

State of New Jersey

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor DEPARTMENT OF HUMAN SERVICES DIVISION OF FAMILY DEVELOPMENT PO BOX 716 TRENTON, NJ 08625-0716 CAROLE JOHNSON Commissioner

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			
<u>Co-Parent/Applicant First / Last Name:</u>			
Telephone number to link the card to:	Phone Type:	Landline	Cell Phone
Co- Applicant Family First Card or E-Child Care ID Number (16 Di	git):		
Check Box if a new or replacement card is needed			
<i>Instructions:</i> Only <u>three</u> Family First Cards can be issued per Family over 18 years old authorized to pick up and drop off children	mily. Applicant p	lus two other ind	lividuals
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:

Co-Applicant/Applicant Signature:

Date:

Date:

Email address:

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

Bergen County Office for Children OFCcontactinfo@co.bergen.nj.us