

**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
  - Spouse's Name and Date of Birth - \_\_\_\_\_
- I AM LIVING WITH THE FATHER/MOTHER OF MY CHILD(REN)
  - Father/Mother's Name and Date of Birth - \_\_\_\_\_
- I AM LEGALLY DIVORCED
- I AM WIDOWED
- I AM LEGALLY SEPARATED FROM MY LEGAL SPOUSE
  - Spouse's Name and Date of Birth - \_\_\_\_\_
- I AM INFORMALLY SEPARATED FROM MY LEGAL SPOUSE
  - 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