



Department of Human Services • Division of Family Development  
**Family Child Care Provider Referral Grant Application  
 Review Form**

This form is to be completed by the Child Care Resource and Referral (CCR&R) agency's Family Child Care (FCC) Coordinator.

**Part 1: About the Referring Provider**

Name:	Date Referral Received by CCR&R:
NJCCIS ID#:	Referral Grant Application #:
Is the referring provider an active, registered FCC provider? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Is the referring provider compliant with health and safety requirements? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Does the referring provider have any outstanding violations or pending investigations or enforcement actions concerning fraud, funding misrepresentation, or misuse of funds? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Part 2: Information About the Individual Being Referred**

Name:	Date of contact with the referred:
Phone:	Email:
Notes:	
Is the individual currently a FCC, Family, Friend and Neighbor, or Approved Home Provider, or has been one in the last 6 months? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Has the individual completed the FCC provider registration process? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Is there capacity to care for a minimum of two children under the age of 3? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Does individual commit to serving a minimum of two children under the age of 3? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Grant Determination:**

Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	
Reason:	
CCR&R Representative Name:	
CCR&R Representative Signature:	Date:

Approved forms must be emailed to [FCCAward@pcgus.com](mailto:FCCAward@pcgus.com) and [DFD-ChildCareGrants@dhs.nj.gov](mailto:DFD-ChildCareGrants@dhs.nj.gov) to initiate payment to the referring provider.

Denied forms must be emailed [DFD-ChildCareGrants@dhs.nj.gov](mailto:DFD-ChildCareGrants@dhs.nj.gov).