Commonwealth of Massachusetts
Department of Early Education and Care

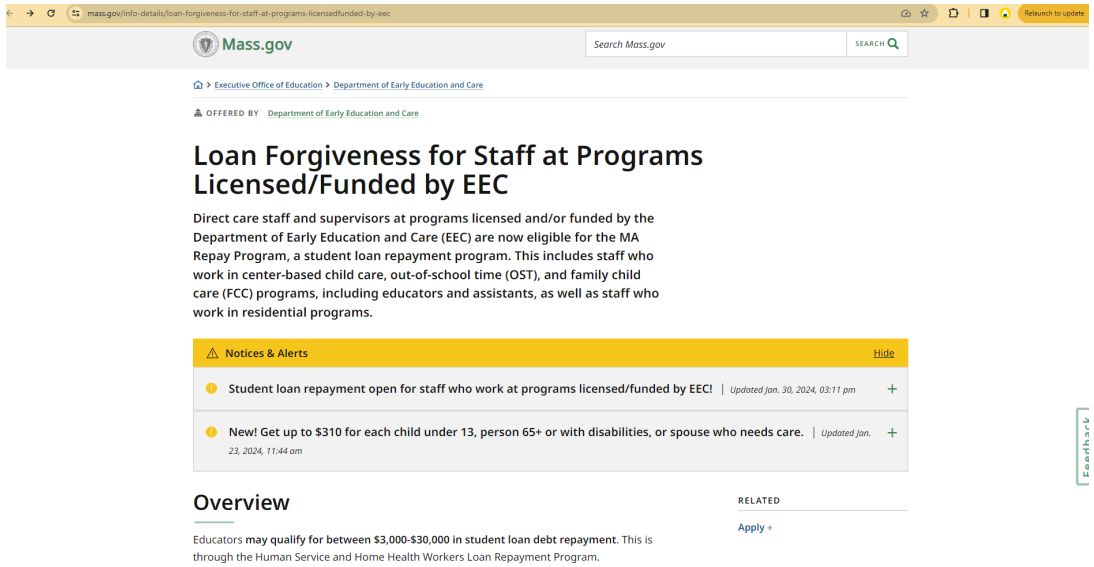
Student Loan Forgiveness Outreach

February 1, 2024

Starting out

Important Links

- EEC Landing page with quick overview and FAQ
- MA Repay Program, Apply now & additional details





Open to early childhood staff (center-based, FCC, OST and R&P)

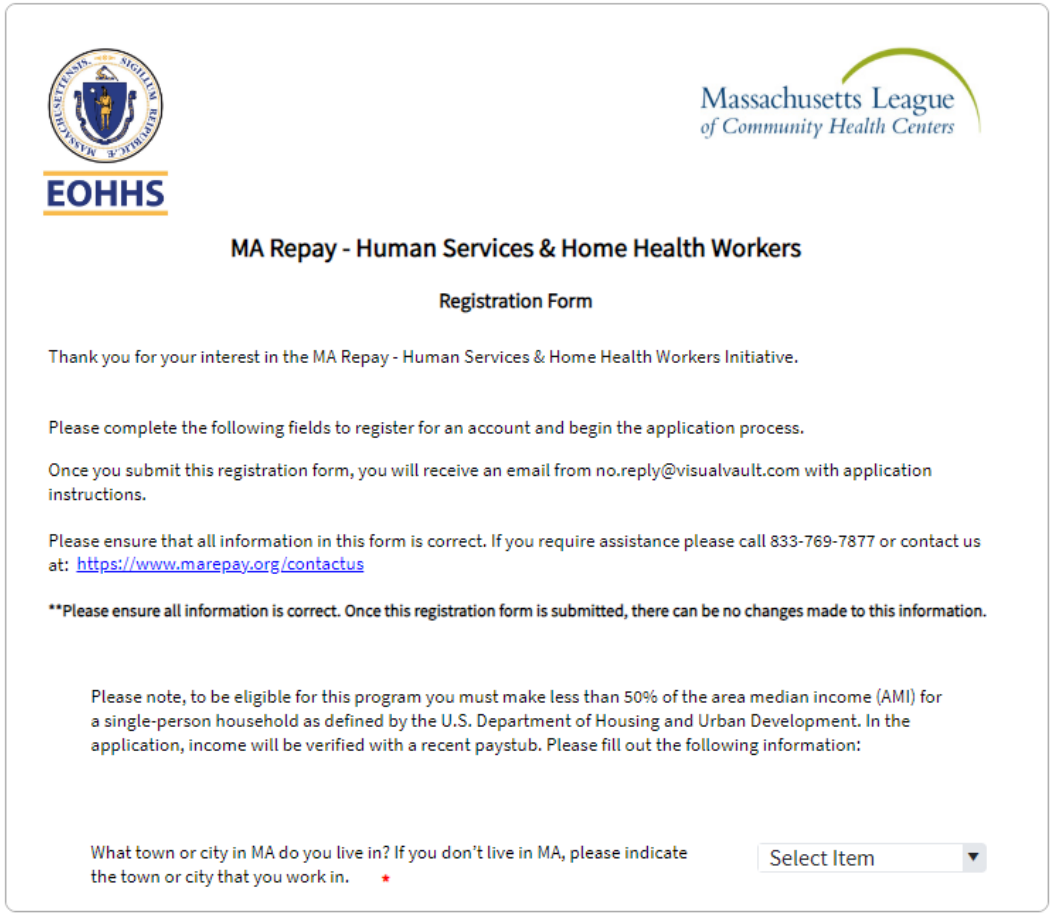
Questions about the loan repayment program? Contact 833-769-7377

