

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

2022-2023 COVID-19 Family Differential Payment Acknowledgement Form

Policy

• Effective January 2022, the Department of Human Services' Division of Family Development shall provide COVID-19 Family Differential Payments to licensed child care centers and family child care providers on behalf of families participating in the Child Care Assistance Program. The increased amount must reduce or eliminate expenses in excess of the baseline 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 January 2022 through December 2023.

• Parents and providers participating in the Child Care Assistance Program are required to complete this form to acknowledge receipt of the payment policy change.

PROVIDER INFORMATION						
COUNTY:			NJCCIS ID:			
PROGRAM NAME:			DIRECTOR NAME:			
PHONE:			EMAIL:			
FAMILY INFORMATION						
LAST NAME			FIRST NAME			
EMAIL			PHONE			
CHILDREN INFORMATION						
Last Name	First Nam	e Da	te of Birth	Provider Weekly Rate	Provider Monthly Rate	
I have read and understand the policy. I attest that the information provided above is accurate and complete to the best of my knowledge. I understand that this information is necessary to authorize COVID-19 Family Differential Payments in connection with the Child Care Subsidy Program.						
Parent Guardian Signature:				Date:		
Director/Operat	or Signature:			Date:		
Submit Forms within 30 days of receipt. Failure to return on time may result in payment delays.						

CCR&R Name: Bergen County Office for Children

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