Attach Original Proof of Income - Most Recent Four Consecutive Weeks

Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.

1. Wages and Salary (gross):

2. Pensions, Retirement:

3. Supplemental/Social Security Benefits:

4. Unemployment, Workmen's Compensation:

5. TANF Cash Assistance:

6. Child Support/Alimony:

7. Other: _____

8. TOTAL GROSS INCOME:

PARENT/CO-APPLICANT
List gross income for current:

WEEK	2 WEEKS	MONTH	YEAR

PARENT/CO-APPLICANT
List gross income for current:

WEEK	2 WEEKS	MONTH	YEAR

C Work/School/Training Information Proof of Current School Registration Must Be Attached

Name of PRIMARY Work/School/Training Site:

Complete Address (Street, City, State, & Zip):

(If applicable, enter "Self-Employed")

Telephone Number: () _____

Check One: Enter Starting Date (Mo/Dy/Yr):

☐ Work ☐ School ☐ Training

Start Date ____/____/____

Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training

☐ Full Time ☐ Part Time _____ # Hrs/Wk
☐ Seasonal Employment _____ # Mos/Yr

Name of SECONDARY Work/School/Training Site:

Complete Address (Street, City, State, & Zip):

Telephone Number: () _____

Check One: Enter Starting Date (Mo/Dy/Yr):

☐ Work ☐ School ☐ Training

Start Date ____/____/____

Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training

☐ Full Time ☐ Part Time _____ # Hrs/Wk
☐ Seasonal Employment _____ # Mos/Yr

☐ Work ☐ School ☐ Training

Start Date ____/____/____

☐ Full Time ☐ Part Time _____ # Hrs/Wk
☐ Seasonal Employment _____ # Mos/Yr

☐ Work ☐ School ☐ Training

Start Date ____/____/____

☐ Full Time ☐ Part Time _____ # Hrs/Wk
☐ Seasonal Employment _____ # Mos/Yr

* Incomplete Applications Will Not Be Accepted *

DHS/CC:1 (12/2008)

- ☐ ☐ 1. Are you currently participating in the Food Stamp Program?
- ☐ ☐ 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year ____/____/____ and TANF case number: _____
- ☐ ☐ 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: _____
- ☐ ☐ 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: _____
- ☐ ☐ 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:
Agency Name: _____ Telephone #: () _____
- ☐ ☐ 6. Are you the head of the household in which you reside?
- ☐ ☐ 7. Are you currently homeless or at risk of becoming homeless?
- ☐ ☐ 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. **If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.**
- ☐ ☐ 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- ☐ ☐ 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
11. I understand that I am applying to the agency for: ☐ **VOUCHER** payment assistance ☐ **CONTRACTED** services in a community-based center
12. Do all of the children in this family have health insurance benefits? ☐ Yes ☐ No
If NO, do you wish to receive an application for NJ Family Care? ☐ Yes ☐ No

E

Children
Information

Include Each Child Needing Child Care Service and for Whom Assistance Requested.
Use Addendum Form to Provide Information for Additional Children.

FULL NAME OF CHILD NO. 1	SOCIAL SECURITY NO.	DATE OF BIRTH
<div style="display: flex; justify-content: space-between;"> (Last) _____ (First) _____ (M.I.) _____ </div> <div style="display: flex; justify-content: space-between;"> (9 Digit Number) _____ (Mo./Dy./Yr.) _____ </div> <p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>	
<div style="display: flex; justify-content: space-between;"> (Last) _____ (First) _____ (M.I.) _____ </div> <div style="display: flex; justify-content: space-between;"> (9 Digit Number) _____ (Mo./Dy./Yr.) _____ </div> <p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>	
<div style="display: flex; justify-content: space-between;"> (Last) _____ (First) _____ (M.I.) _____ </div> <div style="display: flex; justify-content: space-between;"> (9 Digit Number) _____ (Mo./Dy./Yr.) _____ </div> <p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>	

You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility.
Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Parent/Applicant Name: _____

Social Security Number: _____

Date of Birth: ____/____/____

Complete for Each Additional Child for Whom You Are Requesting Subsidy

4	FULL NAME OF CHILD NO. 4	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		

NJ Child Care Subsidy Program Application Addendum

Family ID# _____

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

Are your family assets worth more than \$1,000,000?

☐ No ☐ Yes

Is the **Applicant**:

On Active Military Duty ☐ No ☐ Yes

In the National Guard/Military Reserve ☐ No ☐ Yes

Self-Employed ☐ No ☐ Yes

Is there a Co-Applicant? ☐ No ☐ Yes

If Yes, is the **Co-Applicant**:

On Active Military Duty ☐ No ☐ Yes

In the National Guard/Military Reserve ☐ No ☐ Yes

Self-Employed ☐ No ☐ Yes

Are you homeless based on one or more of the following?