1. Fill out the Registration Confirmation

Keep in mind

- It will ask for an **Annual Gross Income** (see next slide for more details) you can get close on:
  - Line 11 of your income taxes
  - Look at your final paystub of 2023, post deductions
  - Only looking at your income **not household**
- The third question asks:
  Before you begin your application, you will need to know if your place of employment (organization) is funded and/or licensed by one of the following state agencies:
  ***If you are unsure, please contact your HR representative or supervisor**

  ECE staff should select **Department of Early Education and Care**
  (third from the drop down)



EOHHS

Massachusetts League of Community Health Centers

MA Repay - Human Services & Home Health Workers

Registration Form

Thank you for your interest in the MA Repay - Human Services & Home Health Workers Initiative.

Please complete the following fields to register for an account and begin the application process.

Once you submit this registration form, you will receive an email from no.reply@visualvault.com with application instructions.

Please ensure that all information in this form is correct. If you require assistance please call 833-769-7877 or contact us at: https://www.marepay.org/contactus

****Please ensure all information is correct. Once this registration form is submitted, there can be no changes made to this information.**

Please note, to be eligible for this program you must make less than 50% of the area median income (AMI) for a single-person household as defined by the U.S. Department of Housing and Urban Development. In the application, income will be verified with a recent paystub. Please fill out the following information:

What town or city in MA do you live in? If you don't live in MA, please indicate the town or city that you work in. *

Select Item

Registration Confirmation

EOHHS

Massachusetts League of Community Health Centers

Thank you for registering and creating an account.
A secure link will be sent to your email address from no.reply@visualvault.com with log in instructions.
Please add this sender, no.reply@visualvault.com, to your Safe Senders.
If you do not see the email within 20 minutes, please check your spam folder as well.
If you do not receive an account creation email, please call 833-769-7877, or email: ma-repay@massleague.org

2. Application Email

MA Repay Program - Application Link

VisualVault <no.reply@visualvault.com>
To Soiles, Eugenia (EEC)

Reply | Reply All | Forward

Wed 1/31/2024 4:38 PM

Thank you for completing your registration for the MA Repay – Human Services and Home Health Workers Student Loan Repayment Program.

Please click the following link to start the application process: Application Link

We suggest using Chrome, Firefox, Edge or Safari to complete your application. We strongly advise applicants to fill out the application on a desktop or laptop computer as our software does not support mobile devices.

- Your username is [redacted]
- Your temporary password is **# + the last 4 digits** of your social security number (SSN). Example: #0000

You will be prompted to change your password upon logging in.

