

# E-Child Care Alternate/Designee Request

PLEASE PRINT

CHILD (REN)'S NAME:  <hr/> <hr/> <hr/> <hr/>	NAME and ADDRESS of REGISTERED CHILD CARE PROVIDER, APPROVED HOME PROVIDER OR LICENSED CHILD CARE CENTER:  <hr/> <hr/> <hr/> <hr/>
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I \_\_\_\_\_ herby authorize \_\_\_\_\_  
*(NAME OF PARENT)* *(NAME OF ALTERNATE/DESIGNEE & DATE OF BIRTH)*  
to verify and confirm my child(ren)'s attendance by being assigned an E-Child Care Family First Card and utilizing said card in my absence.

I \_\_\_\_\_, certify that I understand that by utilizing an E-Child Care Family  
*(NAME OF ALTERNATE/DESIGNEE)*  
First Card, I am responsible for confirming the accuracy of the attendance to reduce the potential for improper payments and fraudulent payments on behalf of the child(ren). I understand that knowingly submitting false information, failing to give the necessary information or causing others to hold back information is against the law and may subject me to prosecution. I also understand that acceptance of child care financial assistance is not for personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by an eligible child care provider. It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information that relates to child attendance for provider records.  
Examples of unlawful behavior include, but are not limited to:

- Back swiping or inappropriate use of a Family First Card or other provider records used to track and verify child attendance.
- Failing to accurately verify child attendance within the reporting timeframes.

\_\_\_\_\_  
*SIGNATURE OF PARENT* *SIGNATURE OF ALTERNATE/DESIGNEE*

\_\_\_\_\_  
*DATE* *DATE*

**A CAREGIVER OR AN EMPLOYEE OF A CHILD CARE PROGRAM CANNOT BE DESIGNATED AS AN ALTERNATE/DESIGNEE.**

**RETURN COPY OF COMPLETED AND SIGNED FORM TO:**

**Child & Family Resources  
111 Howard Blvd. Suite 201  
Mt. Arlington, NJ 07856  
Fax: 973-398-0319  
Phone: 973-398-1730  
Email: [sstiles@childandfamily-nj.org](mailto:sstiles@childandfamily-nj.org)**