



**WFNJ AFFILIATION  
AGREEMENT**

225 Long Avenue · Hillside, New Jersey 07205  
Phone: (973) 923-1433 Fax: (973) 923-1311  
[www.cccunion.org](http://www.cccunion.org)

Purpose of agreement:

To formalize an agreement between Community Coordinated Child Care (CCCC) and (Name & Address of Day Care Center) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

for the purpose of providing child care to the children of Work First New Jersey participants.

CCCC shall have on file at all times and updated yearly:

1. Signed WFNJ Affiliation Agreement
2. A copy of the center's License and Federal Tax ID Number (W-9 Form)
3. A copy of the center's published rates that are charged to the community
4. A copy of the center's profile

Responsibilities of CCCC:

1. Provide referral services for parents/guardians to those centers which have a signed WFNJ Affiliation Agreement on file
2. Update center's file with WFNJ Affiliation Agreement, Center Profile, W-9 form and published rates each calendar year
3. Provide a child care confirmation form to the child care center that is selected by the WFNJ participant
4. CCCC will not be held responsible for accidents, damages or injuries that may occur to a child placed under this agreement
5. CCCC is responsible for payment provided the rules and regulations are followed in this agreement

Responsibilities of Child Care Center:

1. Provide child care services for children referred by CCCC subject to parent's consent and slot availability
2. Assure that children under this agreement receive the same quality and level of service as provided for other children within the center
3. Provide services in keeping with the state and local regulation governing child care centers
4. Maintain accurate and up-to-date records of each WFNJ child's performance, daily attendance, special needs and other relevant information
5. Conduct pre-placement interview for WFNJ participants. WFNJ participants are to follow the enrollment process outlined by the child care center
6. Forward completed Child Care Confirmation Form to CCCC within five working days in order to initiate payment process
7. Contact CCCC when a child has been absent for three (3) or more days without proper notification, or terminates child care.

*Serving one child, one parent and one provider at a time*



(NOTE: PAYMENT MAY BE DENIED IF CCCC IS NOT NOTIFIED OF THIS)

8. Send CCCC a completed center profile yearly
9. Read and sign this WFNJ Agreement yearly
10. Send copies of Center's license and Federal Tax ID number (W-9 Form)
11. If license exempt, send copy of license exempt letter
12. CCCC must be notified thirty (30) days prior to any increase in the stated cost of care
13. Follow "End Date" on the voucher as the termination date for child care payment, unless separate termination form with a different date is received
14. Send CCCC a copy of your child care rates

Termination and/or Suspension of Agreement:

Either party upon written notice may terminate this agreement for cause of convenience. There should be one month notice given, to ensure an orderly transfer of service.

*This affiliation Agreement is effective immediately as you sign this document, and all previous agreement are null and void.*

Verifications:

I verify that if my program rates are higher than the WFNJ rates, I will accept the maximum allowable rate as set forth by WFNJ. **I will not apply the difference in child care fee balance for the parents who receive WFNJ's Child Care Assistance.** If my rates are lower than the WFNJ rates, I will accept my current published rates.

I verify that the rates attached are the same that is charged to the community. I understand that CCCC, as the identified Unified Child Care Delivery System of Union County, has the right to recoup any amount of money that was paid out in excess of the published community rates.

I understand that if a child was already in a subsidized slot, the child would remain in the slot (e.g. Title CBC, DYFS). WFNJ must be the last resort of payment.

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Name of Center: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Signature of Center Representative: \_\_\_\_\_ Date: \_\_\_\_\_

CCCC Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Questions about payment should be directed to CCCC's WFNJ Payment Department at (973) 923-1433.

## Request for Taxpayer Identification Number and Certification

**Give form to the requester. Do not send to the IRS.**

|   |  |   |
|---|--|---|
| <b>Print or type<br/>See Specific Instructions on page 2.</b> | Name (as shown on your income tax return)  |   |
|   | Business name, if different from above   |   |
|   | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee<br><input type="checkbox"/> Other (see instructions) ▶ |   |
|   | Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
|   | City, state, and ZIP code  |   |
|   | List account number(s) here (optional)   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |
|--------------------------------|
| Social security number         |
| or                             |
| Employer identification number |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



### Child Care Center Profile

Please type or print clearly.