As part of your application, you will need to submit the following documents:

- Copy of degree or transcript
- Copy of professional licensure or certifications (if applicable)
- Copy of paystub(s) (or W2 if not available) to match the income you entered on the registration page.
  - A job offer letter will be accepted if you have not yet started your position. Please ensure your letter includes the expected hours you will work (part-time/full-time) and either your annual salary or hourly rate.
- Student Loan Statement(s)
- Employment Verification Form (if applicable)
- Resume/CV

You may save your progress and access the application using the Application Link at any time.

The application will close at **11:59 PM EST** on **2/26/24** or once the award amounts requested by applicants reaches approximately twice the available award funding for this program as determined by the Executive Office of Health and Human Services (EOHHS), whichever comes first.

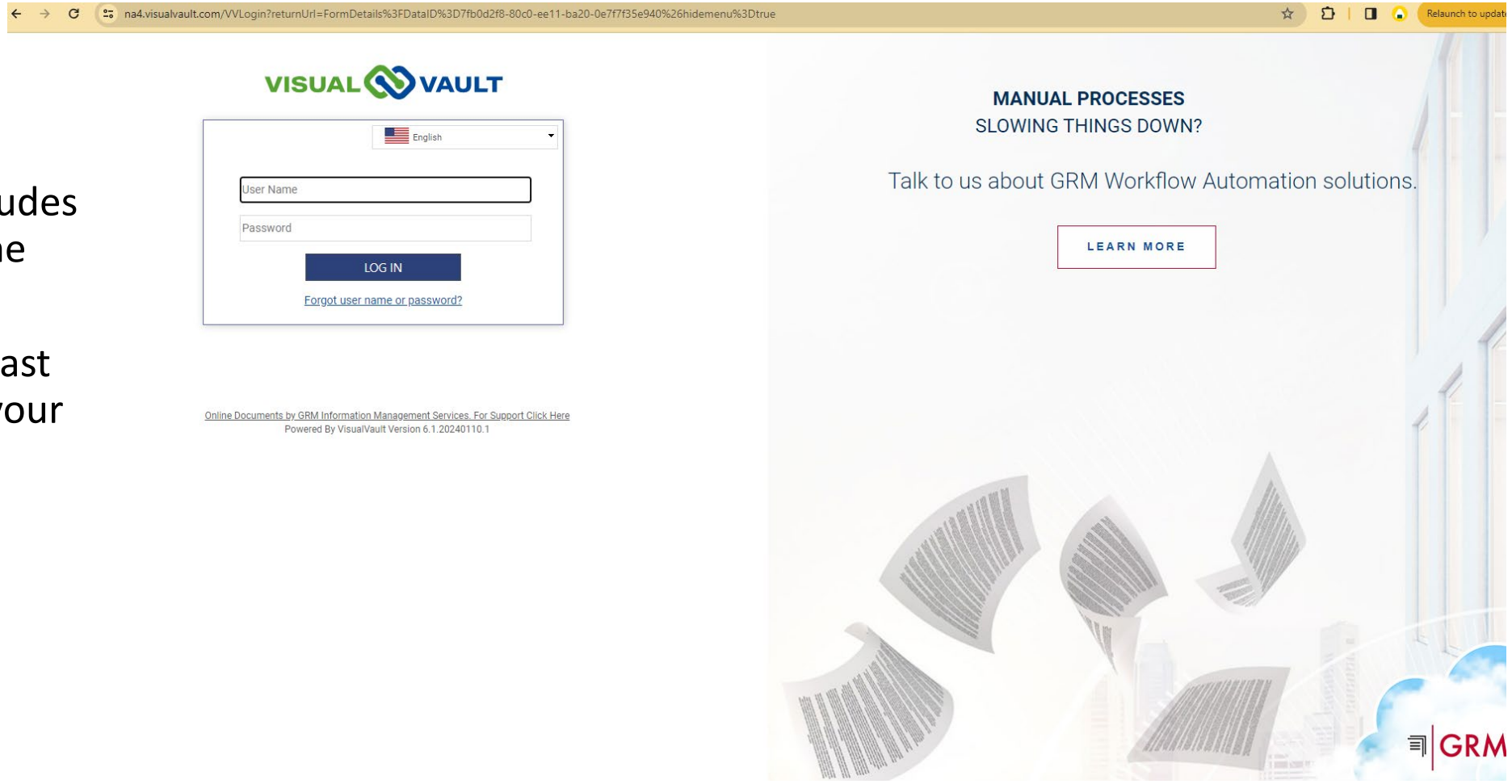
Please note, to be eligible for this program you must make less than 50% of the area median income (AMI) for a single-person household as defined by the U.S. Department of Housing and Urban Development.

