



Southern Regional Child Care
Resource and Referral Agency

DHS/CC: 6 (New: 10/91)

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
CHILD CARE VOUCHER PROGRAM
NOTICE OF FAILURE TO SUBMIT FEE CO-PAYMENT

To: _____ From: _____

Re: _____ Date: _____
Name of Parent/Applicant (Last Name, First, M.I.) (Month, Day, Year)

Family Identifier: _____

To Whom This May Concern:

This is to serve as notice that the parent identified above has failed to submit the co-payment fees as agreed. The total fee co-payment now due is \$_____. This represents _____ weeks of childcare services.

As a result of the amount due, I will be terminating childcare services to this family effective _____.
(Month, Day, Year)

Provider Name: _____ Address: _____ _____ Amount Due: \$ _____ Applicable Period of Service _____ to _____
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If this payment is made prior to the termination date, I agree to contact the county child-care agency if I intend to permit continuation of childcare services.

Please Note: If terminated from the program the parent is still responsible for payment of any fee owed.

(Signature of Child Care Provider)

(Title)

Copy: Parent/Applicant

Atlantic County CCR&R
1201 New Rd, Suite 114
Linwood, NJ 08221
609-365-5027 (p)
609-926-0049 (f)

Cape May County CCR&R
1065 Rt. 47 South, Suite A
Rio Grande, NJ 08242
609-898-5500 (p)
609-898-5501 (f)

Cumberland County CCR&R
415 W Landis Ave, Suite 202
Vineland, NJ 08360
856-462-6800 (p)
856-462-6801 (f)

Gloucester County CCR&R
6 N Broad St, Suite 300
Woodbury, NJ 08096
856-537-2322 (p)
856-537-2331 (f)

Salem County CCR&R
5 Rte. 45, Suite 200
Mannington, NJ 08079
856-469-6100 (p)
856-469-6101 (f)