

# WFNJ/TANF CHILD CARE TRANSPORTATION REIMBURSEMENT FORM

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>WFNJ Case#</u>	<u>Children's Names</u>	<u>Period of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Child Care Provider's Signature

\_\_\_\_\_  
Date

A maximum payment of \$10.00 per week reimbursement to child care for transportation services provided to the above named children may be made only when the transportation fee is not included in the child care rate. A weekly reimbursement rate of \$10.00 per week will be reduced at the rate of \$2 per day for each child's absences. Please attach this form to the biweekly green WFNJ/TANF voucher in order to verify the above-named children's attendance in your center. You will receive a separate check for the child care transportation expenses.

RETURN TO:

UCCA: **CHILD CARE RESOURCES**

ADDRESS: **PO BOX 1234  
NEPTUNE NJ 07754-1234**

TELEPHONE: **732-918-9901**