



State of New Jersey

PHILIP D. MURPHY
Governor

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

CAROLE JOHNSON
Commissioner

SHEILA Y. OLIVER
Lt. Governor

NATASHA JOHNSON
Assistant Commissioner

NJ CHILD CARE SUBSIDY PROGRAM
IVR System Contact Update Form

Case ID Number:

Parent/Applicant First / Last Name:

Telephone number to link this card to: Phone Type: Landline Cell Phone

Applicant Families First Card or E-Child Care ID Number (16 Digit):

Check Box if a new or replacement card is needed

Co-Parent/Applicant First / Last Name:

Telephone number to link the card to: Phone Type: Landline Cell Phone

Co- Applicant Family First Card or E-Child Care ID Number (16 Digit):

Check Box if a new or replacement card is needed

Instructions: Only three Family First Cards can be issued per Family. Applicant plus two other individuals over 18 years old authorized to pick up and drop off children

Designee (Alternate) First / Last Name: D.O.B.

Primary Telephone Number:

Designee Family First Card or E-Child Care ID Number (16 Digit):

Check Box if a new or replacement card is needed

NOTE: A Second Designee can be added if there is no Co-Applicant

Designee (Alternate) First / Last Name: D.O.B.

Primary Telephone Number:

Designee Family First Card or E-Child Care ID Number (16 Digit):

Check Box if a new or replacement card is needed

**Policy**

- The above authorized user number is authorized to check your children in and out of care
- Under no circumstances can the child care provider or the child care provider staff be identified as a designee or have access to your card or pin number.
- Designees will be required to follow the same E-Child Care program rules.

**Parent /Applicant Signature:**

**Date:**

**Co-Applicant/Applicant Signature:**

**Date:**

*Please Return this Form to Your Child Care Resource & Referral Agency:*