

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

To: _____ **From:** _____

RE: _____
Name of Parent/Applicant (Last Name, First, M.I.)

Date: _____
Family Identifier: _____

To Whom This May Concern:

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

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

<p>Provider Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Amount Due: \$ _____ Applicable Period of Service: _____ to _____</p>

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 child care 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