



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

CAROLE JOHNSON
Commissioner

NATASHA JOHNSON
Assistant Commissioner

09/10/2020

CCRR Agency: Programs for Parents

Address: 570 Broad St. 8th Floor Newark, NJ 07102

Re: School-Age, Full-Time Child Care Request: COVID-19 Child Care Subsidy Initiative

Dear Parent:

The Department of Human Services, Division of Family Development (DHS/DFD) is committed to helping families that need child care for their school-age children during the school day this Fall as schools re-open with full or partial remote schedules due to the COVID-19 public health emergency. Starting September 1, 2020 until December 30, 2020 the Department will provide child care subsidies for care during school day hours, in addition to before- and after-school care.

DHS/DFD will pay your licensed or registered child care provider from September 1, 2020 through December 30, 2020 based on the hours of care needed. To be eligible for this assistance, your child must be attending school remotely, either part-time or full-time. Under the Child Care Subsidy Program, the state will provide up to \$634.00 for Licensed Child Care Providers and \$526.00 for Registered Family Child Care Providers per month, per child for full-time care. If the amount that we pay is less than the child care provider's rate, providers may charge parents the cost difference.

If you need full or part-time child care during school hours, simply fill out and return the form attached. You will need to provide information such as which days of the week/hours care and the name of the child care provider you plan to use.

If you already have a child care provider that is either licensed or registered, payments can be made quickly to your selected provider as soon as you submit this form via email to documents@programsforparents.org or mail to: Programs for Parents 570 Broad St. 8th Floor Newark, NJ 07102.

If you need assistance with locating a child care provider, please call our office phone # (973) 744-4677 or email us at crr@programsforparents.org email for further assistance.

Enclosed



New Jersey Department of Human Services' Division of Family Development
 COVID-19 School-Age Child Care Needs Form

Parent Name: _____ Phone Number: _____
 Email Address: _____
 Child Name: _____ Date of Birth: _____
 School District: _____

Section 2: Days of the Week and Hours of Care

Instructions: Please fill in the days and hours that your school-age child needs care due to COVID-19's impact on your school's schedule. If your child's school schedule requires them to attend school on certain days during the week, or requires a certain alternating weekly schedule, please fill in the schedule below accordingly with the hours you will need child care, including the hours during the school day (i.e., 1:00pm – 6:00pm.) For additional children, see the back of this page.

Example: Week 1: Mon, Tues, Wed Week 2: Thurs, Friday OR Week 1: Mon, Tues, Wed, Thurs Week 2: Mon, Tues, Wed, Thurs.

Week 1

Monday From: _____ To: _____
 Tuesday From: _____ To: _____
 Wednesday From: _____ To: _____
 Thursday From: _____ To: _____
 Friday From: _____ To: _____
 Full Remote Learning (5 days a week - full school day)

Week 2

Monday From: _____ To: _____
 Tuesday From: _____ To: _____
 Wednesday From: _____ To: _____
 Thursday From: _____ To: _____
 Friday From: _____ To: _____

Section 3: Child Care Provider Information

Name of Provider: _____

Type of Provider: Licensed Center Family Home Provider I need help finding a Provider

Section 4: Certification

With my signature below, I certify that:

- All of the information provided above is true and correct;
- Child care is needed because due to the COVID-19 public health emergency my child's school is re-opening with a full or part-time remote learning schedule;
- I understand that the information provided above is in connection with federal, state and local public funds and that it is unlawful to provide any false or misleading information to receive these benefits.
- I understand these funds pay for child care services at a licensed child care center or registered family child care provider **only** through December 30, 2020.
- It is my responsibility to inform the Child Care Resource and Referral Agency (CRR&R) and my child care provider if I no longer need child care services.

Parent Signature: _____ Co-Parent Signature (if applicable): _____

Date: _____



New Jersey Department of Human Services' Division of Family Development
 COVID-19 School-Age Child Care Needs Form

Section 2 Continuation: Days of the Week and Hours of Care

Example: Week 1: Mon, Tues, Wed Week 2: Thurs, Friday OR Week 1: Mon, Tues, Wed, Thurs Week 2: Mon, Tues, Wed, Thurs.

Child Name: _____ DOB: _____ Name of Provider: _____
 Type of Provider: Licensed Center Family Home Provider School District Program I need help finding a Provider

Week 1

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:
- Full Remote Learning (5 days a week - full school day)

Week 2

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:

Child Name: _____ DOB: _____ Name of Provider: _____
 Type of Provider: Licensed Center Family Home Provider School District Program I need help finding a Provider

Week 1

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:
- Full Remote Learning (5 days a week - full school day)

Week 2

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:

Child Name: _____ DOB: _____ Name of Provider: _____
 Type of Provider: Licensed Center Family Home Provider School District Program I need help finding a Provider

Week 1

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:
- Full Remote Learning (5 days a week - full day)

Week 2

- Monday From: To:
- Tuesday From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To: