

Community Coordinated Child Care of Union County

Fax Form to: 973-923-1311 or 973-926-4758

PRINT CLEARLY

Date:

Parent EBT Card:

Family ID/Case ID:

Print Parent Name:

Current Address:

Apt #

Telephone Number:

To Whom It May Concern:

I need e-Child Care Cards for the following people who drop off/pick up my child(ren). I understand that I may designate no more than 2 people and that my provider cannot be one of the designees.

(1) **Designee Name**

Designee Date of Birth

/ /

Month / Day / Year

(2) **Designee Name**

Designee Date of Birth

/ /

Month / Day / Year

Parent Signature

For Official Use Only

Request Signed: Yes No

Contacted Parent: _____

Card Issued/Linked: _____