

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: _____						
The below change occurred on: _____ <div style="text-align: center;">Month/Date/Year</div>						
Employment Status Change <input type="checkbox"/> Termination of Employment/School/Training: <input type="checkbox"/> Reduced Hours/School/Training New Weekly Hours: _____ New School Credits: _____ <input type="checkbox"/> Wage Reduction or Increase New Wage Amount: _____ weekly/biweekly/monthly <input type="checkbox"/> I wish to have my co-pay reassessed <input type="checkbox"/> I need additional child care for job search Policy Reminder - Income that exceeds 85% of state median income during eligibility period are not eligible for child care services.						
Residency Change <input type="checkbox"/> Moved or Moving out of New Jersey <input type="checkbox"/> Moved or Moving to another County New Address: _____ County: _____ Zip Code: _____ Phone Number () _____ Policy Reminder – Families that move out of New Jersey are no longer eligible for child care services.						
Household Size Change <input type="checkbox"/> New Birth or Adoption <input type="checkbox"/> Eligible Dependent (Adult Over 18 years old) <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death						
Household Information						
	Name	DOB	Sex	SSN	Add	Remove
Child					<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>
Spouse					<input type="checkbox"/>	<input type="checkbox"/>
Dependent					<input type="checkbox"/>	<input type="checkbox"/>
This is to certify that I experienced the above change and wish to change my family status as indicated on this form. <ul style="list-style-type: none"> I understand I may be required to provide documentation according to the child care policies, and DFD or 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:						
CC&R Authorizing Signature: _____				Date _____		