



The
Children's
Home Society

O F N E W J E R S E Y®

— Ocean County Services —

1433 Hooper Avenue, Suite 340 ♥ Toms River, New Jersey 08753 ♥ Phone: 732-557-9633 ♥ Fax: 732-557-0588 ♥ www.chsofnj.org

New Jersey Cares for Kids Child Care Subsidy Program

Enclosed is your application for the New Jersey Cares for Kids (NJCK) Child Care subsidy program. NJCK helps eligible families with the cost of child care.

The eligibility requirements of the NJCK Program are as follows:

- Must be an Ocean County resident
- Must be employed full time (at least 30 hours per week) OR
- Attend school full time: 20 hours per week of training or 12 college credits (a minimum of 6 credits must be in person; a maximum of 6 credits may be online); OR
- Work part time AND go to school/training part time (total must equal full time)
- Must meet income eligibility guidelines

Please follow the instructions on how to complete the application. Use the Documentation Checklist included with the application as a guide to ensure all required documentation has been added to your application for review. **We are unable to accept incomplete applications.**

If you need assistance with the application or have any questions, please call:

Virginia Charpentier at extension 3143 for general information.

Alexis Brown at extension 3110 if your last name begins with letters A-L.

Francine Ashton at extension 3166 if your last name begins with letters M-Z.

Please call our Family Engagement Specialist, Terece Torquato, at extension 3109 if you are interested in:

- Developmental Screenings for children up to age 5 in key areas such as speech, fine motor, gross motor, social and emotional
- Positive Solutions for Families to learn strategies for addressing children's occasional challenging behavior at home
- Parent Cafes for discussions to reduce stress and strategies to keep families strong
- Referrals to other Ocean County resources (housing, food, etc.)

If you would like more information on the various types of child care programs available or would like assistance locating a quality child care option that meets your family's needs*, please contact our Resource and Referral Specialist, Chantele McAllister, at extension 3105.

*The Children's Home Society of New Jersey does not license, endorse or recommend any specific provider. The agency encourages and supports parental choice in the selection of child care. We urge parents & guardians to interview and carefully check references before leaving a child in care.

INCOME ELIGIBILITY GUIDELINES

GROSS ANNUAL INCOME FOR HOUSEHOLD CANNOT EXCEED:

Family Size of 2: \$40,880
Family Size of 3: \$51,640
Family Size of 4: \$62,400
Family Size of 5: \$73,160
Family Size of 6: \$83,920
Family Size of 7: \$94,680
Family Size of 8: \$105,440

Please be advised:

ALL sources of income must be submitted with your application. This includes, but is not limited to:

- Employment wages
- Bonuses and commissions
- Scholarship monies
- Child support: either court ordered or mutually agreed upon between parents
- Parental/Familial Support
- Taxable interest
- Ordinary dividends
- Capital gains
- Rental income
- Partnerships, Corporations & S Corporations
- LLC's
- Trusts
- Investments
- Self-employment
- 1099 employment
- SSI for applicants and/or children

Please contact an application specialist if you have any questions regarding this information.



Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program Overview and Application Instructions

As so many families know, child care costs can take up a lot of the monthly budget. The New Jersey Child Care Assistance Program (CCAP) can provide financial assistance to eligible lower-income families who are working, in training or in school, or a combination of these activities to pay a portion of their child care. CCAP is funded by the federal Child Care and Development Fund (CCDF) and is administered by the New Jersey Department of Human Services, Division of Family Development (DFD).

Applying for Child Care Assistance

As an applicant/co-applicant seeking child care assistance, you will be required to provide proof of income, training/school hours and family size to help determine eligibility. All required documents must be submitted to be considered for assistance.

Applicant/Co-Applicant Eligibility Requirements

- Must be a New Jersey resident;
- Must meet income requirements and not have assets that exceed \$1 million; and
- Must be working full time (30 hours or more a week), attending school full time (12 credits or more), in job training (at least 20 hours a week), or have a full-time equivalent combination of these activities to meet the requirement.

Child(ren) Eligibility Requirements

- Less than age 13, or less than age 19, if mentally or physically incapable of self-care or under protective supervision by the NJ Division of Child Protection and Permanency (DCP&P);
- Must be a U.S. citizen or qualified non-citizen; and
- Must reside with applicant/co-applicant (parent(s) or individual(s) acting as parent(s) (in loco parentis)).

Eligible Child Care Providers

- You can use your child care assistance at any licensed child care center, a registered family child care provider, approved home (in-home and family, friend or neighbor), school-based program or a summer youth camp that is approved by the state and accepts state payments.
- Eligible providers must comply with all Child Care and Development Block Grant (CCDBG) requirements including completing numerous health and safety trainings and required criminal background checks.

