

New Jersey Department of Human Services
Division of Family Development
Office of Child Care Operations

E-Child Care Provider Payment Discrepancy Form

Name of CCR&R Agency: Child Care Resources Date: _____

EPPIC ID Number: _____ Telephone: _____

Name of Provider: _____

Provider's Address: _____

☐ POS User

☐ IVR User

New address and/or phone number: Y / N

Please complete and submit Proof of Attendance

Please complete and write reason or any additional information you think we will need.

I was not paid accurately or at all for the child(ren) listed below on the POS indicated below:

1. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

2. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

3. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

4. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

5. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

6. _____ ☐ FT ☐ PT From: _____ To: _____
Child's Name POS

Details: _____

Provider Signature: _____

Date: _____

Child Care Resource and Referral Finding and Action Taken

Verified information in EPPIC Y / N Other: _____

Checked Agreement in Source System Y / N _____

Reviewed Attendance Log Y / N _____

Outcome of Finding and/or Action Required

Adjustment Made in AT _____ No Discrepancy Found _____

Manual Claim Required _____ Other: _____

Staff Signature: _____

Supervisor's Approval: _____

Please submit this form immediately to: Fax #: 732-918-9902 or by mail to:

Please allow a minimum of 5 days for this issue to be researched and reviewed for adjustment on the next payment cycle.

Child Care Resources
PO Box 1234
Neptune NJ 07754-1234