

E-CHILDCARE CARDS

201-451-8888

Fax: 201-721-5582

Luz Garcia – ext. 175-lgarcia@ulohc.org

Lena Martin – ext. 153-lmartin@ulohc.org

Date: _____

Center's Name _____ Contact Person: _____

Contact's phone#: _____

Case#: _____ Parent Name: _____

Parent's phone#: _____ Parent's address _____

Resource parent name (CPS) _____

CPS case# changed from: _____ to _____

Action needed:

◇ Link card – 16 digit card #: _____

◇ Re-issue card

Reason: Lost _____ Damaged _____ Never received _____ CPS/case has a new resource

parent: _____

Need proof of address before re-issuing card

____ Alternate/substitute card

• Alternate's name: _____

• Alternate's date of birth: _____/_____/_____

A copy of alternate's Id is requested (no alternate card will be issued without proper ID)

Parent Signature: _____ Date: _____

For office use: Done by: _____

Date: _____