



## State of New Jersey

Department of Human Services  
Division of Family Development  
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*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

JEANETTE PAGE-HAWKINS  
*Director*  
TEL: (609) 588-2000

**January 24, 2014**

TO: COUNTY WELFARE AGENCY DIRECTORS  
CHILD CARE RESOURCE & REFERRAL AGENCY DIRECTORS

**SUBJECT: Work First New Jersey Child Care Referral Form**

**DFD Instruction No. 14-01-03**

**Regulatory Reference: N.J.A.C. 10:15-3  
N.J.A.C. 10:15-4  
N.J.A.C. 10:90-6.6  
N.J.A.C. 10:90-17.2**

**This Instruction will impact the following programs: WFNJ/TANF Child Care, Transitional Child Care, and Early Employment Initiative**

### **PURPOSE**

The purpose of this instruction is to inform the County Welfare Agencies (CWAs) and the Child Care Resource and Referral Agencies (CCR&Rs) of a Work First New Jersey (WFNJ) Child Care Referral Form and its mandatory use.

### **PROGRAM**

As a result of inconsistencies in the WFNJ child care referral process, from the CWAs to the CCR&Rs, the WFNJ Child Care Referral Form was developed. In accordance with N.J.A.C. 10:15-3.2(b), eligible families receiving TANF benefits shall access WFNJ child care benefits through a referral from the appropriate WFNJ case manager or designee. This also includes Transitional Child Care (TCC) benefits and Early Employment Initiative (EEI) benefits.

Effective immediately, all CWAs are required to use the attached WFNJ Child Care Referral Form for WFNJ, TCC, and EEI recipients

**FORMS**

WFNJ forms are available online by going to the DFD Intranet. A direct route to forms can be achieved by typing <http://dfdweb.dhs.state.nj.us/Policy/Forms/>. Please contact Lester Carr at Lester.Carr@dhs.state.nj.us or call him at (609) 631-6724 if you have any questions regarding these forms.

**FISCAL**

N/A

**TRAINING**

N/A

Please bring this information to the attention of appropriate staff. Questions may be directed to your assigned child care specialist in the Child Care Operations Unit.

Sincerely,

**SIGNED**

Jeanette Page-Hawkins  
Director

JPH:AKS:LB:TC:c

Attachment:  
WFNJ TANF/TCC Referral for Child Care Services

c: Dr. Allison Blake, Commissioner  
Department of Children and Families

Lisa Von Pier, Assistant Commissioner  
Department of Children and Families

Valerie J. Harr, Director  
Division of Medical Assistance and Health Services

## WORK FIRST NEW JERSEY TANF/TCC REFERRAL FOR CHILD CARE SERVICES

TO (CCR&R)		DATE	
FROM (CWA)		CASE NAME	
CASE WKR/ PHONE #		CASE #	

PARTICIPANT NAME	ACTIVITY	START DATE	STOP DATE

CARE AUTHORIZED							
ACTIVITY	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS PER DAY AUTHORIZED							

INCOME (PER MONTH)							
EARNED INCOME		CHILD SUPPORT		RSDI		SSI	
UIB		VA		PENSION		OTHER	

EMPLOYMENT INFORMATION			
EMPLOYER			
ADDRESS			
CONTACT PERSON		TELEPHONE	
WAGES	\$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY START DATE: _____ # OF HOURS EMPLOYED PER WEEK: _____		
VERIFYING DOC	<input type="checkbox"/> PAY STUBS	<input type="checkbox"/> EMPLOYER LETTER	<input type="checkbox"/> OTHER

IS CLIENT SANCTIONED?	YES		NO		IF SO, SANCTION EFF DATE & LEVEL	
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CHILD 1		DOB		CODE	
CHILD 2		DOB		CODE	
CHILD 3		DOB		CODE	
CHILD 4		DOB		CODE	

CHILD CARE PROVIDER NAME			
ADDRESS		PHONE	

COMMENTS