

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

The Department of Early Education and Care (EEC) provides financial assistance for early education and care to eligible Massachusetts Families. To qualify, Families must meet EEC's income guidelines and must demonstrate a service need. Service need is defined as the amount of time child care is required due to the Parent's (including guardians) participation in an approved activity. Approved activities that establish a service need include employment, education, and training.

This form must be completed by the following applicants:

- A newly employed applicant who cannot yet provide pay stubs documenting his/her income for one month (4 weeks within the most recent 6-week period);
- An applicant who is paid in cash, personal check or money order, regardless of whether he/she is employed by or working as an independent contractor/contract worker for an individual or business as defined in Financial Assistance Policy Guide Chapter 4.2(C)(1)(a)(iii) Independent Contractors.

The purpose of this form is to verify:

- an applicant's employment status;
- the number of hours per week that he/she works;
- the amount of income that he/she receives for those hours of work; and
- that a Parent is eligible for EEC financial assistance and, if found eligible, the amount of child care that he/she may receive.

INSTRUCTIONS FOR COMPLETING THIS FORM

Note: *A person's eligibility for EEC financial assistance cannot be determined unless all sections of this form are completed in their entirety and returned to the Subsidy Administrator. It is important that the form be completed and returned in a timely manner.*

Instructions for EEC Financial Assistance Applicant (Parent):

1. Please complete Sections I, II, and III of this form.
2. After completing these sections, you should make and retain copies for your records before giving the form to the person verifying your employment.
3. If you are a new employee or existing employee of a business and you are paid in cash, you must give this form to your employer to complete Section IV and send the form to the Subsidy Administrator.
4. If you are an independent contractor/contract worker, you must give this form to the person/business with whom you contract to complete Section IV and send to the Subsidy Administrator.

Instructions for Person Verifying Employment:

Please complete Section IV of this form. Please make and retain a copy for your records and send the original along with any supporting documentation to the Subsidy Administrator.

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

SECTION I: EMPLOYMENT INFORMATION

To be completed by the EEC Financial Assistance Applicant.

1. Name of Applicant (Parent): _____

2. Type of Employment

a. Please check the statement that best describes the nature of your employment.

- I am a new employee of the business listed below. *Please complete b and e below and skip c and d.*
- I am an existing employee of the business listed below. *Please complete b and e below and skip c and d.*
- I work as an independent contractor/contract worker for the business listed below. *Please complete b, c, d and e below.*

b. Name of Business: _____

Address: _____

Telephone: _____

c. If you are an independent contractor/contract worker please describe the type of work that you perform or the nature of your business (*for example, I drive a taxi cab*).

d. If you are an independent contractor/contract worker, do you perform work for or provide services to multiple clients?

- Yes No

e. If you are an employee or independent contractor/contract worker, are you paid in cash or by personal check or money order by the business listed above in b?

- Yes No

IF YOU ARE PAID IN CASH, you will be required to provide a copy of your most recent federal income tax returns, including all applicable forms and schedules, as well as a Record of Account Tax Transcript. IF YOU ARE PAID BY PERSONAL CHECK OR MONEY ORDER, you will be required to provide copies of cancelled checks or money orders reflecting payment for 4 weeks out of the 6 most recent weeks, as well as copies of your most recent federal income tax returns including all applicable forms and schedules, as well as a Record of Account Tax Transcript.

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

3. Please list the start date of your employment, the date you began work as an independent contractor/contract worker.. _____

For example, January 15, 2007

4. How many hours per week do you work? _____ hours

If your work schedule varies, please list the minimum and maximum hours per week that you may work (for example, between 20-25 hours per week).

5. How much income, including tips, do you receive per week for these hours of work? _____

If your income varies, please list the average amount of income that you receive per week.

6. Please describe your work schedule each week (for example, 8:00 a.m. to 4:00 p.m. on Mondays, Wednesdays, and Fridays).

SECTION II: AUTHORIZATION FOR RELEASE OF INFORMATION

To be completed by the EEC Financial Assistance Applicant.

I am requesting financial assistance for child care from the Department of Early Education and Care. I authorize:

- the individual listed in Section IV to release information requested on this form about me;

- the individual listed in Section IV to share information relating to my employment status, work schedule, and income with the child care resource and referral agency Subsidy Administrator and/or EEC to determine my eligibility for financial assistance; and

- the Subsidy Administrator and/or EEC to contact the individual listed in Section IV to verify the information provided on this form.

I understand that my decision to authorize the individual listed in Section IV to share information about my employment status, work schedule, and income with the Subsidy Administrator and/or EEC is voluntary. However, I understand that if I do not authorize the individual listed in Section IV to share this information, the Subsidy Administrator and/or EEC, will not be able to make a determination about my eligibility for financial assistance for child care.

Print Parent Name: _____ Date: _____

Parent Signature: _____

ADDRESS CITY STATE ZIP CODE

PHONE NUMBER E-MAIL ADDRESS

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

SECTION III: CERTIFICATION

To be completed by the EEC Financial Assistance Applicant.

