

**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 \_\_\_\_\_

***Effective Date: July 2, 2020***