

**E-CHILD CARE  
CARD REQUEST FORM**

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**\*\*When provider is submitting on behalf of parent, ID verification is REQUIRED.**

*(Please print clearly.)* Parent ID verified by: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Eppic #)

Date: \_\_\_\_\_  **REISSUE MY CARD**  **LINK MY CARD**

Family I.D. No.: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**LINK** Using My Families First Card 16-Digit No.: 6104-3400-\_\_\_\_\_ - \_\_\_\_\_

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To Whom It May Concern:

I am in need of *e-Child Care* cards for the following individuals, who will be dropping off/picking up my child(ren). I understand that I may designate no more than two (2) people and that **my provider cannot be one of the designees.**

Designee Name: \_\_\_\_\_  **NEW**  
Designee Date of Birth: \_\_\_\_\_  **REISSUE**

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(1) Designee Name: \_\_\_\_\_  **NEW**  
Designee Date of Birth: \_\_\_\_\_  **REISSUE**

\_\_\_\_\_  
Parent Signature Date

**ONLY PARENT/APPLICANT IS PERMITTED TO REQUEST ADDITIONAL CARDS**

For Internal Use: NACCRRWARE #: \_\_\_\_\_  
Fax Completed Form to: 609-989-8060