

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
 DIVISION OF FAMILY DEVELOPMENT
 OFFICE OF CHILD CARE OPERATIONS

E-CHILD CARE PROVIDER PAYMENT DISCREPANCY FORM

CCR&R: Camden County Department of Children's Services Date: _____

Provider Name: _____ EPPIC #: _____

Site / Location Address: _____

Telephone: _____ Is this a new address or phone number? Yes No

Please complete the information below and provide all necessary documentation including Proof of Attendance, a copy of Signed Child Care Agreement, EPPIC Agreement Profile, and Provider Payment Detail for requested period of Service. Be sure to indicate whether an incorrect payment was made or if no payment was received. Please email, mail, or fax this information and allow a minimum of 5 days so that we can properly review the documentation and respond accordingly.

Child's Name: _____

Child's Id #: _____

Status: Full-Time Part-Time

Enrollment Dates in Question: _____

Amount Paid (if any): \$ _____

Check One: POS User IVR User

- POS device or Phone Issue
 - o Date reported to Provider Helpline: _____
- Parent awaiting ECC Card
 - o Date requested: _____
- Parent awaiting EBT Card
 - o Date requested from Social Services: _____

- Banking Issues
 - o Date reported to Xerox: _____
- Special Circumstances (please provide documentation or explanation below):

Provider Signature: _____

Date: _____

For Internal Office Use Only

Verified information in EPPIC: Yes No

Reviewed Attendance Log: Yes No

Checked Agreement in Source System: Yes No

Other: _____

Outcome of Finding – Action Required

No Discrepancy Found: Yes No

Total Adjustment: _____

Manual Claim Required: Yes No

Other: _____

Fiscal Specialist Signature: _____

Date: _____

E-CHILD CARE ATTENDANCE LOG

Return to: Camden County Department of Children's Services 512 Lakeland Road - DiPiero Center - Suite 200 - Blackwood, NJ 08012 Phone: 856.374.6376 Fax: 856.374.6384				County: Camden	
Provider Name:				EPPIC #:	
Site / Location Address:				Phone:	
Child's Name:		Parent's Name:		Case #:	
Please Check One		<input type="checkbox"/> WFNJ	<input type="checkbox"/> CCAP	<input type="checkbox"/> CPS or PACC	<input type="checkbox"/> DOE Wrap

This attendance log is a backup form and specific to ECC. This form does not replace the parents' requirement to check their child in and out daily using the ECC system. Please return form along with discrepancy form when information is not properly recorded in ECC.

<u>Week of:</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Check-In Time							
Check-Out Time							
<u>Week of:</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Check-In Time							
Check-Out Time							

I CERTIFY THIS IS AN ACCURATE ACCOUNT OF ATTENDANCE FOR THE CHILD REFERENCED ABOVE.

(Both the Parent and Provider must sign and date below!)

Parent/Guardian Signature	Date:
Provider Signature	Date:

FOR OFFICE USE ONLY (Do not write below this line)

Total # of Days	Daily Rate	Total Adjustment Due

Comments:	Prepared By:
	Date: