



**Department of
Early Education and Care**

The Commonwealth of Massachusetts



Thomas L. Weber, Acting Commissioner

51 Sleeper Street, 4th Floor, Boston, MA 02210

Phone: 617-988-6600 • Fax: 617-988-2451 • commissioners.office@state.ma.us • www.mass.gov/eec

Parent Transportation Request Form

In limited circumstances, subsidized families may be approved for transportation between home or school and child care. Subject to funding availability, programs will be reimbursed at the EEC-approved rate for one way or roundtrip transportation, based on a family's need. Subsidy Administrators must assess and document the parent's need for transportation, taking into consideration such factors as: (1) the availability of public transportation; (2) whether a parent has a car; (3) any physical incapacity of the parent that may prevent the parent from transporting the child; and (4) whether the parent's work schedule prevents transportation of the child to or from care. A family who lives within one half (1/2) mile of the provider will not receive transportation funding, unless exceptional circumstances exist.

I, _____, am requesting transportation services for my child(ren). I confirm that: (check all that apply)

- I live more than one half (1/2) mile from the program;
- I do not have access to a vehicle;
- I do not have access to public transportation;
- I have a verified disability/special need that prevents me from transporting my child(ren)*; and/or
- My work schedule prevents me from transporting my child(ren) to or from care.

*The disability must be verified in writing by a Physician, Psychiatrist, Psychologist, Nurse Practitioner or Psychiatric Nurse on the letterhead of your health care practitioner.

I am requesting:

- One-way transportation – or – Two-way transportation

Full Names and Dates of Birth of your children for whom you are requesting transportation.

I understand that providing false or misleading information in connection with this request for transportation may result in termination of my child care subsidy, ineligibility for any future EEC subsidy, an obligation to repay the cost of child care, and/or the assessment of a civil fine. I have been informed that transportation is subject to funding availability of and may be terminated without prior notice.

Signature of Parent _____ Date _____

Signature of Subsidy Administrator _____ Date _____

This form must be maintained in the family's file.

Child Care Choices of Boston

105 Chauncy Street, Boston, MA 02111
Phone: 617-542-KIDS(5437) • Fax: 617-292-4629
www.childcarechoicesofboston.org