



COUNTY OF BERGEN
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR CHILDREN

Providing Child Care Resources and Referrals Since 1980

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NOTICE OF FAILURE TO UTILIZE E-CHILD CARE (ECC)

Re: _____ Today's Date: _____

Name of Parent/Applicant _____

NJCK Family ID or WFNJ Case # _____

Child's Names(s) _____

Description: _____

Applicable Period of Service: _____

Provider Name: _____

Address: _____

EPPIC ID # _____ Phone No. _____

(Signature of Child Care Provider)

(Title)