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 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 EXPECTED DATE

☐ I am or will be on medical leave beginning _____ until _____
DATE EXPECTED DATE

☐ I am or will be on temporary leave to care for a family member beginning _____ until _____
DATE EXPECTED DATE

☐ I am a Seasonal Worker on Employment Break beginning _____ until _____
DATE EXPECTED DATE

☐ I am or will be experiencing a reduction in work/education hours beginning _____ until _____
DATE EXPECTED DATE

☐ I experienced a loss of work/education due to the COVID-19 emergency beginning _____ until _____
DATE EXPECTED DATE

☐ I am or will be on other leave for the following reason _____
beginning _____ until _____
DATE EXPECTED 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 EXPECTED 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 any changes to an "Expected Date" must be reported to my Subsidy Administrator within thirty (30) days of the change. 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

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.

Effective Date: July 2, 2020