

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER

Lt. Governor DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
PO BOX 716
TRENTON, NJ 08625-0716

SARAH ADELMAN

Acting Commissioner

NATASHA JOHNSON Assistant Commissioner

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 <u>must</u> 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

	PRO	VIDER :	INFORMATI	ON	
COUNTY:			NJCCIS ID:		
PROGRAM NAME:			DIRECTO R NAME:		
PHONE:			EMAIL:		
-	F.A	AMILY IN	FORMATIO	N	
LAST NAME			FIRST NAME		
EMAIL			PHONE		
	СНІІ	LDREN	INFORMAT	ION	
Last Name	First Name	Date of Birth		Provider Weekly Rate	Provider Monthly Rate

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 <u>:</u>

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

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