



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

YOUTH ACKNOWLEDGEMENT AND RECEIPT FOR
CORONAVIRUS RELIEF FUNDS (CRF)
COVID-19 ELIGIBLE EXPENSES

Youth Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address (You may insert the Program Agency address or the youth's apartment
through the program) (Street, State, and Zip Code):

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

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Attestation and Receipt:

I understand the statements on this attestation and the penalties for hiding or giving false
information, including but not limited to, criminal penalties for false swearing pursuant to
NJSA 2C:28-2, and civil penalties under 45 C.F.R. 79.3 for program fraud. I certify,
under penalty of perjury, that information I have given is correct and complete to the best
of my knowledge. I also authorize the release of any information necessary to determine
the correctness of my certification. I hereby certify:

I have suffered a hardship due to the COVID-19 public health emergency which
may include, increased costs (such as costs of Personal Protective Equipment
and transportation), increased requirements for remote technology, a loss of
reliable housing, loss of employment (full or part-time), loss of employment
opportunity, loss of services or other related hardship due to COVID-19.

I received \$1,850 of federal funding provided through the CORONAVIRUS
RELIEF FUND (CRF) .

SIGNATURE (Youth/ Family Representative, as appropriate) (signing below will
certify that the information given is correct and complete):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date