

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
TEMPORARY CHANGE FORM**

DATE	FID		
PARENT(S) NAME(S)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
NAME(S) OF CHILD(REN)			
PROVIDER/AGENCY		Child Care Choices of Boston	
PHONE NUMBER		SUBSIDY AGENT NAME	
PHONE NUMBER		E-MAIL ADDRESS	

My service need has recently changed as follows:

- I am or will be going on Maternity Leave beginning _____ until _____
DATE DATE
- I am or will be on medical leave beginning _____ until _____
DATE DATE
- I am or will be on temporary leave to care for a family member beginning _____ until _____
DATE DATE
- I am a Seasonal Worker on Employment Break beginning _____ until _____
DATE DATE
- I am or will be experiencing a reduction in work/education hours beginning _____ until _____
DATE DATE
- I am or will be on other leave for the following reason _____
not to exceed 12 weeks beginning _____ until _____
DATE DATE
- I have left or will be leaving my current employment or education/training program on _____ and will
be starting new employment or education/training on _____
DATE DATE

I certify under the penalties of perjury that the information above is true and accurate to the best of my knowledge. I understand that providing false or misleading information to my child care Subsidy Administrator or the Department of Early Education and Care (EEC), including inaccurate detail about my household income, may result in the termination of my child care subsidy or denial of eligibility for a future subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I receive as a result of false or misleading information that I provide. I understand that my care may not be terminated for providing information about a temporary change.

PARENT SIGNATURE	DATE
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**If you have any questions about this action, you may contact a member of the
EEC Financial Assistance Unit at (617) 988-6600 or EECSubsidyManagement@mass.gov.**