

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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

NATASHA JOHNSON Assistant Commissioner

2021 COVID-19 Family Differential Payment Acknowledgement Form

Policy

Fax:

- Effective September 2021, the Department of Human Services' Division of Family Development shall provide COVID-19 Family Differential Payments on behalf of eligible families participating in the Child Care Subsidy Program. The increased amount <u>must</u> reduce or eliminate expenses in excess of the State reimbursement payment, or apply as a credit (if monies are owed), towards tuition cost and other fees paid by the families.
- Payments are up to \$300 for full-time care, or \$150 for part-time care, per eligible child, per month above the baseline reimbursement rates from September 2021 through December 2021.
- Parents and providers participating in the Child Care Subsidy Program are required to complete this form to acknowledge receipt of the payment policy change.

PROVIDER INFORMATION								
COUNTY:				NJCCIS ID:				
PROGRAM NAME:				DIRECTOR NAME:				
PHONE:				EMAIL:				
FAMILY INFORMATION								
LAST NAME				FIRST NAME				
EMAIL				PHONE				
CHILDREN INFORMATION								
Last Name		First Name	Da	te of Birth	Provider Weekly Rate		Provider Monthly Rate	
I have read and understand the policy. I attest that the information provided above is accurate and complete to the best of my knowledge. I understand that this information is necessary to authorize COVID-19 Family Differential Payments in connection with the Child Care Subsidy Program.								
Parent Guardian Signature:						Date:		
Director/Operator Signature:					Date:			
Submit Forms by August 31, 2021. Failure to return may result in payment delays								
CCR&R Name Email					:			

Phone: