THE DEPARTMENT OF EARLY EDUCATION AND CARE (EEC) Request for Review of Denial or Termination of Child Care Financial Assistance

Parent(s) Name(s):					
Address:					
ADDRESS		CITY	STATE	ZIP CODE	
Phone:	one: E-Mail:				
Preferred Language:					
Family Access Administrator Age	ency Name (if known)				
Family Access Administrator Sta	ff Member (if known)	:			
Please list the full name(s) and c	late(s) of hirth of you	r child(ren):			
Why are you submitting this Rec	 quest for Review (atta	ch addition	al pages if necessary)?		
Sign here to request a review o	f the denial or termir	nation:			
Signature			- <u></u>	Date	
You may submit documents in s Yes, I will su	upport of your reques ibmit documents.	st for review		ter sending us this request. Ill not submit documents.	
Continuation of Care During Re for review is pending if the follo		ancial assist	ance for child care will be co	ontinued while your request	
	ew of a termination o		reauthorization with respe	ct to a child(ren) that is	
			inancial assistance for care	ends (Effective Date of	
 You continue to meet el attend their program(s) 		ding paying	all undisputed fees and you	r child(ren) continuing to	
You may have to pay back the Opending if EEC finds that the terwhich are based primarily on a cregulations and policies can be f	r mination or denial w challenge to the legali	vas proper. I ty or fairnes	Please note that EEC may ress of an EEC regulation and/	eject any review requests	
If you do <u>NOT</u> want your financi initial here:	al assistance to be co	ntinued whi	ile your request for review is	s pending,	
To request a review, submit this	form with a copy of t	the Notice o	of Denial or Notice of Termir	nation to EEC by mail, email	

Request for Review, Department of Early Education and Care 50 Milk Street, 14th Floor, Boston, MA 02109
E-mail: EECSubsidyManagement@mass.gov | Fax: (617) 988-2451

or fax using the contact information below, and please keep a copy for your files.