

**E-CHILD CARE
CARD REQUEST FORM**

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

(Please print clearly.) Parent ID verified by: _____ (Name)
_____ (Eppic #)

Date: _____

Family I.D.: _____

Print Parent Name: _____ DOB: _____

Current Address: _____
City, State, Zip _____ Phone: _____

LINK My Families First Card 16-Digit No.: 6104-3400-_____ - _____

REISSUE MY CARD

NO ACTION REQUIRED ON MY CARD

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

(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