Completing and Submitting an Application

To get started, you must first complete, sign and submit the following application with all the required documents to your Child Care Resource and Referral (CCR&R) agency. To find your local CCR&R, visit www.ChildCareNJ.gov/CCRR or call 1-800-332-9227.

What happens next if my application is approved?

If approved, your CCR&R will send you a Parent/Applicant and Provider Agreement (PAPA) for each child for whom child care assistance is requested. You must complete this form and return to your CCR&R within ten (10) calendar days. The PAPA must be signed by both the applicant/co-applicant and child care provider and returned to your CCR&R prior to the expiration date indicated. Your CCR&R cannot initiate child care assistance payments until this agreement is signed and returned. Initial child care assistance approval is for 12 months, unless you request a shorter period of care. You will receive an Application for Redetermination from your CCR&R prior to the end of your period of eligibility.

For more about eligibility requirements, applying for child care assistance, licensing information, a search to find child care in your area, provider inspection reports and information on what makes a quality program, visit www.ChildCareNJ.gov or call the Child Care Helpline at 1-800-332-9227.



New Jersey Child Care Assistance Program Application Documentation Checklist

Below is a general list of required documents for each section of the Child Care Assistance Program (CCAP) application that must be submitted for initial eligibility consideration. Additional documents may also be required based on program requirements. If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-332-9227.

A. APPLICANT & CO-APPLICANT IDENTIFICATION

For each applicant/co-applicant, submit one of the documents from **Column A**. If you are unable to provide from **Column A**, you may submit two documents from **Column B**:

COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- Driver's license
- Government-Issued Photo ID card
- Military photo ID card
- Employer-issued photo ID card
- School photo ID card
- Passport
- Permanent Resident Card (Green Card)

OR

COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- High school diploma, GED or college diploma
- Health insurance card or prescription card
- Printed paystub
- Birth certificate (applicant/co-applicant or child's)
- Social Security card

B. ADDRESS

For each applicant/co-applicant, submit one of the following to verify residence:

- | | |
|--|--|
| <input type="checkbox"/> Current rental/lease agreement or mortgage bill | <input type="checkbox"/> Home utility bills |
| <input type="checkbox"/> Court decree (if applicable) | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School records showing residence | <input type="checkbox"/> Vehicle registration/title or NJ driver's license |
| <input type="checkbox"/> Custody agreement or other court documents for guardianship (if applicable) | <input type="checkbox"/> Most recent filed tax forms showing dependency
<i>(For dependents 18+, must provide filed IRS 1040 Form)</i> |

If you are experiencing homelessness as defined by any of the following situations and are unable to provide the necessary documents with your application, you may have up to six months to submit the required paperwork. Situations include:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings [within the meaning of section 103(a)(2)(C)];
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings; and
- Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) therein.

C. HOUSEHOLD INFORMATION

To prove relationship, any of following must be submitted for **any child in need of child care services**:

- Birth certificate
- Court decree (if applicable)
- Custody agreement or other court documents for guardianship (if applicable)

For each dependent residing in the home who is **18 years of age or younger** and included in the family size but **not in need of child care services**, submit one of the following to verify family size:

- Birth certificate
- Court decree (if applicable)
- Custody agreement or other court documents for guardianship (if applicable)
- Most recent filed tax forms showing dependency

If the dependent is over the age of 18, submit one of the following documents to verify family size:

- Most recent filed tax forms showing dependency (must provide copy of filed IRS 1040 form for dependents 18+)
- Health insurance policy showing coverage for the dependent
- Records of school enrollment



New Jersey Child Care Assistance Program Application Documentation Checklist

D. INCOME

For each applicant/co-applicant, submit all that apply to verify income (If you have additional questions, please contact your CCR&R):

INCOME FROM EMPLOYMENT:

- Must provide one month of current pay stubs or business checks, e.g. 4 weekly, 2 biweekly, etc. (other documents may be required to verify eligibility); or
- CC-188 Verification of Employment Form (Applicant/co-applicant may be able to provide this form in lieu of paystubs or business checks in limited circumstances only)

NEW EMPLOYMENT ONLY (If paystubs are not available):

- CC-188 Verification of Employment Form (Applicant/co-applicant will be required to follow up with pay stubs or business checks within 3 months)

SELF-EMPLOYED ONLY:

- Submit current IRS tax transcript of Form 1040 along with Schedule C, "Profit or Loss from Business"

UNABLE TO WORK or INCAPACITATED:

