



State of New Jersey

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

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SARAH ADELMAN
Acting Commissioner

NATASHA JOHNSON
Assistant Commissioner

Insert Date

Insert Parent/Applicant Name

Insert Applicant Full Address

Dear Parent/Applicant:

As a family participating in New Jersey's Department of Human Services, Division of Family Development (DHS/DFD), Child Care Assistance Program, we are pleased to inform you that as of November 1, 2021, licensed child care center rates will increase and your share of the cost of child care, known as your copayment or copay, will be waived. The copay waiver applies whether your child care provider is a licensed child care center or another type of provider.

From November 2021 to October 2023, DHS/DFD will pay the total State reimbursement rate to your child care provider. This means your provider will receive your copay amount, directly from DHS/DFD, on your behalf. Please visit www.childcarenj.gov to see the new increased rates for licensed child care centers.

Although these changes take effect in November, changes to your current Parent/Applicant Provider Agreement (PAPA), to reflect the new rate for licensed child care centers and removal of your copay, will not occur until December. The Child Care Resource and Referral (CCR&R) agencies will notify your provider not to collect your copay from November 2021 to October 2023.

Quality, affordable child care is essential for working families. With this copay waiver, our goal is to support you by making child care more affordable.

Please note – child care providers charge different amounts for care. If the child care provider charges more than what the State covers, you are responsible for paying the difference. This difference is a cost you must cover. However, we strongly encourage providers to accept the State rate as full payment.

Insert CCR&R Agency name, your CCR&R agency, will notify your provider of these changes to your copay.

If you have questions, you may contact **Insert CCR&R Agency Name** at **Insert CCR&R Number**. Please also inform your CCR&R agency if your provider charges above the State reimbursement rate.