If you have any questions, please visit https://MARepay.org, email ma-repay@massleague.org, or call the Massachusetts League of Community Health Centers at 833-769-7877.

Thank you,
Massachusetts League of Community Health Centers

Login Page

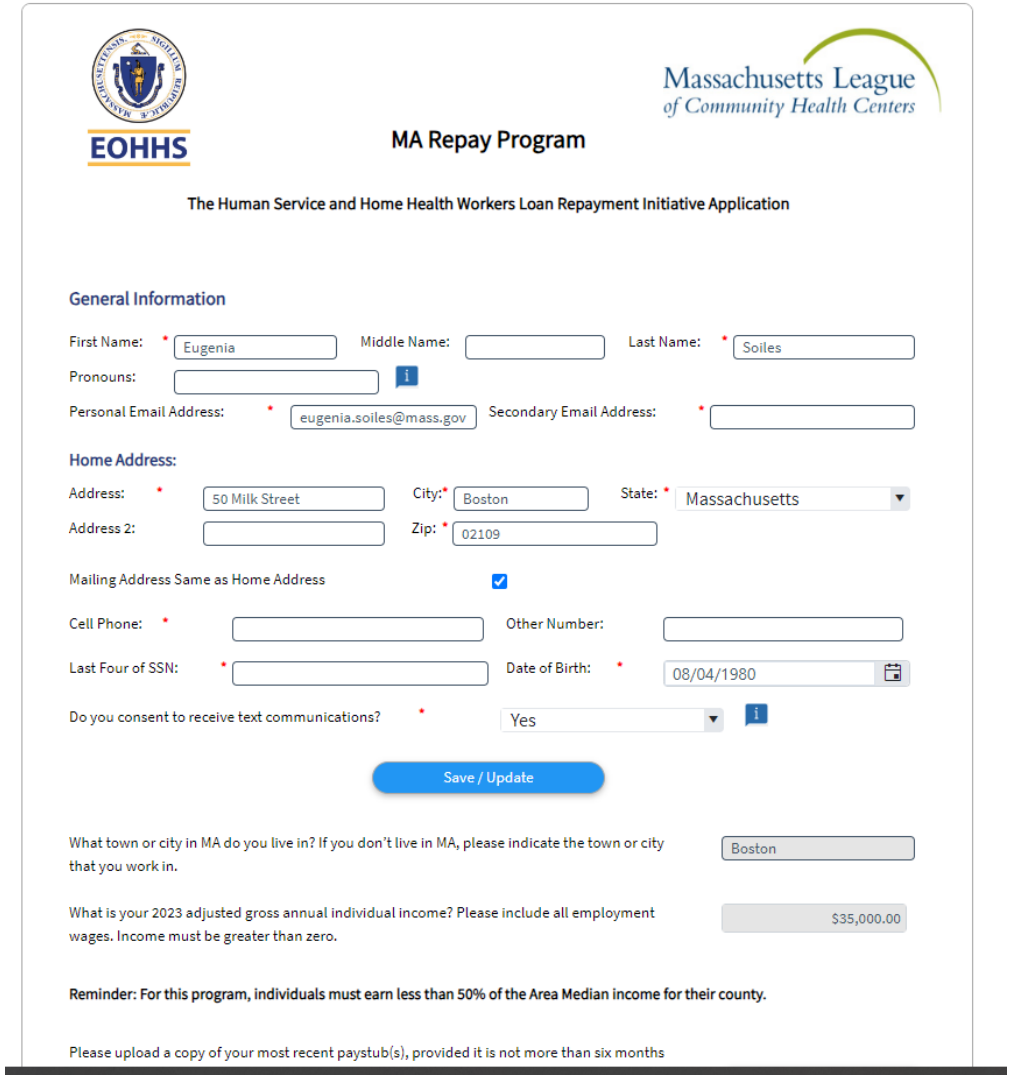
- The email includes your user name
- Password you should use # Last four digits of your social security



3. Filling out the Application

It will autofill what you submitted in the registration.