- CC-10 Statement of Incapacity Form

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- Pension/retirement documentation
- Social Security award letter
- Unemployment/worker's compensation documentation
- Alimony/spousal support
- Veterans/military benefits
- Disability benefits
- Child support (minimum 6 months of payment/disbursement history)
- Any other income required for federal/state tax reporting purposes

E. WORK/SCHOOL/TRAINING

For each applicant/co-applicant, submit one of the following:

- WORK:** See Section D, "Income from Employment" for acceptable documents to verify hours of work
- SCHOOL:** Course registration or transcript from the school (Other documents may be required to verify eligibility)
- TRAINING PROGRAM:** Program registration or transcript from the training program (Other documents may be required to verify eligibility)

F. CHILD(REN) INFORMATION (for child citizenship status purposes only)

For any child in need of care, submit one of the following:

- U.S. birth certificate
- Certificate of Citizenship
- U.S. passport or passport card
- Social Security card
- Permanent Resident Card (Green Card) (USCIS Form I-551)
- Refugee Travel Document (Form I-571)
- Electronic version of U.S. Customs and Border Protection Form I-94 (available on the CBP One Mobile App or <https://i94.cbp.dhs.gov/i94#home>)



Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program Application

Submit this application along with any required documentation to your Child Care Resource and Referral (CCR&R) agency:
(See the Documentation Checklist at the end of this application for required documentation)



1433 Hooper Ave, Suite 340 Toms River, NJ 08753

Please type or print neatly using blue or black ink only. Asterisk (*) indicates a required field. Providing a Social Security Number is voluntary, and eligibility will not be denied due to the failure to provide a Social Security Number. Social Security Numbers will be used to verify income, and will be kept confidential under applicable Federal, State and local laws, rules and regulations relating to safeguarding of personally identifying information. Answer all questions to the best of your knowledge.

If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-332-9227.

A. APPLICANT & CO-APPLICANT INFORMATION

Form section A: APPLICANT & CO-APPLICANT INFORMATION. Fields include: Applicant's Last Name*, First Name*, M.I., Social Security Number, Date of Birth (MM/DD/YYYY)*, Gender at Birth* (Female/Male), Are you Head of Household?*, Relationship to the Child*, Are you Hispanic/Latino?*, and demographic checkboxes (White/Caucasian, Native American/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, Other).

Form section B: CO-APPLICANT. Fields include: Co-Applicant's Last Name*, First Name*, M.I., Social Security Number, Date of Birth (MM/DD/YYYY)*, Gender at Birth* (Female/Male), Are you Hispanic/Latino?*, and demographic checkboxes (White/Caucasian, Native American/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, Other).

Form section C: FAMILY SIZE. Fields include: Total number of applicants (including the co-applicant, if applicable)*, Total number of dependent children in family*, Total number of dependent adults in family (not including the applicant or co-applicant, if applicable)*, and a note: 'Dependent children are all children under the age of 18 in the household. Dependent adults are those who are not legally responsible for the children but who are dependent upon the applicant/co-applicant. See the Documentation Checklist at the end of this application for required documentation.'

B. ADDRESS

Form section B: ADDRESS. Fields include: Home Street Address*, Apt.#, City*, State*, Zip Code*, School District*, Cell Phone Number, Home Phone Number, Email, and a note: 'I am experiencing homelessness. I lack a fixed, regular and adequate nighttime residence: Yes/No. If you are experiencing homelessness, you may be given more time to submit required documentation. See the Documentation Checklist for more information.'



New Jersey Child Care Assistance Program Application

C. HOUSEHOLD INFORMATION

Does the applicant/co-applicant currently (select all that apply):

- Yes No Serve full-time and in active duty in the military?
- Yes No Serve in the National Guard or military reserves?
- Yes No Receive, or in the past received, WFNJ-TANF benefits? If yes, please provide TANF ID#: _____
- Yes No Receive, or in the past received, SNAP benefits? If yes, please provide SNAP ID#: _____
- Yes No Have health insurance benefits?
- Yes No Receive any housing assistance?

D. INCOME Attach documentation of one month of current income. See the Documentation Checklist for guidance.

Do your family's assets exceed \$1,000,000.00?: Yes No

APPLICANT			CO-APPLICANT		
Check all sources of income that apply:	Amount	Frequency	Check all sources of income that apply:	Amount	Frequency
<input type="checkbox"/> Wages/salary (from all employers)			<input type="checkbox"/> Wages/salary (from all employers)		
<input type="checkbox"/> Wages/salary (self-employment)			<input type="checkbox"/> Wages/salary (self-employment)		
<input type="checkbox"/> Pension/retirement			<input type="checkbox"/> Pension/retirement		
<input type="checkbox"/> Supplemental Security Income (SSI)			<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security benefits			<input type="checkbox"/> Social Security benefits		
<input type="checkbox"/> Unemployment/worker's compensation			<input type="checkbox"/> Unemployment/worker's compensation		
<input type="checkbox"/> Veterans/military benefits			<input type="checkbox"/> Veterans/military benefits		
<input type="checkbox"/> Disability benefits			<input type="checkbox"/> Disability benefits		
<input type="checkbox"/> Child support**:			<input type="checkbox"/> Child support**:		
<input type="checkbox"/> Alimony**:			<input type="checkbox"/> Alimony**:		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		

