



MASSACHUSETTS
**Department of
Early Education and Care**

CHILD CARE FINANCIAL ASSISTANCE AGREEMENT

Family ID # _____

This document explains your rights and responsibilities for Child Care Financial Assistance. Read this document carefully and let your Family Access Administrator (FAA) know if you do not understand or have questions.

FAA Agency Name Child Care Network Email Address _____

FAA Staff Member Name _____ Phone Number _____

You have been approved for Child Care Financial Assistance:

Authorization Start Date _____ Authorization End Date _____

- Your FAA must also complete a placement for each child to enroll and start care
- If you have been approved under Seeking Approved Activity, you must verify a service need before the end of the 12-week period to receive the full 12-month authorization

Please review and initial each space below to acknowledge that you understand and agree to each statement. Please keep a copy for your records.

_____ I understand that intentionally providing false or misleading information or documentation and/or hiding or withholding information for the purpose of establishing or maintaining eligibility or increasing the level of Child Care Financial Assistance is considered Substantiated Fraud. Substantiated Fraud may result in the termination of my Child Care Financial Assistance. Some examples of Substantiated Fraud include, but are not limited to:

- Not reporting who is in my household (for example not reporting another parent lives with you).
- Not reporting all sources of my income (for example, part-time/per diem employment, rental income, alimony, gig work, or other non-traditional work arrangements).
- Altering or falsifying the income or income documents you 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 (for example, providing pay stubs for a job you no longer have). A service need is the activity or other qualifying reason your family needs child care, including work, education, or training - during the time you need child care.

_____ I understand that if I receive Child Care Financial Assistance as a result of Substantiated Fraud, I will be responsible for repayment of the full amount of the Child Care Financial Assistance received through fraud and I may be held criminally responsible.

_____ I understand that if I have been approved for Child Care Financial Assistance under Seeking Approved Activity, I must verify that I have a qualifying service need to continue my child care services after the 12 week provisional period or my Child Care Financial Assistance will end.

_____ I understand that to verify my income and service need, EEC or the FAA may need to contact my employer(s), college/university, school, or training program. I 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 my FAA.

Effective Date: 4/1/2025

_____ I understand that I must report changes as stated below:

Changes that must be reported within 30 days:

- increases in total household income exceeding 85% of State Median Income (SMI)
- changes in family contact information; household composition; or child custody arrangements
- moving out of state
- any change to or ending of a parent's service need that lasts more than 12 weeks

I understand that failure to report the changes above within 30 days will result in an Intentional Program Violation (IPV) and may make me subject to disqualification from Child Care Financial Assistance.

Changes that can be reported at any time during an authorization period, or at reauthorization:

- time limited absence from a service need due to illness or need to care for a family member (including parental leave)
- interruption in work for a seasonal worker or reduction in service need hours (as long as the parent is still working or attending training or education)
- any semester or holiday breaks for a parent participating in education or training; change or ending of a parent's service need that lasts less than 12 weeks
- income changes that do not exceed 85% of State Median Income (SMI)

_____ I must communicate with my child care provider any time my child will be absent. I understand that if my child does not attend care 30 days consecutively or more than 45 days total within my 12 month authorization or 20 absences within a 12 week provisional authorization, my child care provider may decide to end my placement at their program. I am responsible for my parent fee for every day that the provider is open, available for care and my child is scheduled to attend, even if absent.

_____ I understand that I may request an Approved Break in Care from my child care provider if my child will be absent from care for an extended period of time (e.g. extended illness, visit with a non-custodial parent, etc.) If I am on an approved break in care I will not be responsible for parent fees. My child care provider may hold my child's seat but is not required to.

_____ I understand my authorization for Child Care Financial Assistance will remain active as long as I use child care services during my 12 month authorization period and remain eligible under EEC rules. I understand that I must have my eligibility redetermined prior to the end of my 12 month authorization.

_____ I understand I may access a child care placement at a program any time during my 12 month authorization based on my child care needs. I will give my child care provider at least 2 weeks' notice if I am ending my care with their program.

_____ I may request an EEC review if I feel that my FAA has not determined my eligibility for Child Care Financial Assistance correctly, including being denied or terminated.

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

Parent Signature _____ Date _____

**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 \$ _____

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

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

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

PLEASE LEAVE BLANK



Amy Kershaw
COMMISSIONER

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

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	\$53,611	\$4,468	\$66,226	\$5,519	\$78,840	\$6,570	\$91,455	\$7,621	\$104,069	\$8,672	\$106,434	\$8,870
85% SMI	\$91,139	\$7,595	\$112,583	\$9,382	\$134,028	\$11,169	\$155,473	\$12,956	\$176,917	\$14,743	\$180,938	\$15,078

% 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	\$108,799	\$9,067	\$111,165	\$9,264	\$113,530	\$9,461	\$115,895	\$9,658	\$118,260	\$9,855
85% SMI	\$184,958	\$15,413	\$188,980	\$15,748	\$193,000	\$16,083	\$197,022	\$16,419	\$201,042	\$16,754

*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.

Effective October 1, 2024

**THE DEPARTMENT OF EARLY EDUCATION AND CARE (EEC)
SUBSIDIZED CHILD CARE
Household Composition Statement**

Household Rules for Subsidized Child Care:

- Parents must report all the members of their household as a part of their subsidy application. I understand that I may need to provide documentation for the people listed below.
- Parents must report any changes in who they live with if the change lasts more than 30 total days during a 12 month Authorization.
- A parent who gives false or misleading information may:
 - Be investigated for fraud;
 - Lose their child care subsidy; and/or
 - Have to repay the cost of child care paid on your behalf by EEC.
- The following is a list of people who would count as a member of my household:
 - My spouse, even if they are not related to my children;
 - The other parent of my child who lives in the home with me;
 - My child(ren) who are younger than 18 years old;
 - My child(ren) who are younger than 24 years old if the child is in school full time; and
 - Any relative of my child (Sibling, aunt, uncle, or grandparent) who lives in my home who is financially dependent on me and is claimed as a dependent on my tax returns.
- If you have questions on who will count, please ask the agency confirming your child care eligibility.

Please read carefully and mark "X" on all that apply:

- I Am Legally Married
If yes, spouse's name and date of birth: _____
- I Live with My Child(Ren)'s other parent
If yes, Father/Mother's Name and Date of Birth: _____
- I Am Legally Divorced
- I Am Widowed
- I Am Legally Separated From My Legal Spouse
If yes, Spouse's Name and Date of Birth: _____
- I Am Informally Separated From My Legal Spouse
If yes, Spouse's Name and Date of Birth: _____
- I Do Not Live With The Father/Mother Of My Child(Ren)

I live with these family members (add names on the back if there are not enough rows):

Full Name	Date of Birth	Relationship To Me

I swear under penalty of perjury that this information is correct and complete.

Signature

Date

Print Name

Last 4 digits of Social Security Number

**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: _____

Subsidy Administrator Staff Member: _____

Received on: _____
DATE