

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
FINANCIAL ASSISTANCE AGREEMENT**

**This document explains your rights and your obligations regarding EEC child care financial assistance. Please read this document carefully and ask for clarification if you do not understand any part of it. You should keep a copy for your files.**

**Parent's Initials:**

\_\_\_\_\_ I understand that it is unlawful to obtain EEC financial assistance for child care services by providing false or misleading information or documentation, or the concealing or withholding of information ("Substantiated Fraud"), for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance.

- Some examples of such unlawful behavior include, but are not limited to:
  - Not reporting who is in my household (for example, not reporting that I am married or the child's other parent lives with me);
  - Not reporting all sources of my income (for example, not reporting that I receive income from another source including but not limited to: additional employment, rental income, child support payments, alimony, or financial help from another parent to assist with my child's basic needs);
  - Not accurately reporting how much income I receive (for example, not reporting all money received from self-employment, or altering or falsifying pay stubs);
  - Not accurately reporting my service need (a service need is the activity - work, education, or training - performed during the time you need child care) or changes to my service need.

\_\_\_\_\_ I understand that providing false or misleading information or documentation, or the concealing or withholding of information ("Substantiated Fraud"), when applying for EEC financial assistance may result in the termination of my child care financial assistance.

\_\_\_\_\_ I understand that I must report **Temporary and Non-Temporary Changes within thirty (30) days from the date the change occurred.** Temporary Changes include: time limited absence from a service need due to illness or need to care for a family member (including maternity/paternity leave), interruption in work for a seasonal worker, reduction in service need hours, change or cessation of a parent's service need that lasts less than 12 weeks; and a change of residency within the Commonwealth. Non-temporary Changes include: increases in total household income exceeding 85% of State Median Income (SMI); changes in family contact information; changes in household composition; changes in child custody arrangements; any out of state change in address; or any change or cessation of a parent's service need that lasts more than 12 weeks. I understand that failure to report Non-Temporary Changes will result in an Intentional Program Violation (IPV) and may make me subject to disqualification from EEC financial assistance

\_\_\_\_\_ I understand that if I receive EEC financial assistance as a result of false or misleading information or documentation, or as a result of the concealing or withholding of information ("Substantiated Fraud"), I shall be responsible for repayment of the full amount of subsidy obtained through fraud and may be held criminally responsible.

\_\_\_\_\_ I understand that to verify my income and service need, EEC or the Subsidy Administrator may need to contact my employer(s), college/university, school, or training program. I hereby authorize my employer(s) or school administration to release information about my income, pay, hours, schedule of work, and school enrollment information to EEC or the Subsidy Administrator to whom I apply for subsidized child care services.

\_\_\_\_\_ I agree to pay all weekly fees to the authorized child care provider. I understand I am responsible to pay an initial deposit of 1 week plus the cost of the first week of care prior to the start of the subsidy.

**I certify under the pains and penalties of perjury that the information provided is correct and complete to the best of my knowledge.**

Parent Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Subsidy Administrator Staff Member Name \_\_\_\_\_ Subsidy Administrator Agency Name CCCB

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
ATTENDANCE NOTIFICATION AGREEMENT**

Your child(ren) are receiving an EEC child care subsidy and are expected to attend the early education and care program, as agreed on your child care authorization. Your provider is responsible to make sure that your child(ren) attends based on the agreed schedule.

EEC defines **Excessive Absences** as more than 45 non-attended days, including any unexplained absences, within a 12 month Authorization period, or more than 15 non-attended days during an initial 12-week Provisional Authorization period. Parent(s) will have to pay for all non-attended days over the 45 day limit during a 12 month authorization or all non-attended days over the 15 day limit during a 12-week Provisional Authorization.

**To help avoid having to pay for Excessive Absences you must:**

- 1. Make sure that your child(ren) attend(s) the early education and care program;**
- 2. Notify your Subsidy Administrator of any changes in your child(ren)'s schedule of care (i.e. after school programs, sports, custody arrangements) which will result in your child(ren) not needing child care on a particular day or days of the week;**
- 3. Provide at least 2 weeks advance written notice if you plan to remove your child(ren) from the child care program; and**
- 4. Request an Approved Break in Care for absences that are going to be longer than 2 weeks.**

You will receive notices from your Subsidy Administrator after your child(ren) have reached 30 absences and 40 absences. If you have a 12-week Provisional Authorization, you will be notified after your child(ren) have reached 10 absences. The purpose of these notices are to inform you when your child(ren) are approaching the Excessive Absence limit so that you can be aware of the impact of future absences.

