

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: Child Care Connection
1001 Spruce St., Suite 201
Trenton, NJ 08638

From: Center Name (Indicate Below)

Re: _____

Today's Date: _____

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

NJCK Family ID or WFNJ Case # _____

Child's Names(s) _____

Provider Name: _____

Address: _____

EPPIC ID # _____ Phone No. _____

(Signature of Child Care Provider)

(Title)