

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

DEPARTMENT OF HUMAN SERVICES DIVISION OF FAMILY DEVELOPMENT PO BOX 716 TRENTON, NJ 08625-0716 SARAH ADELMAN Acting Commissioner

NATASHA JOHNSON Assistant Commissioner

2021 COVID-19 Family Differential Payment Acknowledgement Form

Policy

- Effective September 2021, the Department of Human Services' Division of Family Development shall provide COVID-19 Family Differential Payments on behalf of eligible families participating in the Child Care Subsidy Program. The increased amount <u>must</u> reduce or eliminate expenses in excess of the State reimbursement payment, or apply as a credit (if monies are owed), towards tuition cost and other fees paid by the families.
- Payments are up to \$300 for full-time care, or \$150 for part-time care, per eligible child, per month above the baseline reimbursement rates from **September 2021 through December 2021.**
- Parents and providers participating in the Child Care Subsidy Program are required to complete this form to acknowledge receipt of the payment policy change.

		ı	PROVIDER	₹ :	INFORMATIO	N			
COUNTY:					NJCCIS ID:				
PROGRAM NAME:					DIRECTOR NAME:				
PHONE:					EMAIL:				
			FAMILY	IN	FORMATION	1			
LAST NAME					FIRST NAME				
EMAIL					PHONE				
CHILDREN INFORMATION									
Last Name		First Name		Date of Birth		Provider Weekly Rate		Provider Monthly Rate	
	/ knowl	ledge. I underst	and that th	is	information is	necess	sary to authori	ccurate and complete ze COVID-19 Family	
Parent Guardian Signature:							Date:		
Director/Operator Signature:							Date:		

Submit Forms by August 31, 2021. Failure to return may result in payment delays

CCR&R Name: Bergen County Office for Children Email: ofcContactInfo@co.bergen.nj.us

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