**Enter the amount of child support and/or alimony you receive, regardless of whether it is court ordered or not.

E. WORK/SCHOOL/TRAINING

Is either the applicant or co-applicant incapacitated and unable to work?: Yes No

(If Yes, complete the CC-10 Statement of Incapacity Form for only one of either the applicant or the co-applicant, the form cannot be utilized by both)

APPLICANT	Are you working?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Number of hours per week: _____	Are you enrolled in school?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Classroom credits/hours: _____	Are you in a training program?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Numbers of hours per week: _____
	Employer Name or School/Training Site: _____		Phone: _____
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Second Employer Name or School/Training Site (if applicable): _____		Phone: _____
	Address: _____		
City: _____	State: _____	Zip Code: _____	
<i>If there are additional employer(s), school(s), training site(s), please attach documentation.</i>			

CO-APPLICANT	Are you working?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Number of hours per week: _____	Are you enrolled in school?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Classroom credits/hours: _____	Are you in a training program?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date (MM/DD/YYYY): _____ Number of hours per week: _____
	Employer Name or School/Training Site: _____		Phone: _____
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Second Employer Name or School/Training Site (if applicable): _____		Phone: _____
	Address: _____		
City: _____	State: _____	Zip Code: _____	
<i>If there are additional employer(s), school(s), training site(s), please attach documentation.</i>			



New Jersey Child Care Assistance Program Application

F. CHILD(REN) INFORMATION Include each child needing child care assistance. Use the Additional Child(ren) Form if needed.

CHILD #1	Last Name*:		First Name*:		M.I.:		
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:				
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____						
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>						
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of child care provider (if selected):						
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Start Time:							
End Time:							

CHILD #2	Last Name*:		First Name*:		M.I.:		
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:				
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____						
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>						
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of child care provider (if selected):						
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Start Time:							
End Time:							

CHILD #3	Last Name*:		First Name*:		M.I.:		
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:				
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____						
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>						
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of child care provider (if selected):						
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Start Time:							
End Time:							

CHILD #4	Last Name*:		First Name*:		M.I.:		
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:				
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____						
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>						
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of child care provider (if selected):						
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Start Time:							
End Time:							



New Jersey Child Care Assistance Program Application

Additional Child(ren) Information *Include each child needing child care assistance*

Applicant Name*:		Co-Applicant Name:	
Social Security Number:		Social Security Number:	
Date of Birth (MM/DD/YYYY)*:		Date of Birth (MM/DD/YYYY):	

CHILD #5	Last Name*:		First Name*:		M.I.:			
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:					
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____							
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>							
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>							
	Name of child care provider (if selected):							
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
	Start Time:							
	End Time:							

CHILD #6	Last Name*:		First Name*:		M.I.:			
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:					
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____							
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>							
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>							
	Name of child care provider (if selected):							
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
	Start Time:							
	End Time:							

CHILD #7	Last Name*:		First Name*:		M.I.:			
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:					
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____							
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>							
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>							
	Name of child care provider (if selected):							
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
	Start Time:							
	End Time:							

CHILD #8	Last Name*:		First Name*:		M.I.:			
	Social Security Number:		Date of Birth (MM/DD/YYYY)*:					
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male		Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____							
	Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of one of the documents in Section F. of the Documentation Checklist at the end of this application)</i>							
	Does the child have any documented special needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>							
	Name of child care provider (if selected):							
	Care is needed:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
	Start Time:							
	End Time:							



New Jersey Child Care Assistance Program Application

G. IMPORTANT COMMUNITY RESOURCES

To make a complaint or report a health and safety violation, contact:

Child Care Centers
Contact the Dept. of Children and Families, Office of Licensing
njccis.com/njccis/public-complaint
1-877-667-9845
Complaints may be made anonymously.

