

State of New Jersey
Department of Human Services
Child Care Certificate Program
NOTICE OF FAILURE TO SUBMIT FEE CO-PAYMENT

To: Child Care Connection
1001 Spruce Street, Suite 201
Trenton, NJ 08638

From: _____

Re: _____
(Name of Parent/Applicant (Last Name, First, M.I.))

Date: _____

NJCK Family ID #: _____ -or- WFNJ Case ID#: _____

To Whom This May Concern:

This is to serve as notice that the parent identified above has failed to submit the copayment fees as agreed. The total fee co-payment now due is \$_____. This amount represents ___ weeks of child care service.

As a result of the amount due, I will be terminating child care services to this family effective _____.
(Month/Day/Year)

Provider Name: _____
Address: _____
Amount Due: \$ _____ Applicable Period of Service from: _____ to _____

If this payment is made prior to the termination date, I agree to contact Child Care Connection if I intend to permit continuation of child care services.

Please Note: If terminated from the program the parent is still responsible for payment of any fee owed.

(Signature of Child Care Provider)

(Title)

Copy: Parent/Applicant: _____