**After your child(ren) have reached their 45th absence, or the 15th absence during a 12-week Provisional Authorization period, you will be notified that your child(ren) have reached the Excessive Absence limit and that you are now responsible for the payment of all additional absences during the authorization period at the full rate that EEC pays for your child care.** You will be asked to sign the Excessive Absence Warning Notice form confirming that you are willing to remain in care and will be responsible for the payment of all absences during the remainder of the authorization period. Please note that failure to sign the form **will not** excuse you from paying for additional non-attended days. Failure to pay for additional absences may result in the termination of your subsidized child care.

EEC defines **Excessive Unexplained Absences** as failure to attend a subsidized child care program for more than three consecutive Days without contacting the provider. The first time your child is absent more than 3 days in a row during a 12 month Authorization, your provider or the Subsidy Administrator will issue you an Excessive Unexplained Absence Warning Notice that any additional instances of Excessive Unexplained Absences may result in the termination of child care. **To avoid having unexplained absences, you must make sure to contact your provider every day that your child(ren) will not attend.**

***My signature below indicates that I understand the information in this document and agree to comply with the requirements above.***

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
HOUSEHOLD COMPOSITION STATEMENT**

*Please read carefully and mark "X" to all that apply.*

I certify under penalty of perjury that the information below is correct and complete to the best of my knowledge. I understand that I must report any changes in countable household members that last more than 30 total days during a 12 month Authorization. Providing inaccurate details about my household composition will lead to the conclusion that I provided false and misleading information. I understand that providing false or misleading information to my child care Subsidy Administrator and the Massachusetts Department of Early Education and Care (EEC) may result in the immediate termination of my child care subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I received after I provided false or misleading information.

**CHECK ALL THAT APPLY:**

- I AM LEGALLY MARRIED
  - o Spouse's Name and Date of Birth - \_\_\_\_\_
- I AM LIVING WITH THE FATHER/MOTHER OF MY CHILD(REN)
  - o Father/Mother's Name and Date of Birth - \_\_\_\_\_
- I AM LEGALLY DIVORCED
- I AM WIDOWED
- I AM LEGALLY SEPARATED FROM MY LEGAL SPOUSE
  - o Spouse's Name and Date of Birth - \_\_\_\_\_
- I AM INFORMALLY SEPARATED FROM MY LEGAL SPOUSE
  - o Spouse's Name and Date of Birth - \_\_\_\_\_
- I DO NOT LIVE WITH THE FATHER/MOTHER OF MY CHILD(REN)

PLEASE LIST THE NAME OF EACH MEMBER OF YOUR HOUSEHOLD AND INCLUDE HIS/HER FULL NAME, DATE OF BIRTH AND RELATIONSHIP:

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO THE PARENT

\_\_\_\_\_

Print Parent Name

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
HOUSEHOLD INCOME STATEMENT**

*Please read carefully and mark "X" to all that apply. You may be asked to provide documentation of income.*

I certify under penalty of perjury that the information below is correct and complete to the best of my knowledge. Providing inaccurate details about my household income will lead to the conclusion that I provided false or misleading information. I understand that providing false or misleading information to my child care Subsidy Administrator and the Massachusetts Department of Early Education and Care (EEC) may result in the immediate termination of my child care subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I received after I provided false or misleading information.

**I AM CURRENTLY RECEIVING (COMPLETE ALL THAT APPLY - DO NOT LEAVE LINES BLANK, PUT A ZERO IN IF IT DOES NOT APPLY):**

Type of Income	Parent #1 Amount	Parent #1 Frequency (Monthly, Weekly, etc)	Parent #2 Amount	Parent #2 Frequency (Monthly, Weekly, etc)
Earnings from Employment	\$ _____	_____	\$ _____	_____
Tips Earned	\$ _____	_____	\$ _____	_____
Business Income	\$ _____	_____	\$ _____	_____
Commission	\$ _____	_____	\$ _____	_____
Child Support	\$ _____	_____	\$ _____	_____
Alimony	\$ _____	_____	\$ _____	_____
TAFDC (NOT SNAP Benefits)	\$ _____	_____	\$ _____	_____
DTA Transitional Stipends	\$ _____	_____	\$ _____	_____
Rental Income	\$ _____	_____	\$ _____	_____
SSI / SSDI	\$ _____	_____	\$ _____	_____
Unemployment Compensation	\$ _____	_____	\$ _____	_____
Workers' Compensation	\$ _____	_____	\$ _____	_____
Veteran's Benefits (i.e. retirement, disability, etc.)	\$ _____	_____	\$ _____	_____
Dividends or Income from Trusts/Estates	\$ _____	_____	\$ _____	_____
Other _____	\$ _____	_____	\$ _____	_____

