

**Department of  
Children's Services**

**Carmen G. Rodriguez**  
Freeholder Liaison

**Sr. Donna Minster, SSJ, MA**  
Department Director



Making It Better, Together.

www.camdencounty.com

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**CAMDEN COUNTY DEPARTMENT OF CHILDREN'S SERVICES**  
**WENJ / TANF CHILD CARE TRANSPORTATION REIMBURSEMENT FORM**

Provider Name: \_\_\_\_\_ Eppic Id #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Case #: C - \_\_\_\_\_

<u>Name of Child</u>	<u>Period of Service</u>
_____	/ / 15 - / / 15
_____	/ / 15 - / / 15
_____	/ / 15 - / / 15
_____	/ / 15 - / / 15
_____	/ / 15 - / / 15

_____	_____	\$ _____
Provider's Signature	Date	Total Amount Requested

Please note: A maximum payment of \$10 per week reimbursement for transportation services provided to the above named children may be made only when the transportation fee is not included in the child care rate.

**RETURN TO:**

Camden County Department of Children's Services  
DiPiero Center - Suite 200  
512 Lakeland Road  
Blackwood, New Jersey 08012  
**Attn: Fiscal Unit**

<small>(Office Use only)</small>
Approved by: _____
Date Approved: _____