



Southern Regional Child Care
Resource and Referral Agency

CC-189 (New 08/15)

VERIFICATION OF SCHOOL OR TRAINING

Applicant/Co-Applicant Name: _____

In order to determine the eligibility for child care services for the above applicant, please assist by answering the following questions.

THIS SECTION TO BE COMPLETED BY SCHOOL/TRAINING PROGRAM

SCHOOL OR TRAINING PROGRAM

Name of School or Training Program: _____

Address: _____

Phone: _____ Email Address: _____

Presently Enrolled Yes No

Program Start Date: _____

Program End Date: _____

Number of School Hours per Week: _____

Number of credits: _____

The above information was provided by:

Signature

Print Name and Title of Individual Completing the Form

Date

I understand that a failure to provide or a deliberate misrepresentation of required information will result in the denial of my application or termination of my child care benefits.

I understand that in order to verify my school/training and service need, an agency representative may need to contact my school/training program. I hereby authorize my school/training program to release information regarding my school/training hours and schedule to the agency to which I am applying.

Applicant/Co-Applicant Signature: _____ **Date:** _____

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)