☐ No ☐ Yes

- Living in an emergency or transitional shelter
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason
- Living in a car, bus/train station, park, abandoned building
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation
- Living in substandard housing (i.e. no electricity, running water, etc.)

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

Child Care and Early Education Service Eligibility Application Certification

READ CAREFULLY BEFORE SIGNING

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

1. Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
2. It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
 - Failing to accurately report all sources of my (our) income. Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
 - Failing to accurately report the amount of my income. Examples include, but are not limited to reporting the accurate amount(s) of income from self-employment; rent from property ownership or changing or altering pay stub information.
 - Failing to accurately report the number of household members. Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
 - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
 - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
3. This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
4. Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsidy services are being requested.
5. Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
6. Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.
7. If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
8. I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Unsigned applications cannot be processed. A copy of this document will be provided to you for your records.

DYFS USE ONLY

DYFS Case Manager Name and Number: _____ Date: _____

Note: _____

SAR has been completed; voucher payments for DYFS/CPS child care services are approved for the period ____/____/____ thru ____/____/____

DYFS Voucher Payment Authorization Signature: _____ Date: _____

CCR&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:

Check One: ☐ Initial Application ☐ Re-determination Certification Date: ____/____/____

Family Size: _____ Annual Family Income: \$ _____

Family's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$ _____ ☐ WEEK ☐ MONTH

Check One: ☐ DENIED ☐ APPROVED ☐ PENDING

Staff Member Certification: _____ Date: _____

Note: _____

Name of CCR&R or CBC Provider: _____



Burlington County Community Action Program

718 Route 130 South
Burlington, NJ 08016

• (609) 386-5800
• Facsimile (609) 261-1030

DR. SILAS M. TOWNSEND
Executive Director

Work First New Jersey/New Jersey Cares for Kids CHILD SUPPORT VERIFICATION

Print your name _____

If you DO have a child support case:

- ☐ Please check this box if you have a child support case through the Probation Department/New Jersey Child Support, or out of state agency.

Please attach payment history screens from: njchildsupport.org or from an out of state agency

- ☐ Please check this box if you receive child support through a “mutual agreement” between you and the other parent of your child, and please complete the information below:

I (applicant/parent), receive \$ _____ in child support every _____.

If you DO NOT have a child support case:

- ☐ Please check this box if you do not have a child support case or “mutual agreement”.

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and the Burlington County Community Action Program may verify information. Deliberate misinformation can result in a denial of a subsidy.

Applicant/Parent Signature

Date



United Way
of Burlington County

Parents...

Welcome to New Jersey's e-Child Care (ECC) Attendance and Payment System.....



What is E Child Care?

E-Child Care or ECC is the automated system, using either a telephone or a swipe machine, that records your child's attendance and then generates payments from that information to your child care provider.

How Does It Work?

Parents/designees (up to two additional people) receive a Families First card to access the automated system which confirms that child care was provided by using either a telephone or a swipe machine. The automated system requires that you record arrival/departure and absences, such as sick days daily.

Your card will be mailed to you. Families can get up to two additional cards for people you have identified as designees to drop off/pick up your child from care. Your designee should contact the Child Care Resource and Referral Agency (CCR&R) to register for a card. The card will be mailed to you. However, the designee must call to activate and pin their card.

Parents who already have a Families First card can use their existing card to access child care benefits. However, you must call the CCR&R to have your child care benefits linked to your current Families First account.

What if I Don't Use ECC Every Day?

You can catch up on missing days by using the "back swipe" feature, which allows for "Previous Check-In" and "Previous Check-Out" transactions. The back swipe period includes the current day of service plus the previous 13 days. This means the system will only allow you to record the present day and the last 13 prior days for your provider to be paid properly. If attendance is not recorded, you may be responsible for the cost of the days not recorded.

It is very important that you record attendance every day. You will find that if you check in and out daily, the process is much quicker and easier.

How Do I Report a Sick Day for my Child?

You can report a sick day from any phone, even if your provider uses a swipe machine, or when your child returns to care during the back swipe period (Today, plus the previous 13 days).

What if I Lose my Card or Forget my PIN?

If you lost your card, call your CCR&R. If you forgot your PIN, call 1-800-997-3333.

If the lost or stolen card was also for your SNAP or welfare benefits, call 1-800-997-3333 to report your card lost or stolen and then go to the County Welfare Agency to get a new card.

What You Should Know

You cannot give your card to your child care provider to let them check your child in or out of care. If your provider instructs you to leave your card, you should report this to your CCR&R. This is considered a misuse of the card and may result in you losing your child care assistance.

The state will only pay providers for care recorded in ECC. Parents who refuse to use ECC risk losing their child care assistance.

ecc
E-CHILD CARE