



**Department of Human Services • Division of Family Development  
NEW JERSEY CHILD CARE ASSISTANCE PROGRAM  
FAMILY REDETERMINATION GUIDE**

**Continued Eligibility**

In order to continue your Child Care Assistance Program (CCAP) benefits after the conclusion of your current 12-month eligibility period, you must submit an Application for Redetermination of Eligibility and all supporting documentation to your Child Care Resource and Referral agency (CCR&R) within 30 calendar days from the date of the Notice of Redetermination. The supporting documentation must establish that you continue to meet CCAP residency, income, and employment, school, or job training eligibility requirements.

**Income Requirements**

- If your family income is at or below 250% of the Federal Poverty Level (FPL) at redetermination, you will remain eligible for CCAP assistance as long as all other eligibility requirements continue to be met.
- If your family income exceeds 250% of the FPL, but remains below 85% of the State Median Income (SMI) at redetermination, you will be granted only 1 year of additional CCAP assistance known as a Graduated Phase-Out Period. You will no longer be eligible for CCAP assistance at the conclusion of this period.
- If your family income exceeds 85% of SMI, you are no longer eligible for CCAP assistance (you must notify your CCR&R within 10 calendar days of the change in family income to over 85% of SMI).
- The 250% of FPL and 85% of SMI family income limits, according to family size, are as follows:

If Your Family Size is	1	2	3	4	5	6	7	8	9	10
Income Limits at 250% of FPL	\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$107,875	\$121,625	\$135,375	\$149,125	\$162,875
<i>These income limits are based on the 2025-2026 Federal Poverty Level</i>						<i>Note: If Your Family Size is more than 10, Each Additional = \$13,750</i>				
Income Limits at 85% of SMI	\$69,567	\$84,962	\$108,303	\$134,671	\$143,086	\$151,501	\$159,916	\$168,331	\$176,746	\$185,161
<i>These income limits are based on the 2025-2026 State Median Income</i>						<i>Note: If Your Family Size is more than 10, Each Additional = \$8,415</i>				

**Employment, School, or Job Training Hours Requirements**

- Employment hours must be a minimum of 20 hours per week.
- School hours must be a minimum of either 12 or more credit hours per term or the equivalent number of Continuing Education Units (CEUs) in a two-year Associate’s Degree program or four-year Bachelor’s Degree program at a college or university, or 9 or more credit hours or the equivalent number of CEUs during the summer semester.
  - Online or distance-learning, asynchronous (non-live) coursework is limited to no more than 6 credit hours per semester for someone enrolled full-time, or no more than 3 credit hours per semester for someone enrolled part-time or during a summer semester.
- Job training hours must be a minimum of 20 hours per week.

**Approval**

If you are determined to be eligible at redetermination, you will be approved for continued CCAP benefits for a new 12-month eligibility period. Before CCAP assistance payments can start, the Parent/Applicant and Provider Agreement (PAPA) must first be signed by you and the provider, and returned to the CCR&R within 10 calendar days of the date it is issued.

You will be responsible to pay copayments directly to your child care provider at the times agreed upon between you and your child care provider (i.e. weekly, bi-weekly, or monthly), unless you are eligible for a copayment waiver (Copayments are waived if family income is at or below 100% of the FPL or the child is in protective services). If a provider charges more than the maximum State payment rate, you will be responsible for paying any difference in amount over the State payment rate, available at: [https://www.childcarenj.gov/ChildCareNJ/media/media\\_library/Max\\_CC\\_Payment\\_Rates.pdf](https://www.childcarenj.gov/ChildCareNJ/media/media_library/Max_CC_Payment_Rates.pdf).



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**Termination**

Your CCAP assistance may be terminated at redetermination if the CCR&R determines any of the following:

- Family income exceeds 85% of SMI for your family size.
- Applicant/co-applicant does not meet the employment/school/job training requirements.
- Employment/school/job training could not be verified.
- Family no longer resides in New Jersey or the county of application.
- Child no longer meets the age requirement.
- Redetermination application not completed/ supporting documents not provided within 30 calendar days of the date of the Notice of Redetermination.
- Parent/Applicant and Provider Agreement (PAPA) not signed and returned within 10 calendar days of issuance by the CCR&R.
- You are delinquent on a repayment agreement for a CCAP debt.
- Funding is unavailable (you will be placed on the waiting list).

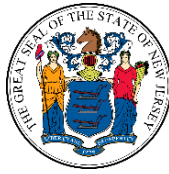
**Rights and Appeal**

- A family whose CCAP assistance is denied at redetermination may request a case and administrative review.
- If you wish to have a termination reviewed, you must first seek a case review through the CCR&R by a written request made within **10** calendar days of the date of the notice of the adverse action.
- If you wish to have the CCR&R's case review decision reviewed by the Division of Family Development (DFD), you must make a request for an administrative review within **90** calendar days of the date of the adverse action notice.
- A request for an administrative review may be made by contacting DFD's Bureau of Administrative Review and Appeals by any of the following means:
  - Calling 1-800-792-9773, prompt #6.
  - Faxing 1-609-588-2149
  - Email at [DFDBARA@dhs.nj.gov](mailto:DFDBARA@dhs.nj.gov)
  - Mail addressed to:

**Bureau of Administrative Review and Appeals**  
**Division of Family Development**  
**P.O. Box 716**  
**Trenton, New Jersey 08625-0716**

**For Additional Information**

- Contact your CCR&R;
- Call the Child Care Helpline at 1-800-332-9227; or
- Visit [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov).



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**I (we) have received a copy of the Family Redetermination Guide and understand the following:**

- Acceptance of child care financial assistance is not for my (our) personal use or expenses. Federal and state public funds, such as this child care assistance, must and will be used as payment for costs that are directly associated with services rendered by a child care provider.
- It is a violation of program rules to provide any false or misleading information for the purpose of obtaining financial assistance for child care services, including but not limited to, information about my (our) eligibility. For example:
  - Failing to accurately report all sources of my (our) income, such as, but not limited to, not reporting multiple sources of income, or an increase or decrease in wage/salary, child support or alimony payments, self-employment wages, unemployment benefits or any other source of income.
  - Changing or altering pay stub information or otherwise failing to accurately report the amount of my (our) income. Examples include, but are not limited to, reporting inaccurate amounts of income from self-employment, child support, alimony, income from a second job or rent from property ownership.
  - Failing to accurately report the number of household members, for example, failing to report a spouse or another parent/guardian is living in the household.
- This information is being given in connection with federal and state public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
- Submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to criminal and civil penalties, as well as the denial, disqualification, termination and/or repayment of child care services and child care assistance.

I also understand that in order to verify my (our) income and service need, a CCR&R representative may need to contact my (our) employer(s). By signing below, I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the CCR&R representative.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_