



4CS OF PASSAIC COUNTY, INC.

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FAILURE TO UTILIZE E-CHILD CARE FORM
State of New Jersey
Department of Human Services, Division of Family Development
Child Care Subsidy Program

NOTICE OF FAILURE TO UTILIZE E-CHILD CARE (ECC)

To:

From:

Re: _____ Date: _____

Name of Parent/Applicant (Last Name, First) _____

NJCK Family ID or WFNJ/Case # _____

Child's Name(s) _____

Provider Name: _____

Address: _____

EPPIC ID#: _____ Phone Number: _____

(Signature of Child Care Provider)

(Title)