#### General Info

|                                |                   |   |           |
|--------------------------------|-------------------|---|-----------|
| First Name:                    |                   | Last Name:  |           |
| Business Name:                 |                   |   |           |
| Street Address:                |                   |   | Unit #:   |
| City:                          | State: New Jersey |   | Zip Code: |
| Nearest Public Transportation: |                   | Do you accept referrals from CCCC: <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| Mailing Address (if different) |                   |   |           |
| Primary Phone:                 |                   | Secondary Phone:  |           |
| Fax:                           | Email Address:    | Website:  |           |

#### Accepted Age Range & Capacity

Ages Accepted:  Infant/Toddler (0-3 years)  Preschool (3-5 years)  School-age (5-13 years)

- Licensed Capacity *at any one time*?
- Is your desired Operating Capacity less than your Licensed Capacity?  Yes  No  
 If **YES**, What is your desired Operating Capacity *at any one time*?
- Is your current enrollment below your desired Operating Capacity?  Yes  No  
 If **YES**, how many **additional children** would you desire to enroll *at any one time* (not exceeding Licensed Capacity)?
- What factors do you think are preventing you from reaching your desired enrollment?

5. Complete the following table by age group for your primary session.

| Age Group                                   | Actual Enrollment this Month | Desired Enrollment* (The most you will accept for each age group) | Number of Children on a Waiting List (if any) |
|---|------------------------------|---|---|
| <b>Infant</b> (Birth to 18 months)          |                              |   |   |
| <b>Toddler</b> (19 months to 2.5 years)     |                              |   |   |
| <b>Preschool</b> (2.6 years to 4 years)     |                              |   |   |
| <b>Preschool</b> (4.1 years to 5 years)     |                              |   |   |
| <b>School Age</b> (Kindergarten)            |                              |   |   |
| <b>School Age</b> (Before and After School) |                              |   |   |
| <b>Total</b>                                |                              |   |   |

\* Cannot exceed Licensed Capacity

6. Are you also licensed by the Department of Health to run a Summer Camp?  Yes  No

If **YES**, what is your summer camp Licensed Capacity?  (Please attach a copy of the flyer)

What was your **actual** Summer Camp Enrollment last year?

**License Info & License Type**

Regulation:  Licensed  
 Exempt

Licensed ID: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

EIN (TAX ID) \_\_\_\_\_

Corporation:  Yes  No

**Transportation**

Transportation Provided  Transport Summer only  In town only  
 Walking distance to school  Transport School year only  Within 0-5 miles  
 Near public transportation  Transport full year  Within 5-10 miles

**Languages Spoken**

English  American Sign Language  Chinese  
 French  German  Hebrew  
 Italian  Japanese  Russian  
 Spanish  Vietnamese  Haitian/Creole  
 Polish  Portuguese  Hindi  
 Swedish  Other

**Days Care Provided/Shift Information**

| Day       | Start Time | End Time |
|-----------|------------|----------|
| Monday    |            |          |
| Tuesday   |            |          |
| Wednesday |            |          |
| Thursday  |            |          |
| Friday    |            |          |
| Saturday  |            |          |
| Sunday    |            |          |

**Shift Name**  
 Day  Evening  Overnight  Summer  
 Before/After School

**Accepts children**  
 Full Time  Part Time  Both

**Duration**  
 Full Year  School Year  Summer Only

**Extra Care Services:**  Drop In Care  Sick Care  Temp/Emergency Care  Before School  After School

**Days Care Provided/Shift Information**

| Day       | Start Time | End Time |
|-----------|------------|----------|
| Monday    |            |          |
| Tuesday   |            |          |
| Wednesday |            |          |
| Thursday  |            |          |
| Friday    |            |          |
| Saturday  |            |          |
| Sunday    |            |          |

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| Thursday  |            |          |
| Friday    |            |          |
| Saturday  |            |          |
| Sunday    |            |          |

