Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program
Special Needs Certification Form

Instructions: Part 1 of the Special Needs Certification Form is to be completed by the parent (applicant). Part 2 must be completed and signed by an authorized professional (county board of social services or a legal, medical or social service agency, emergency shelter or public school professional) or a licensed health professional (a physician/psychologist). If a child has an Individualized Education Program (IEP), Part 2 must be completed by the school administrator or other school official. A child with special needs aged 13-18 can be eligible for the Child Care Assistance Program if the child is physically or mentally incapable of self-care and a licensed health professional completes Part 2.

Instrucciones: La Parte 1 de este formulario "Special Needs Certification Form" (o "Formulario de Certificación de Necesidades Especiales") debe ser completada por el padre (solicitante). La Parte 2 debe ser completada y firmada por un profesional autorizado (agencia de servicios sociales del condado o una agencia legal, médica, o de servicios sociales, refugio de emergencia o profesional de la escuela pública) o un profesional de la salud autorizado (un médico/psicólogo). Si un niño tiene un "Individualized Education Program" (IEP; o "Programa de Educación Individualizada"), la Parte 2 debe ser completado por un administrador escolar u otro funcionario escolar. Un niño con necesidades especiales de 13-18 años puede ser elegible para el Programa de Asistencia para el Cuidado de Niños de New Jersey si el niño es físicamente o mentalmente incapaz de auto-cuidado y un profesional de la salud autorizado completa la Parte 2.

Part 1: Completed by Parent/Parte 1: Completada por los Padres

Child Name/Nombre del Niño:	Parent Name/Nombre del Padre:	
Child's Date of Birth/Fecha de Nacimiento del Niño: / /		
Street Address/Dirección de casa:		
City/Ciudad:	State/Estado:	Zip Code/Código Postal:
Child has an Individualized Educational Plan (IEP)/El niño tiene un Programa de Educación Individualizada: ☐ ***Yes/Sí*** ☐ ***No/No***		

Consent to Release Information/Consentimiento para la Divulgación de Información

I authorize the professional listed below to share information about my child's condition with the Child Care Resource and Referral (CCR&R) agency. I understand that this form will only be used for verification purposes for the NJ Child Care Assistance Program.

Autorizo al profesional que se indica a continuación a compartir información sobre la afección de mi hijo con la Agencia de Recursos y Referencias de Cuidado de Niños (Child Care Resource and Referral agency; CCR&R). Entiendo que este formulario solo se utilizará para fines de verificación para el Programa de Asistencia para el Cuidado de Niños de NJ (Programa de Asistencia para Cuidado de Niños).

Parent Signature/Firma del Padre:	Date/Fecha: / /

PART 2: Completed by an Authorized Professional or Licensed Health Professional

Authorized/Licensed Health Professional Name:		
Professional Title:	License/Credential No:	
Street Address:		
City:	State:	Zip Code:
Email:	Phone:	Fax:

Notice to Authorized/Licensed Health Professional

By signing, I certify that the above-named child:

- ☐ **is physically or mentally incapable of self-care.**
- ☐ **has a serious physical, emotional or mental, or cognitive condition and child care services are required as part of a treatment plan designed to stabilize or ameliorate the situation.**

The information provided is true and accurate to the best of my understanding and I understand that I may be contacted by the state or the agency listed below to verify this information.

List Special Needs:	
Authorized/Licensed Health Professional Signature:	Date: / /

The NJ Child Care Assistance Program is managed by the CCR&R in your county:
El NJ Programa de Asistencia para Cuidado de Niños es administrado por el CCR&R en su condado:

Community Coordinated Child Care of Union County
2 City Hall Plaza 3rd Floor- Rahway NJ 07065