You can change everything expect your Town/City and Gross Annual Income.



EOHHS

Massachusetts League of Community Health Centers

MA Repay Program

The Human Service and Home Health Workers Loan Repayment Initiative Application

General Information

First Name: * Eugenia Middle Name: Last Name: * Soiles

Pronouns:

Personal Email Address: * eugenia.soiles@mass.gov Secondary Email Address: *

Home Address:

Address: * 50 Milk Street City:* Boston State: * Massachusetts

Address 2: Zip: * 02109

Mailing Address Same as Home Address

Cell Phone: * Other Number:

Last Four of SSN: * Date of Birth: * 08/04/1980

Do you consent to receive text communications? * Yes

Save / Update

What town or city in MA do you live in? If you don't live in MA, please indicate the town or city that you work in. Boston

What is your 2023 adjusted gross annual individual income? Please include all employment wages. Income must be greater than zero. $35,000.00

Reminder: For this program, individuals must earn less than 50% of the Area Median income for their county.

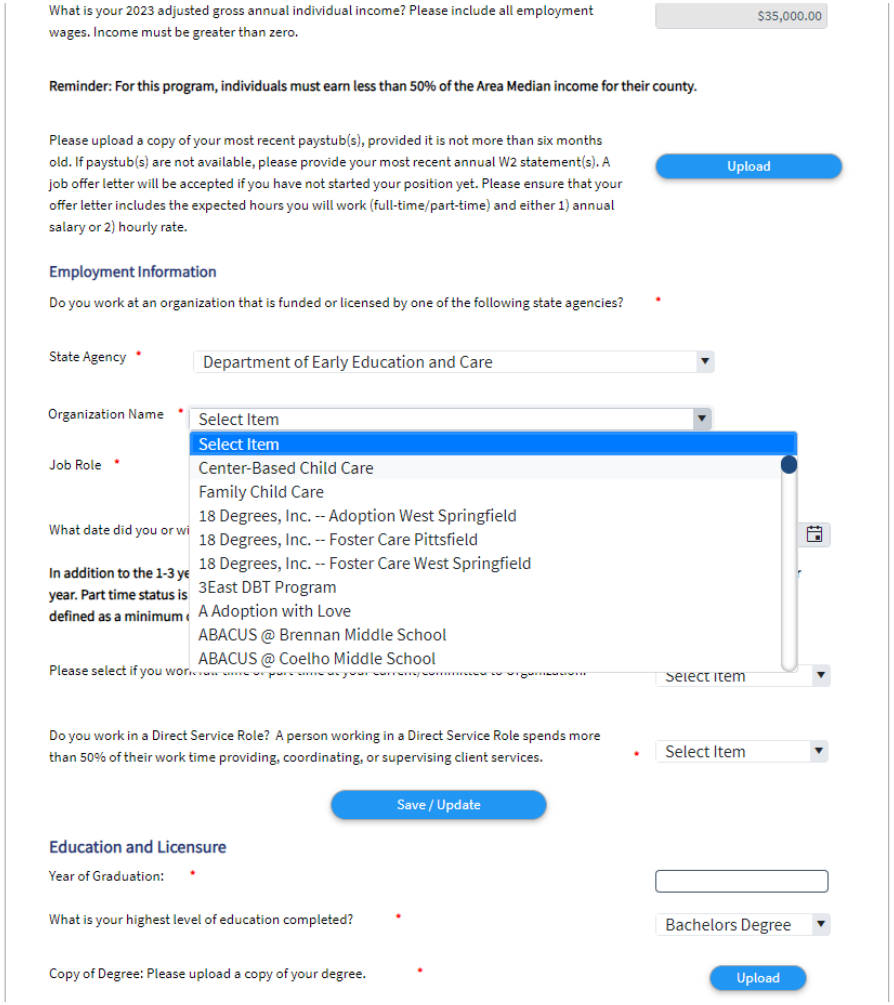
Please upload a copy of your most recent paystub(s), provided it is not more than six months