**Shift Name**  
 Day  Evening  Overnight  Summer  
 Before/After School

**Accepts children**  
 Full Time  Part Time  Both

**Duration**  
 Full Year  School Year  Summer Only

**Extra Care Services:**  Drop In Care  Sick Care  Temp/Emergency Care  Before School  After School

**FEES**

| Age Group                                   | Weekly PT | Weekly FT | Monthly PT | Monthly FT |
|---|-----------|-----------|------------|------------|
| <b>Infant</b> (Birth to 18 months)          |           |           |            |            |
| <b>Toddler</b> (19 months to 2.5 years)     |           |           |            |            |
| <b>Preschool</b> (2.6 years to 4 years)     |           |           |            |            |
| <b>Preschool</b> (4.1 years to 5 years)     |           |           |            |            |
| <b>School Age</b> (Kindergarten)            |           |           |            |            |
| <b>Before School Part Time</b> (School Age) |           |           |            |            |
| <b>After School Part Time</b> (School Age)  |           |           |            |            |
| <b>Summer Camp Full Time</b> (School Age)   |           |           |            |            |

**Additional Fees**

- Extended Hours       Field Trips       Late Fees       Meals       Registration Fees  
 Security Deposit       Transportation Fees       Book Fees       T-Shirt/Uniform Fees

Does your program charge extra for membership fees?  Yes  No

If **YES**, how much?

**Environment**

- Fenced yard       Indoor pets       Legal weapon  
 No diapering facilities       No pets       Outdoor pets  
 Outdoor play equipment       Swimming pool       Wading pool  
 Smoke-free       Wheelchair access       Live video access online/webcam

**Meals**

- Breakfast provided       Morning snack provided       Lunch provided  
 Afternoon snack provided       Dinner provided       Child Care Food Program (CCFP)  
 Special diet       Parent provides meals       Formula provided

**Financial Assistance**

- Community Based Center (SSBG)       Employer discount       Fee negotiable  
 Offer multi child discount       New Jersey Cares for Kids (NJCK)       Scholarships available  
 Operate on a sliding scale fee       Division of Youth & Family Services (DYFS)       Work First New Jersey (WFNJ)  
 Abbott       Other

**Safety**

- On site nurse       Password/passkey admittance       Video monitors  
 Web cam       Intercom/door buzzer       Metal detector  
 Security Guard

**Accreditation**

- National School Age Care Alliance       National Association for the Education of Young Children (NAEYC)  
 Other

**Type of Program**

- Co-op       Kindergarten       Montessori  
 Infant/Toddler       Headstart       Preschool  
 Nursery       School Age       Summer Camp

**Years of Operation**

- Less than one       One to three       Three to five  
 Five to ten       Ten to twenty       Over twenty

**Center Setting**

- Residential Setting
- Faith based
- Work place based
- College based
- Hospital
- Public/private school

**Census Bureau Questions**

**No of persons on staff who are Spanish/Hispanic/Latino:**

- Mexican
- Puerto Rican
- Cuban

Other Spanish/Hispanic/Latino (print group and count of each)

**No of persons on staff whose race is:**

- White
- Black
- American Indian or Alaska Native
- Asian Indian
- Native Hawaiian
- Vietnamese
- Other Asian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Multi-racial
- Other race

**Enrolled Children**

Number of children who are bilingual:

Number of children who have parents that speak a language other than English at home:

What languages:

On average, how well do the bilingual children speak English?  Very Well  Well  Not Well  Not at all

Does your center staff have experience with caring for children with special needs?  Yes  No

If YES, please list the type of special needs

How many children were asked to leave your center during 2008 due to:

Behavioral problems (biting, uncontrolled behavior, etc.)

Had special needs that could not be met at your center

How many times within the last year have you needed to consult with an external resource regarding a child's behavioral, emotional or educational difficulties?

Were you able to find the right resources:  Always  Usually  Sometimes  Rarely  Never

What agency or specialty were utilized (please list)

**Benefits available to full-time staff**

- Dental Insurance
- Health Insurance
- Paid holidays
- Employee child care discount
- Paid vacation
- Paid leave
- Paid sick days
- Pension/retirement plan

**Staff Training**

Community Coordinated Child Care's training registration will be accepted online only starting sometime in the fall. Will staff be able to register using the center's computer?  Yes  No

Did you ever participate in trainings that were offered online, through the internet?  Yes  No

If yes, describe

CCCC is looking for space for evening or weekend community trainings. Do you have a space for 25 people with adult furniture that we might use?  Yes  No

Have you completed the process of obtaining a No Further Action Letter?  Yes  No

If yes, what was the total cost?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_