

**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. Substantiated Fraud may result in the termination of my child care financial 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 such as: employment, rental income, child support, 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 service need or changes to service need for all parents (a service need is the activity - work, education, or training - performed during the time you need child care).

_____ 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 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, any ending of a Parent's approved activity due to the COVID-19 emergency, change or ending 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 ending 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 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 understand that if my child(ren) are not actively enrolled in care for more than 60 days (unless I have an Approved Break in Care) my subsidy may be terminated for Abandonment of Subsidy. I understand that if I have a School Closure Only voucher that I must use care for at least four (4) days during my child's academic year or risk termination for Abandonment of Subsidy.

_____ I understand that my child may be terminated for Excessive Unexplained Absences. This is failure to attend the subsidized child care program for more than three consecutive Days without contacting the provider. I understand that I must contact my provider every Day that my child(ren) will not attend.

_____ I acknowledge that if I have a voucher, the Child Care Resource & Referral Agency (CCRR) has explained to me EEC's health and safety requirements for licensed early education and care providers, including center-based programs and family child care homes. I understand that certain programs are not subject to all of EEC's health and safety regulations. I have made an informed choice of the early education and care provider named on the Application and Fee Agreement and agree to hold the Commonwealth, the early education and care program and the CCRR harmless from any injury or neglect to my child(ren) which results while in the care of the child care provider.

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 **CHILD CARE NETWORK**

Effective Date: July 2, 2020

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
STATE MEDIAN INCOME (SMI) CALCULATION WORKSHEET**

Families receiving financial assistance meet the Income requirements provided that the total gross monthly income for the household is at or below 50% of the State Median Income (SMI) at the time of the family's initial enrollment. Families will continue to meet the financial requirements provided that the total gross monthly income for the household remains at or below 85% of the SMI. Under EEC policy, financial assistance recipients are required to report increases in total household income exceeding 85% of SMI within thirty (30) days.

To calculate your gross monthly income, please utilize the calculations below. NOTE: "Pay Stub" may also include child support payments:

(A) Gross Monthly Income if paid WEEKLY:

Step 1: Add pay stubs (you must submit 4 pay stubs out of most recent 6 week period)

Example: Pay Stub #1 Pay Stub#2 Pay Stub#3 Pay Stub#4 Total of Paystubs
 \$750.00 + \$800.00 + \$750.00 + \$800.00 = \$3,100.00

Step 2: Divide total by 4 in order to get the average weekly income

Example: \$3,100.00 ÷ 4 = \$775.00

Step 3: Multiply by 4.33 in order to get the gross monthly income

Example: \$775.00 x 4.33 = \$3,355.75

If all weekly paystubs are exactly the same, you take ONE gross weekly pay stub and multiply by 4.33 (EEC multiplies by 4.33 because there are additional pay periods through the course of a calendar year)

(B) Gross Monthly Income if paid BI-WEEKLY:

Step 1: Add pay stubs (you submit 2 pay stubs out of most recent 6 week period)

Example: Pay Stub #1 Pay Stub #2 Total
 \$1,500.00 + \$1,550.00 = \$3,050.00

Step 2: Divide total by 2 in order to get the average bi-weekly income

Example: \$3,050.00 ÷ 2 = \$1,525.00

Step 3: Multiply by 2.17 in order to get the gross monthly income

Example: \$1,525.00 x 2.17 = \$3,309.25

If all bi-weekly paystubs are exactly the same, you take ONE gross bi-weekly paystub and multiply by 2.17 (EEC multiplies by 2.17 because there are additional pay periods through the course of a calendar year)

(C) Gross Monthly Income if paid BI-MONTHLY (paid twice a month – on the same dates each month):

Step 1: Add pay stubs (you submit 2 pay stubs out of most recent 6 week period)

Example: Pay Stub #1 Pay Stub #2 Total Gross Monthly Income
 \$1,250.00 + \$1,550.00 = \$2,800.00

Your current gross monthly income is \$ _____ For a family of _____ your income may not exceed \$ _____

\$ _____ ÷ _____ = \$ _____ x _____ = \$ _____
TOTAL OF PAY STUBS 4 AVERAGE WEEKLY 4.33 GROSS MONTHLY INCOME

\$ _____ ÷ _____ = \$ _____ x _____ = \$ _____
TOTAL OF PAY STUBS 2 AVERAGE BI-WEEKLY 2.17 GROSS MONTHLY INCOME

\$ _____ = \$ _____
TOTAL OF PAY STUBS GROSS MONTHLY INCOME

PLEASE LEAVE BLANK



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EARLY EDUCATION AND CARE**

Samantha L. Aigner-Treworay
COMMISSIONER

INCOME ELIGIBILITY TABLE

Use This Form to Determine Family Eligibility:

1. Find the column with the family's size written at the top.
2. Read down the column until you come to the correct income (either annual or monthly).
3. Then read directly across to the left to determine "Percent of State Median Income."
4. Please refer to relevant SMI Percentage (i.e. initial vs. reassessment - OR - special needs) to determine the family's eligibility.

| % of State Median Income (SMI) | Family of Two | | Family of Three | | Family of Four | | Family of Five | | Family of Six | | Family of Seven | |
|--------------------------------|---------------|----------|-----------------|---------|----------------|---------|----------------|----------|---------------|----------|-----------------|----------|
| | Annual | Monthly* | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 50% SMI | \$42,614 | \$3,551 | \$52,641 | \$4,387 | \$62,668 | \$5,222 | \$72,695 | \$6,058 | \$82,721 | \$6,893 | \$84,601 | \$7,050 |
| 85% SMI | \$72,444 | \$6,037 | \$89,489 | \$7,457 | \$106,535 | \$8,878 | \$123,581 | \$10,298 | \$140,626 | \$11,719 | \$143,822 | \$11,985 |

| % of State Median Income (SMI) | Family of Eight | | Family of Nine | | Family of Ten | | Family of Eleven | | Family of Twelve | |
|--------------------------------|-----------------|----------|----------------|----------|---------------|----------|------------------|----------|------------------|----------|
| | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 50% SMI | \$86,481 | \$7,207 | \$88,361 | \$7,363 | \$90,241 | \$7,520 | \$92,121 | \$7,677 | \$94,002 | \$7,834 |
| 85% SMI | \$147,018 | \$12,252 | \$150,214 | \$12,518 | \$153,410 | \$12,784 | \$156,606 | \$13,051 | \$159,803 | \$13,317 |

*To calculate a monthly income from a weekly income multiply by 4.33.

*To calculate a monthly income from a bi-weekly income multiply by 2.17.

**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 |
|-----------|---------------|----------------------------|
| | | |
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| | | |
| | | |
| | | |

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

_____ Social Security Number

_____ Signature

_____ Date

**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 NETWORK

Subsidy Administrator Staff Member: _____

Received on: _____

DATE

Effective Date: March 1, 2019