

FAILURE TO UTILIZE E-CHILD CARE FORM
State of New Jersey
Department of Human Services, Division of Family Development
Child Care Subsidy Program

NOTICE OF FAILURE TO UTILIZE E-CHILD CARE (ECC)

To: Community Coordinated Child Care From: _____

Re: _____ Today's Date: _____

Name of Parent/Applicant (Last Name, First) _____

NJCK Family ID or WFNJ/Case # _____

Child's Name(s) _____

Provider Name: _____

Address: _____

EPPIC ID# _____

Phone Number: _____

(Signature of Child Care Provider) (Title)