Registered Family Child Care and Home-Based Providers
Contact your CCR&R
www.ChildCareNJ.gov/Parents/CCRR
1-800-332-9227

Summer Youth Camps
Contact the Dept. of Health, Public Health and Food Protection Program
1-609-826-4935 ext. 27

Child Care Resource and Referral (CCR&R) Agencies
Contact the Office of Child Care
www.ChildCareNJ.gov
DFD.ChildCare@dhs.nj.gov
1-609-588-2163

To report abuse and neglect, contact:

All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry Child Abuse Hotline. This is a toll-free, 24-hour, seven-days-a-week hotline.
1-877 NJ ABUSE (652-2873) • TTY 1-800-835-5510

The **Division of Family Development (DFD)** provides leadership and supervision to the public and non-profit agencies that deliver financial assistance and critical safety net services to individuals and families in New Jersey. Along with [Child Care](#) services, the programs within DFD are [Work First New Jersey/Temporary Assistance for Needy Families \(WFNJ/TANF\)](#) and [WFNJ/General Assistance \(WFNJ/GA\)](#) – the two programs that make up the state’s cash assistance program; [NJ SNAP](#); and [Child Support](#) services. For more information on these programs, visit the DFD website at www.nj.gov/humanservices/dfd.

If you are deaf, hard of hearing, deaf-blind and/or speech-disabled use 7-1-1 NJ Relay.

NJ 2-1-1 • www.NJ211.org • Dial 2-1-1

NJ 211 provides live assistance 24 hours a day, every day of the year. Services are free, confidential and multilingual with referrals to over 7,600 community programs and services like – food, utilities, affordable housing, rental assistance, mental and physical health, substance use disorders, senior needs, legal assistance, Kinship Navigator Program, transportation, disability services and so much more.

NJ Helps • www.NJHelps.gov

NJ Helps is an online screening tool that will help you see if you are eligible for food assistance (SNAP), cash assistance (WFNJ/TANF or WFNJ/GA), and health insurance (NJ FamilyCare/Medicaid). From there you can apply for services or learn about additional resources.

Connecting NJ • www.nj.gov/connectingnj

Connecting NJ is a referral process for obstetrical and prenatal care providers, community agencies, and families linking you to NJ Family Care, Community Doulas, Home Visitation Programs and more.

Early Intervention Services • www.nj.gov/health/fhs/eis/for-families/ • Birth to Age Three: 1-888-653-4463 • Over Age Three: 1-800-322-8174

The New Jersey Early Intervention System (NJEIS), under the Division of Family Health Services, for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families. New Jersey Early Intervention System Project Child Find assists families of preschoolers ages 3 through 5 concerned about their child’s development.

Earned Income Tax Credit (EITC) • <https://eitc.nj.gov> • Federal: 1-800-929-1040 • State: 1-888-895-8179

EITC is a federal and state tax credit benefit for individuals and families who earn low-to moderate incomes in NJ.

Family Help Line • 1-800-THE-KIDS (1-800-843-5437) 24 hours a day, 7 days a week

If you're feeling stressed out, call the Family Help Line and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who provide empathic listening about parenting and refer you to resources in your community.

Low Income Home Energy Assistance (LIHEAP) • 1-800-510-3102

The Home Energy Assistance Program helps very low-income residents with their heating and cooling bills, and makes provisions for emergency heating system services and emergency fuel assistance within the Home Energy Assistance Program.

NJ Parent Link • www.njparentlink.nj.gov • 609-633-1363

The focus of NJ Parent Link is to meet the information and resource needs of expectant parents, families with young children (newborns to children entering kindergarten) and professional stakeholders vested in the health and well-being of New Jersey’s children and families. Parenting and support resources for families with older children, school aged to young adulthood, are also available.

Social Service for the Homeless (SSH) • www.nj.gov/humanservices/dfd/programs/ssh • NJ 2-1-1

Provides assistance to New Jersey residents who are at risk of homelessness, but are ineligible for Temporary Assistance for Needy Families, General Assistance or Supplemental Security Income.



New Jersey Child Care Assistance Program Application

H. CERTIFICATION *Read carefully before signing.*

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that 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 (we) also understand that audits or reviews may be conducted to verify any information provided in connection with this application or any child care assistance provided.