**I RECEIVE IN-KIND SUPPORT.** In-kind support can include receiving money from the non-custodial parent for things like: diapers, food, gas, payment of a bill or mortgage, informal alimony, or other forms of support. In-Kind support does not include payments made through DOR or the Courts.

The estimated value of this support is: \$ \_\_\_\_\_  
I receive this support (circle one):      *Annually   Monthly   Weekly   Irregularly*

**If You are NOT Receiving ANY Support:**

- I have a court order for child support, however, I am not receiving support at this time.
- I have a court order for alimony, however, I am not receiving support at this time.
- I am **NOT** receiving any alimony, spousal, child support or other compensation FROM ANY COURT ORDER OR OTHER AGREEMENT. I do not receive support from any source at this time, including in-kind support.

\_\_\_\_\_ (Initial) I certify that my household does not have assets with a combined value of more than \$1 million. Assets are valuables including, but not limited to, all houses or other buildings, real property, vehicles, cash, bank accounts, cash value of life insurance policies, trusts, stocks, bonds, and overall business value, including equipment, jewelry, livestock, or other goods.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
PARENT INFORMATION SHEET**

The Department of Early Education and Care (EEC) provides funding for early education and care for your child (ren). This financial assistance, also known as a subsidy or as subsidized child care, enables your child(ren) to attend quality early education and care programs at a reduced rate. We want to work with you to maintain your eligibility for subsidized care so we have put together this check list to assist you in keeping this benefit.

**HOW YOU CAN MAINTAIN YOUR EARLY EDUCATION AND CHILD CARE SUBSIDY:**

- You must maintain a “service need” for a minimum number of hours. EEC defines “service need” as employment or enrollment in an education or training program:
  - If you have 20 hours of a service need, you are eligible for part-time child care (up to 30 hours of care each week)
  - If you have 30 hours of a service need, you are eligible for full-time child care (up to 50 hours of care each week)
  - You may combine work and education/training to meet the minimum number of hours.
- Your child(ren) must attend his/her early education and care program as authorized by your Subsidy Administrator
- You must maintain open communication at all times with your Subsidy Administrator listed below regarding any changes that might affect your eligibility. Temporary and Non-temporary changes **must** be reported immediately, but no later than 30 days after the change.

Temporary changes include changes to your situation such as:

  - Any time-limited absence from your service need due to an illness or need to care for a family member (includes maternity/paternity leave);
  - Any interruption in work for a seasonal worker who is between regular work seasons;
  - Any reduction in your service need hours, as long as you are still working or attending education/training;
  - Any other break in your service need that does not exceed 12 weeks; and
  - Any change in residency within Massachusetts.

Non-temporary changes include changes to your situation such as:

  - Increases in your total household income that exceed 85% of State Median Income (SMI);
  - Changes in your household’s composition (who lives with you) for more than 30 total days during your 12 month authorization;
  - Changes in your child(ren)’s custody arrangements;
  - Any out of state change in address;
  - Any change or break in your service need that lasts more than 12 weeks.
- You must maintain accurate contact information with your Subsidy Administrator (Phone, address, and e-mail address).
- You must pay all assigned parent fees on time.
- You must submit all required documents to complete your Reauthorization prior to the end date of your current authorization to continue subsidized child care if you are eligible.
- You must comply with all Regulations and Policies as required by EEC, your Subsidy Administrator, and your Provider.

