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 _____ 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.

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

<u>Changes that must be reported within 30 days</u>:

- 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.

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

- 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 _____