Child Care Resources
Helping Families Find Child Care

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New Jersey Child Care Subsidy Program
Notification of Change Form

CC-198 (New 11/16)

Instructions – Complete and submit this form to your Child Care Resource and Referral Agency (CCR&R) notifying of any of the below changes.

Name of Applicant:_____ **Name of Co-Applicant:**_____

Family Case ID Number: _____

The below change occurred on: _____
Month/Date/Year

Employment Status Change

- ❑ Termination of Employment/School/Training:
- ❑ Reduced Hours/School/Training New Weekly Hours:_____ New School Credits:_____
- ❑ Wage Reduction or Increase New Wage Amount:_____ weekly/biweekly/monthly
- ❑ I wish to have my co-pay reassessed
- ❑ I need additional child care for job search

Policy Reminder - Income that exceeds 85% of state median income during eligibility period are not eligible for child care services.

Residency Change

- ❑ Moved or Moving out of New Jersey
- ❑ Moved or Moving to another County

New Address:_____ County:_____

Zip Code:_____ Phone Number (_____)_____

Policy Reminder – Families that move out of New Jersey are no longer eligible for child care services.

Household Size Change

- ❑ New Birth or Adoption
- ❑ Eligible Dependent (Adult Over 18 years old)
- ❑ Marriage
- ❑ Divorce/Separation
- ❑ Death

Household Information

	Name	DOB	Sex	SSN	Add	Remove
Child					☐	☐
Child					☐	☐
Spouse					☐	☐
Dependent					☐	☐

This is to certify that I experienced the above change and wish to change my family status as indicated on this form.

- I understand I may be required to provide documentation according to the child care policies, and DFD or designee reserves the right to verify status changes during the eligibility period.
- I understand that I could face disciplinary action, which may include termination of child care services and payment recoupment if I misrepresent any status changes.
- I understand that if I wish to have my co-pay reassessed I must submit my request within 60 days of the event.

_____ _____
Applicant Signature **Date**

_____ _____
Co-Applicant Signature **Date**

AGENCY USE ONLY:

_____ **CC&R Authorizing Signature:**	_____ **Date**