I (we) also understand that:

1. 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.
2. 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.
3. 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.
4. Providing the social security numbers of the applicant/co-applicant and child(ren) is voluntary. CCR&R staff may use my (our) names and social security information with federal and state agencies and other sources deemed necessary for official examination and verification. However, certain documentation is required for all children for whom child care assistance is requested. (See Section F. of the Documentation Checklist at the end of this application for required documentation.)
5. In order to verify my (our) income and service need, a CCR&R representative may need to contact my (our) employer(s). 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.
6. The state has set maximum rates for what it pays for child care assistance. These rates vary depending on several factors including the age of the child and the type of provider. This assistance may cover your entire cost for care, however, providers all charge different amounts. If your provider charges more than what the state covers, I (we) understand that I (we) are responsible for paying the difference.
7. I (we) are responsible for the copayment (copay) fee which is calculated by the CCR&R and based upon my (our) family size, annual income, hours of care needed and the age of my (our) children during the period of eligibility.
8. Should there be a change in the utilization of child care services, the CCR&R retains the right to change my (our) Parent/Applicant and Provider Agreement (PAPA) to reflect the actual hours of care needed.
9. I (we) must notify the CCR&R in person, by mail, phone, email or using the CC-198 Notification of Change Form, immediately or no later than 10 days from the occurrence, of any changes that may affect child care eligibility. This includes no longer needing care, relocation out of county or state, change of provider or type of care and/or if any income changes to exceed 85% of the State Median Income (Income Eligibility Chart available at www.ChildCareNJ.gov/Parents/CCAP).
10. The assigned CCR&R is authorized to issue full-time payment to **only one child care provider per child** for the specified period of eligibility.

Continued on next page



New Jersey Child Care Assistance Program Application

H. CERTIFICATION CONTINUED *Read carefully before signing.*

11. Authorization for child care assistance is for 12 months, unless you request a shorter period of time.
12. Payment is issued directly to providers on a biweekly basis.
13. If found eligible, the authorized/executed PAPA constitutes the full terms of child care assistance.
14. The applicant/co-applicant is responsible to comply with program rules, including using the DFD-approved time and attendance system. Audits or reviews may be conducted to verify compliance with program rules, including proper use of the DFD-approved time and attendance system.
15. If my (our) application for child care services is denied by the CCR&R, or my (our) child care services are adversely impacted as a result of an action by the CCR&R, then I (we) have the right to request a case review within 10 calendar days of the denial/adverse action through the CCR&R. If I (we) disagree with the CCR&R's case review decision, then I (we) have the right to request an administrative review from DFD within 90 days of the denial/adverse action. The timely request for an administrative review must be made to: **Bureau of Administrative Review and Appeals, Division of Family Development, P.O. Box 716, Trenton, NJ 08625-0716 or by calling 1-800-792-9773, prompt #6.**
16. That I should keep a copy of this application for my records.
17. The availability and continued availability of any child care assistance funded by this program, for which I am (we are) eligible, is contingent upon the availability of federal and state funds.
18. I (we) have read this Certification and understand that failure to comply with the terms may result in the denial of my (our) application for child care assistance benefits or the loss of these benefits.

Applicant Signature*: _____ Date*: _____

Co-Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

APPLICATION STATUS

Complete (all supporting documentation attached) Incomplete

INCOME/FAMILY SIZE

Gross Annual Household Income:	Family Size:
Family's Total Assessed Copay:	Amount: Frequency:

ELIGIBILITY RESULTS

<input type="checkbox"/> Approved (Eligible)	Eligibility Start Date (MM/DD/YYYY):	Eligibility End Date (MM/DD/YYYY):
<input type="checkbox"/> Pending Documentation	Date Notice Sent (MM/DD/YYYY):	Deadline to Submit (MM/DD/YYYY):
<input type="checkbox"/> Denied (Ineligible)	Reason:	

Assistance Type: CCAP DOE Wrap Kinship CPS PACC WFNJ TCC CCVC HOML

CCR&R INFO

CCR&R Authorizing Printed Name:	
CCR&R Authorizing Signature:	Certification Date (MM/DD/YYYY):



The
Children's
Home Society

O F N E W J E R S E Y®

— Ocean County Services —

1433 Hooper Avenue, Suite 340 ♥ Toms River, New Jersey 08753 ♥ Phone: 732-557-9633 ♥ Fax: 732-557-0588 ♥ www.chsofnj.org

Verification of Self-Employment

Self-employment must be verified by submitting the following documentation:

Applicants/Co-applicants **are required** to submit their current IRS Income Tax Return Transcript as confirmed by the Internal Revenue Service (IRS) and IRS Form 1040 Schedule C, Profit or Loss from Business to determine if the self-employment activity is acceptable.

You can request a free IRS Income Tax Return Transcript from the Internal Revenue Service (IRS) in one of the following ways:

1. Online Request (preferred and the quickest method): Available on the IRS website at: <https://www.irs.gov/individuals/get-transcript>.
2. Telephone Request: Available from the IRS by calling 1-800-908-9946
3. Paper Request by Mail (submit Form 4506-T "Request of Transcript of Tax Return"). Download the form at: <https://www.irs.gov/uac/about-form-4506t>.

There are extreme variations between the gross and the net income for different business structures and types of services provided, the IRS FORM 1040 Schedule C, Profit or Loss from Business will be the ONLY form accepted for eligibility consideration.

