

## New Jersey Child Care Subsidy Program Notification of Change Form

Instructions – Complete and submit this form to your Child Care Resource and Referral Agency (CCR&R) notifying of any of the below changes.

**Name of Applicant:** \_\_\_\_\_

**Name of Co-Applicant:** \_\_\_\_\_

**Family Case ID Number:** \_\_\_\_\_

**Employment Status Change**

Termination of Employment/School/Training: \_\_\_\_\_ (Name of Employer, School/Training Site)

Reduced Hours/School/Training

Wage Reduction or Increase

New Weekly Hours: \_\_\_\_\_ New School Credits: \_\_\_\_\_

New Wage Amount: \_\_\_\_\_  Weekly  Bi-weekly  Month

**Policy Reminder – Families with income that exceeds 85% of State Median Income during the eligibility period are not eligible for child care services. Contact your CCR&R for more information. You may also view the Child Care Subsidy Income Eligibility Requirements by visiting: <http://www.childcarenj.gov/Parents/SubsidyProgram>**

**Residency Change**

Moved or Moving out of New Jersey

Moved or Moving to another County

**Household Size Change**

New Birth or Adoption

Eligible Dependent (Adult Over age 18)

Marriage

Divorce/Separation

Death

New Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Policy Reminder – Families that move out of New Jersey are no longer eligible for child care services.**

**Household Information**

Name	DOB	Sex	SSN	Add	Remove
Child				<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/>	<input type="checkbox"/>
Co-Applicant				<input type="checkbox"/>	<input type="checkbox"/>
Dependent				<input type="checkbox"/>	<input type="checkbox"/>

**I Need:**  Co-Pay Reassessment  Additional Child Care for Job Search or School/Training Enrollment

**This is to certify that I experienced the above change and wish to change my family status as indicated on this form.**

- I understand I may be required to provide documentation according to the child care policies, and DFD or its designee reserves the right to verify status changes during the eligibility period.
- I understand that I could face disciplinary action, which may include termination of child care services and payment recoupment if I misrepresent any status changes.
- I understand that if I wish to have my co-pay reassessed I must submit my request within 60 days of the event.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGENCY USE ONLY**

**CCR&R Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_