

RETURN BEFORE:

WFNJ/TCC

DHS:CC:3 (REV 1/98)

NEW JERSEY CARES FOR KIDS
CHILD CARE CERTIFICATE PROGRAM
PARENT/APPLICANT/PROVIDER AGREEMENT

* SAMPLE *

CHILD CARE AGENCY

Family Identifier:

Voucher Number:

I hereby agree to receive a subsidy for child care services under this certification. I authorize the agency indicated above to make child care payments for the child care services. These payments will be made directly to the child care provider(s) of the following child(ren) named below in this document for the referenced amounts.

PART A - CHILD CARE PROVIDER INFORMATION

PROVIDER

Provider Name:
Address Line1:
Address Line2:
City/State/Zip:

Provider ID:
License #:
Telephone:

Type Care Provided: (Check One Only)

- (L)Licensed Center (R) Registered Family (I) In-Home Day (A)Approved Home (D)DYFS In-Home
(S)Summer Camp Relative Non-Relative

DYFS Approval Completed by
Date Completed:

PART B - CHILD INFORMATION

Child ID Name (First) (M) (Last)

Special Program Needs

#Name? WFNJ/TCC

Table with 11 columns: PERIOD OF SERVICE FROM TO, HOURS/DAY, DAYS/WEEK, F/P TIME, CARE FROM TO, DAYS TO, PROVIDER EFFECTIVE DATE, PER RATE, F/T RATE, P/T RATE.

PART C - SUMMARY OF MONTHLY PAYMENTS (Based upon 100% attendance)

Table with 11 columns: PERIOD OF SERVICE FROM TO, MAXIMUM PAYMENT, LESS COPAY, MONTHLY PAYMENT, PERIOD OF SERVICE FROM TO, MAXIMUM PAYMENT, LESS COPAY, MONTHLY PAYMENT.

PART D - AGENCY AUTHORIZATION

(Signature Child Care Agency Rep.)

(Title)

(Date)