If you no longer have your own business, please submit an original letter stating: the name of your business and the start and end dates. This letter must be notarized.

CHILD SUPPORT PRINTOUT DIRECTIONS

THE NJ CHILD SUPPORT WEBSITE:

<http://njchildsupport.org>

THE STATE OF NJ REQUIRES THE FOLLOWING FOR FAMILIES WHO RECEIVE CHILD SUPPORT PAYMENTS:

- A PRINTOUT FROM THE OBLIGATIONS SCREEN.
- AFTER ENTERING njchildsupport.org.
 1. SELECT VIEW YOUR CASE,
 2. ENTER YOUR MEMBER I.D. AND PIN.
 3. SELECT YOUR CASE.
 4. THE OBLIGATIONS SCREEN IS THE FIRST SCREEN YOU WILL SEE AFTER SELECTING YOUR CASE.
 5. CLICK ON THE “PRINT” ICON TO PRINT WHAT IS NEEDED
- ON THE SAME PAGE, GO TO “DISBURSEMENT TO CP.” THIS IS FOUND IN THE BLUE “DETAIL SECTIONS” BOX, ON THE LEFT SIDE OF THE PAGE. IT IS THE, 7TH ITEM DOWN.
- PRINT YOUR PAYMENT HISTORY
- A PRINTOUT FOR EACH CHILD SUPPORT CASE IS REQUIRED, WHETHER OR NOT YOU RECEIVE PAYMENTS

IF YOU HAVE A CASE AND DO NOT SUPPLY A PAYMENT HISTORY PRINTOUT, YOUR APPLICATION/REDETERMINATION WILL NOT BE COMPLETE. YOUR NEW JERSEY CARES FOR KIDS APPLICATION/REDETERMINATION WILL NOT BE PROCESSED WITHOUT THIS VERIFICATION.

IF YOU DO NOT HAVE ACCESS TO A COMPUTER/PRINTER, YOU CAN VISIT OUR OFFICE TO PRINT THE PAYMENT HISTORY FOR YOUR CASE(S).



Department of Human Services • Division of Family Development

NEW JERSEY CHILD CARE ASSISTANCE PROGRAM
VERIFICATION OF EMPLOYMENT FORM

Instructions: Part 1 of the Verification of Employment Form must be completed by the parent applying for child care assistance to authorize sharing their employment information with the Child Care Resource and Referral agency (CCR&R).

Instrucciones: La parte 1 del Formulario de Verificación de Empleo debe ser completada por el padre que solicita asistencia para el cuidado de niños para autorizar a compartir su información de empleo con la agencia de Recursos e Información sobre el Cuidado de Niños (Child Care Resource and Referral, CCR&R).

Part 1: Completed by Parent (Parte 1: Completada por los Padres)

Form section for Part 1: Parent information and consent to release information. Includes fields for Parent Name, Child Name, Street Address, City, State, Zip Code, and a consent statement.

PART 2: Completed by Employer (PARTE 2: A ser completado por el empleador)

Form section for Part 2: Employer information and employment details. Includes fields for Company Name, Street Address, City, State, Zip Code, Email, Phone, Fax, and detailed employment information such as job title, hours, salary, and payment method.

The employer must provide this form directly to the Child Care Resource and Referral (CCR&R) agency: The Children's Home Society of NJ, 1433 Hooper Avenue, Suite 340, Toms River, NJ 08753



Department of Human Services • Division of Family Development

NEW JERSEY CHILD CARE ASSISTANCE PROGRAM
VERIFICATION OF SCHOOL OR JOB TRAINING FORM

Instructions: Part 1 of the Verification of School or Job Training Form must be completed by the parent applying for child care assistance to authorize sharing their school or job training information with the Child Care Resource and Referral agency (CCR&R).

Instrucciones: La parte 1 del Formulario de Verificación de la Escuela o Capacitación Laboral debe ser completada por el padre que solicita asistencia para el cuidado de niños para autorizar a compartir su información de escuela o capacitación laboral con la agencia de Recursos e Información sobre el Cuidado de Niños (Child Care Resource and Referral, CCR&R).

Part 1: Completed by Parent (Parte 1: Completada por los Padres)

Form section for Part 1: Completed by Parent. Includes fields for Parent Name, Child Name, Street Address, City, State, Zip Code, and a consent statement to release information.

PART 2: School or Job Training Organization (PARTE 2: Escuela u organización de capacitación laboral)

Form section for Part 2: School or Job Training Organization. Includes fields for Name of School or Training Program, Street Address, City, State, Zip Code, Email, Phone, Fax, and detailed information about the program (Degree, Enrollment, Dates, Hours).

