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| **2022-2023 COVID-19 Family Differential Payment Acknowledgement Form** **Policy*** Effective January 2022, the Department of Human Services’ Division of Family Development shall provide COVID-19 Family Differential Payments to licensed child care centers and family child care providers on behalf of families participating in the Child Care Assistance Program. The increased amount ***must*** reduce or eliminate expenses in excess of the baseline State reimbursement payment, or apply as a credit (if monies are owed), towards tuition cost and other fees paid by the families.
* Payments are up to $300 for full-time care, or $150 for part-time care, per eligible child, per month above the baseline reimbursement rates from **January 2022 through December 2023.**
* Parents and providers participating in the Child Care Assistance Program are required to complete this form to acknowledge receipt of the payment policy change.

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| **PROVIDER INFORMATION** |
| **COUNTY:** |  | **NJCCIS ID:**  |  |
| **PROGRAM NAME:** |  | **DIRECTOR NAME:** |  |
| **PHONE:**  |  | **EMAIL:** |  |
| **FAMILY INFORMATION** |
| **LAST NAME** |       | **FIRST NAME** |       |
| **EMAIL** |       | **PHONE** |       |
| **CHILDREN INFORMATION** |
| **Last Name** | **First Name** | **Date of Birth** | **Provider Weekly Rate** | **Provider Monthly Rate** |
|       |       |  |  |  |
|       |       |  |  |  |
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| I have read and understand the policy. I attest that the information provided above is accurate and complete to the best of my knowledge. I understand that this information is necessary to authorize timely COVID-19 Family Differential Payments in connection with the Child Care Assistance Program. |
| **Parent Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Director/Operator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Submit Forms within 30 days of receipt. Failure to return on time may result in payment delays.**

**Community Coordinated Child Care of Union County**

**Email**: ccccforms@ccccunion.org

**Phone: 973-923-1433**