**POTENTIAL CAUSES OF TERMINATION OR DENIAL OF SUBSIDIZED EARLY EDUCATION AND CARE**

- Failing to report a non-temporary change, failing to accurately report income, failing to respond to an EEC request, or Non-Payment or late payment of your assigned parent fee (this is called “Intentional Program Violation”)
- Providing false or misleading information about your household size, income, family composition, or service need (this is called “Substantiated Fraud”)
- If you engage in Substantiated Fraud or have an Intentional Program Violation, your subsidized child care may be terminated but you also may receive sanctions that will prevent you from accessing subsidized child care for a period of time. You may also be required to repay the cost of child care, and/or you may be assessed a criminal/civil fine.
- Sanction (period of time when you are not allowed to have subsidized child care) that has been issued to you by EEC
- Not having a service need of work or education/training
- Failure to meet financial eligibility, including being over income or having too many assets (vehicles, cash, houses, etc.)
- Failure to submit required documentation on time
- Failure to maintain your residence within Massachusetts
- Your child’s lack of attendance on authorized days without notice to the program (Excessive Unexplained Absences)
- Abandonment of Subsidy (not having a placement for your child for more than 30 days unless you have an Approved Break in Care)
- Failure to comply with EEC, Subsidy Administrator, or Provider policies may result in termination of care at a particular program, but not the loss of your subsidized child care.

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
PARENT INFORMATION SHEET**

**IMPORTANT INFORMATION TO KEEP IN YOUR SUBSIDIZED CHILD CARE HOME FILE**

When you leave your appointment today you will receive a copy of the following documents:

- **Voucher** (if applicable) - this form includes the following information: the period of time you are authorized for; where your child(ren) are authorized to attend; your parent fee (if applicable)
- **Application and Fee Agreement** – this form includes the following information: all members of your household; all household income; where your child(ren) are authorized to attend; your parent fee (if applicable)
- **Financial Assistance Agreement** – this form explains your rights and obligations for EEC subsidized child care
- **Household Income Statement** – this form confirms the income information that you have reported to your Subsidy Administrator
- **Household Composition Statement** - this form confirms the members of your household that you have reported to your Subsidy Administrator
- **Attendance Notification Agreement** – this form explains EEC’s attendance policies and what your responsibility is if your child will not attend on any given day he/she is authorized to attend
- **SMI Calculation Sheet** – this form provides what 85% of the State Median Income (SMI) would be for your household size and provides instructions on how to calculate your new SMI if you have an increase in income

At least 45 days prior to the end of your subsidy, a reminder notice will be sent to you so that you may confirm your ongoing eligibility for subsidized child care and complete your Reauthorization. To help you, we have scheduled your next appointment and it is included with the information below. **If you must change your appointment date and/or time, please ensure that you schedule your appointment and complete your Reauthorization no later than \_\_\_\_ days before the end date of your current Authorization.** Please be sure to place this in your personal file and mark it on your calendar.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**IMPORTANT INFORMATION:**

Your Current Authorization Expires On: \_\_\_\_\_ Your Next Appointment is On: \_\_\_\_\_

Your FID# (Family Identification Number): \_\_\_\_\_

Your Subsidy Administrator’s Agency is: Child Care Choices of Boston

Your Subsidy Administrator’s Name is: \_\_\_\_\_

Your Subsidy Administrator’s number is: 617-348

Your Subsidy Administrator’s Fax is: 617-292-4629

Your Subsidy Administrator’s E-mail is: \_\_\_\_\_ @bostonabcd.org

If you have any questions about these policies, please contact your Subsidy Administrator listed above.

**Effective Date: March 1, 2019**

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
PARENT CONTACT INFORMATION FORM**

The Department of Early Education and Care (EEC) requires that families maintain updated contact information, which includes: physical address, mailing address, phone number(s), and e-mail addresses. If your contact information changes during your Authorization period, you must submit a copy of this form to your Subsidy Administrator. These changes are expected to be reported immediately, but no later than 30 days from the date of the change. **All correspondence will be sent to the address on file. If we do not have a current and accurate address, it may impact our ability to reach you with important notices in a timely manner.** Documentation of the change (such as proof of address) does not need to be submitted until your next Reauthorization. Please complete the entire form.

**Please check appropriate box:**

**Initial**

**Change/Update**

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

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

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EEC encourages the use of technology to notify Parents of any changes to your subsidy or to advise that it is time to have your subsidy Reauthorized. Please indicate below if you are requesting to receive your notifications via e-mail.

Notifications via e-mail is offered by this Subsidy Administrator:  Yes  No

Yes, I would like to receive notifications via e-mail

No, I would like to receive notifications via U.S. mail

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Subsidy Administrator Agency Name: Child Care Choices of Boston

Subsidy Administrator Staff Member: \_\_\_\_\_

Received on: \_\_\_\_\_  
DATE