The School/Job training organization must provide this form directly to the Child Care Resource and Referral (CCR&R) agency:

The Children's Home Society of New Jersey
1433 Hooper Avenue, Suite 340
Toms River, NJ 08753

Grow NJ Kids is New Jersey's program to raise the quality of child care and early learning across the state. It offers child care and early learning providers access to training, professional development, grants for equipment and materials, and staff scholarships for continuing education. Professional raters visit the program to review quality standards and then programs receive ratings — up to five stars — by meeting an extensive list of quality benchmarks. Go to GrowNJKids.com to find a participating provider near you.

Social Service Programs with Child Care Components

There are certain social service programs that include child care. To receive child care through one of the programs listed below, you must be participating in that program/service.

- Child Protective Services (CPS)
- Kinship Child Care
- Work First New Jersey (WFNJ) - welfare
- Transitional Child Care (for former WFNJ recipients)
- Post Adoption Child Care

If you are participating in one of these programs and need child care, contact your CCR&R.

Important Information and Community Resources

The New Jersey Department of Human Services, Division of Family Development (DHS/DFD) works in partnership with service providers and other state and municipal agencies throughout the state to help families access quality programs and services that meet their needs. You can find more information by visiting www.ChildCareNJ.com or at www.NJ.gov/humanservices.

How to Apply for a NJ Child Care Subsidy



There is so much to think about when choosing child care. Balancing location, cost, quality and just feeling good about the child care provider can make this important decision challenging. New Jersey's child care program under the Department of Human Services, Division of Family Development can provide you with valuable information to help you make that selection. The state's child care program can support you with information about applying for child care assistance, where to find child care, licensing and complaint data and what makes a quality program.

As so many families know, child care costs can take up a lot of the monthly budget. The Child Care Subsidy Program can help lower-income families who are working, in training or in school, or a combination of these activities to pay a portion of their child care.

If you are thinking about or are applying for a child care subsidy, here's what you need to know.

Applying for a Child Care Subsidy

As an applicant/parent seeking a child care subsidy, you will be required to provide proof of income, training/school hours and household size to help determine eligibility. All required documents must be submitted to be considered for a subsidy.

Applicant(s)/Parents Eligibility Requirements

- Must be a New Jersey resident;
- Must meet income requirements and not have assets that exceed \$1 million;
- Must be working full time (30 hours or more a week), attending school full time (12 credits or more), or in job training (at least 20 hours a week); and
- Depending on family size and income, may have to contribute to the cost of care (co-pay).

Child Eligibility Requirements

- Up to the age of 13, or less than age 19, if under the NJ Division of Child Protection and Permanency's protective supervision or mentally or physically incapable of self-care;
- Must be a US Citizen or qualified non-citizen; and
- Must reside with parent(s), or individual(s) acting as parent(s) (in loco parentis).

Provider Eligibility Requirements

- Providers must be either a licensed child care provider, a registered family child care provider, or a home or summer camp that is approved by the state; and
- All providers must complete numerous health and safety trainings and required criminal background checks.

Completing and Submitting an Application

To get started, you must first complete, sign and submit an application with the required documents to the Child Care Resource and Referral (CCR&R) agency in your county.

For a complete list of required documents, contact your CCR&R or visit www.ChildCareNJ.com



The CCR&R will review applications within 10 business days of receiving them and a final determination of eligibility will be made within 45 calendar days. You will receive a letter from the CCR&R telling you if you are eligible, not eligible, or if additional information is needed.



You can request an application by visiting or contacting your local CCR&R or printing one at www.ChildCareNJ.com.

Payment

Before payment for your child care can start, both you and your provider must sign the Parent/Applicant and Provider Agreement (PAPA) and the e-Child Care Agreement (ECC).

Parent Co-Payment and Additional Provider Fees

Families eligible to receive a subsidy are required to share the cost of child care; known as a co-pay. The co-payment is based on your family size, gross annual income, hours of care needed and the number of children in care. Co-pays are paid for the first two children only. The co-pay for any child thereafter will be zero.

Selecting a Child Care Program

Once your family has been determined eligible to receive child care assistance, you must choose a provider. To make the process move quickly, it is recommended that you find an eligible, quality provider prior to being approved. That means the provider must be licensed, registered or approved by the state.

If you need help finding a child care provider, the CCR&R can provide a list of providers that meet your family's needs. For a list of CCR&Rs, visit www.ChildCareNJ.com or call the NJ Child Care Hotline 1-800-332-9227.

Finding Quality Child Care

Look for a Grow NJ Kids participating program.

Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.