State of New Jersey
Department of Human Services
Division of Family Development
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Lt. Governor

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JEANETTE PAGE-HAWKINS
Director
TEL: (609) 588-2000

January 24, 2014

TO: COUNTY WELFARE AGENCY DIRECTORS
CHILD CARE RESOURCE & REFERRAL AGENCY DIRECTORS

SUBJECT: Work First New Jersey Child Care Referral Form

DFD Instruction No. 14-01-03

Regulatory Reference: N.J.A.C. 10:15-3
N.J.A.C. 10:15-4
N.J.A.C. 10:90-6.6
N.J.A.C. 10:90-17.2

This Instruction will impact the following programs: WFNJ/TANF Child Care, Transitional Child Care, and Early Employment Initiative

PURPOSE

The purpose of this instruction is to inform the County Welfare Agencies (CWAs) and the Child Care Resource and Referral Agencies (CCR&Rs) of a Work First New Jersey (WFNJ) Child Care Referral Form and its mandatory use.

PROGRAM

As a result of inconsistencies in the WFNJ child care referral process, from the CWAs to the CCR&Rs, the WFNJ Child Care Referral Form was developed. In accordance with N.J.A.C. 10:15-3.2(b), eligible families receiving TANF benefits shall access WFNJ child care benefits through a referral from the appropriate WFNJ case manager or designee. This also includes Transitional Child Care (TCC) benefits and Early Employment Initiative (EEI) benefits.

Effective immediately, all CWAs are required to use the attached WFNJ Child Care Referral Form for WFNJ, TCC, and EEI recipients

FORMS

WFNJ forms are available online by going to the DFD Intranet. A direct route to forms can be achieved by typing http://dfdweb.dhs.state.nj.us/Policy/Forms/. Please contact Lester Carr at Lester.Carr@dhs.state.nj.us or call him at (609) 631-6724 if you have any questions regarding these forms.

FISCAL

N/A

TRAINING

N/A

Please bring this information to the attention of appropriate staff. Questions may be directed to your assigned child care specialist in the Child Care Operations Unit.

Sincerely,

SIGNED

Jeanette Page-Hawkins
Director

JPH:AKS:LB:TC:c

Attachment:
WFNJ TANF/TCC Referral for Child Care Services

c: Dr. Allison Blake, Commissioner
Department of Children and Families

Lisa Von Pier, Assistant Commissioner
Department of Children and Families

Valerie J. Harr, Director
Division of Medical Assistance and Health Services

WFNJ CC-165 (New 01/14)

WORK FIRST NEW JERSEY
TANF/TCC REFERRAL FOR CHILD CARE SERVICES

TO (CCR&R)		**DATE**	
FROM (CWA)		**CASE NAME**	
CASE WKR/ PHONE #		**CASE #**	

PARTICIPANT NAME	**ACTIVITY**	**START DATE**	**STOP DATE**

CARE AUTHORIZED							
ACTIVITY	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS PER DAY AUTHORIZED							

INCOME (PER MONTH)							
EARNED INCOME		CHILD SUPPORT		RSDI		SSI	
UIB		VA		PENSION		OTHER	

EMPLOYMENT INFORMATION			
EMPLOYER			
ADDRESS			
CONTACT PERSON		TELEPHONE	
WAGES	$ ______________________	☐ HOURLY ☐ WEEKLY ☐ BIWEEKLY ☐ MONTHLY	
	START DATE:	# OF HOURS EMPLOYED PER WEEK:	
VERIFYING DOC	☐ PAY STUBS	☐ EMPLOYER LETTER	☐ OTHER

IS CLIENT SANCTIONED?	YES		NO		IF SO, SANCTION EFF DATE & LEVEL	

CHILD 1		DOB		CODE	
CHILD 2		DOB		CODE	
CHILD 3		DOB		CODE	
CHILD 4		DOB		CODE	

CHILD CARE PROVIDER NAME			
ADDRESS		PHONE	
COMMENTS			