

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:

From:

Re: _____

Today's Date: _____

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

NJCK Family ID or W FNJ/Case # _____

Child's Name(s) _____

(Signature of Child Care Provider)

(Title)