I certify that the information provided in Sections I and II of this form is, to the best of my knowledge and belief, true and accurate. **I understand that IF I AM PAID IN CASH, I am responsible for providing a copy of my most recent federal income tax returns, including all applicable forms and schedules, as well as a Record of Account Tax Transcript. I also understand If I am PAID BY PERSONAL CHECK OR MONEY ORDER, I will be required to provide copies of cancelled checks or money orders reflecting payment for 4 weeks out of the 6 most recent weeks, as well as copies of my most recent federal income tax returns including all applicable forms and schedules, as well as a Record of Account Tax Transcript.**

I certify that the information provided on this form is, to the best of my knowledge and belief, true and accurate. I understand that providing false or misleading information in connection with my application for EEC financial assistance, receiving EEC financial assistance as a result of any false or misleading information, and/or the concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance may lead to an immediate termination of my child care subsidy. I also understand that I must **report within thirty (30) days any temporary or non-temporary change**. Temporary changes include: any time-limited absence from a Parent's approved activity due to an illness or need to care for a Family member; any interruption in work for a seasonal worker who is not working between regular industry work seasons; any semester or holiday break for a Parent participating in education or training; any reduction in work, training or education hours, as long as the Parent is still working or attending training or education; any cessation of a Parent's approved activity due to the COVID-19 pandemic; any other cessation of a Parent's approved activity that does not exceed 12 weeks; and change in residency within the Commonwealth. Non-Temporary changes include: total household income exceeding 85% SMI; changes in Family contact information; changes in household composition for more than 30 total days in a 12 month authorization; changes in child custody arrangements; any out of state change in address; or any change or cessation of a Parent's work, training, or education participation that lasts more than 12 weeks. I understand that failure to report a non-temporary change may result in an Intentional Program Violation and may be subject to disqualification.

Parent's Signature: _____ Date: _____

SECTION IV: VERIFICATION OF EMPLOYMENT BY THIRD PARTY

To be completed by the person verifying the employment of the EEC financial assistance applicant.

Please check the box below that best describes your business relationship to the applicant.

- I am the applicant's employer. *If you checked this box, please complete Parts A and C below and skip Part B.*
- The applicant is an independent contractor/contract worker with whom I contract. *If you checked this box, please complete Parts A and C below and skip Part B.*
- I am a customer/client of the applicant. *If you checked this box, please skip Part A below and complete only Parts B and C.*
- I supply goods or services to the applicant as part of his/her business. *If you checked this box, please skip Part A below and complete only Parts B and C.*

Please list below the applicant's start date of employment or, if the applicant is an independent contractor/contract worker with whom you contract, please list the date that he/she first began working for you.

EMPLOYMENT START DATE: _____

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

Part A: To be completed by applicant's employer, or if the applicant is an independent contractor/contract worker, by the person/business who contracts with the applicant.

1. Please describe the type of work performed by the applicant, the number of hours that he/she works per week, including weekly schedule, and the amount of income that he/she receives for those hours of work. *For example, I employ Jane Doe as a contract employee to drive a taxi cab on Mondays, Tuesdays, and Fridays from 8:00 a.m. to 6:00 p.m. Jane Doe works 30 hours per week and is paid \$300 per week plus tips.*

Please provide the following information about your business.

2. Name of Business: _____

3. Address of Business: _____

4. Business Telephone: _____

5. Nature of Business: _____

6. Social Security Number: _____ **OR** Employer Identification Number (EIN)¹: _____

7. Corporate Status of Business: (Please check one of the following)

____ Sole Proprietorship ____ Partnership ____ Corporation ____ S-Corporation

8. Doing Business As (DBA) Certificate Number: _____ *(If applicable)*

9. City/Town Where DBA Was Filed: _____ *(If applicable)*

.....
PART B: To be completed by a customer/client or supplier verifying the employment of the EEC Financial Assistance Applicant.

1. Please check the box below that best describes your business relationship to applicant.

- I am a customer/client of this applicant.
- I supply goods or services to this applicant as part of his/her business.

2. How long have you been a customer/client/supplier of the applicant?

¹ Also known as a Federal Identification Number

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
EMPLOYMENT VERIFICATION FORM**

3. Please describe the type of work performed by the applicant, including the nature of the goods/services provided. *For example, Jane Doe has her own landscaping business and does landscaping and gardening work.*

4. **If you are a customer/client of the applicant**, how often do you purchase goods/services from this individual? *For example, Jane Doe takes care of my lawn and garden twice a month during the months of April-November.*

5. **If you supply goods or services to the applicant**, how often do you supply goods or services to this individual? *For example, I deliver office supplies to Jane Doe once a month.*

6. Do you know how many hours per week the applicant works and/or his/her hours of operation?

- Yes No

7. If you answered yes to question 6, please list below the weekly work hours and/or hours of operation of the applicant.

.....
Part C: To be completed by all persons verifying employment

I certify that the information provided in Section IV of this form is, to the best of my knowledge and belief, true and accurate.

Please print Verifier's name: _____ Date: _____

Signature of Person Verifying Employment: _____

Verifier's Title _____ Telephone: _____

Address: _____

Instructions for Person Verifying Employment of EEC Financial Assistance Applicant: Please make a copy of this form for your records and return the original form and any supporting documentation to:

Subsidy Administrator enter address or affix mailing label:
