

State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
CHILD CARE CERTIFICATE PROGRAM

**NOTICE OF FAILURE TO SUBMIT FEE CO-PAYMENT**

**TO:**

**FROM:**

**Re:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Family Identifier:** \_\_\_\_\_

**To Whom This May Concern:**

This is to serve as notice that the parent identified above has failed to submit copayment fees as agreed.

The total fee co-payment now due is \$ \_\_\_\_\_ this amount represents \_\_\_\_\_ weeks of child cares service.

As a result of the amount due, I will be terminating child care services to this family effective

\_\_\_\_\_  
(Month/Day/Year)

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Amount Due: \$ \_\_\_\_\_ Applicable Period of Service: \_\_\_\_\_ To \_\_\_\_\_**

If this payment is made prior to the termination date, I agree to contact the county child care agency if I intend to permit continuation of child care services.

Please Note: If terminated from the program the parent is still responsible for payment of any fee owed.

\_\_\_\_\_  
(Signature of Child Care Provider)

\_\_\_\_\_  
(Title)

Copy: Parent /Applicant

DHS/CC:6(New:10/91)