4. Employment Information

Make sure to check

- State Agency: Department of Early Education & Care
- Organization Name: Choose your type of care (this will change the application)
  - Center-Based Child Care (then fill out your program name)
  - Family Child Care (then fill out your program name)
  - Residential Programs should use the drop down to find your program
- Job Role is important to fill out correctly

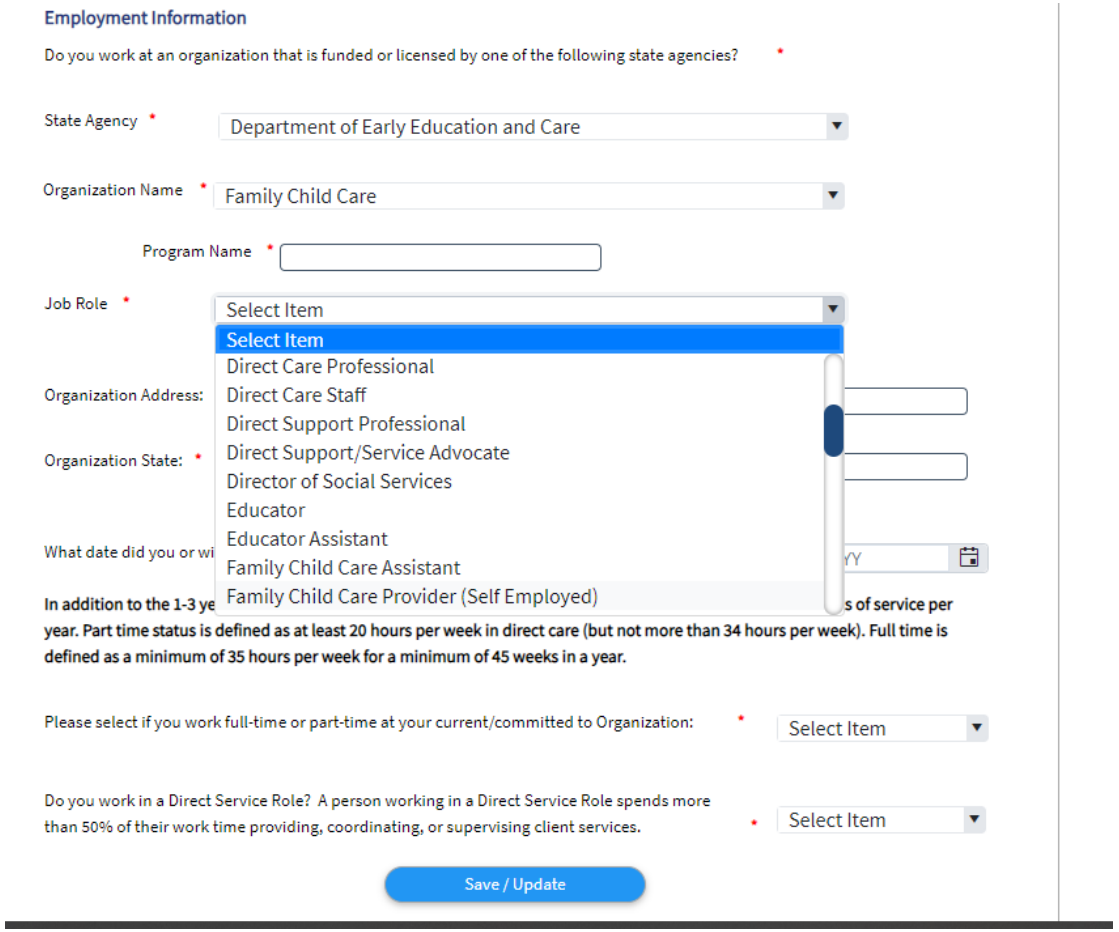
This step is very important!



Job Role

- Job Role: Choose your type of care (this will change the application)
  - Center-Based Child Care (educator, assistant, group leader, etc)
  - Family Child Care (Family Child Care Assistant & Family Child Care Provider)
  - Residential Programs

This step is very important for family child care!



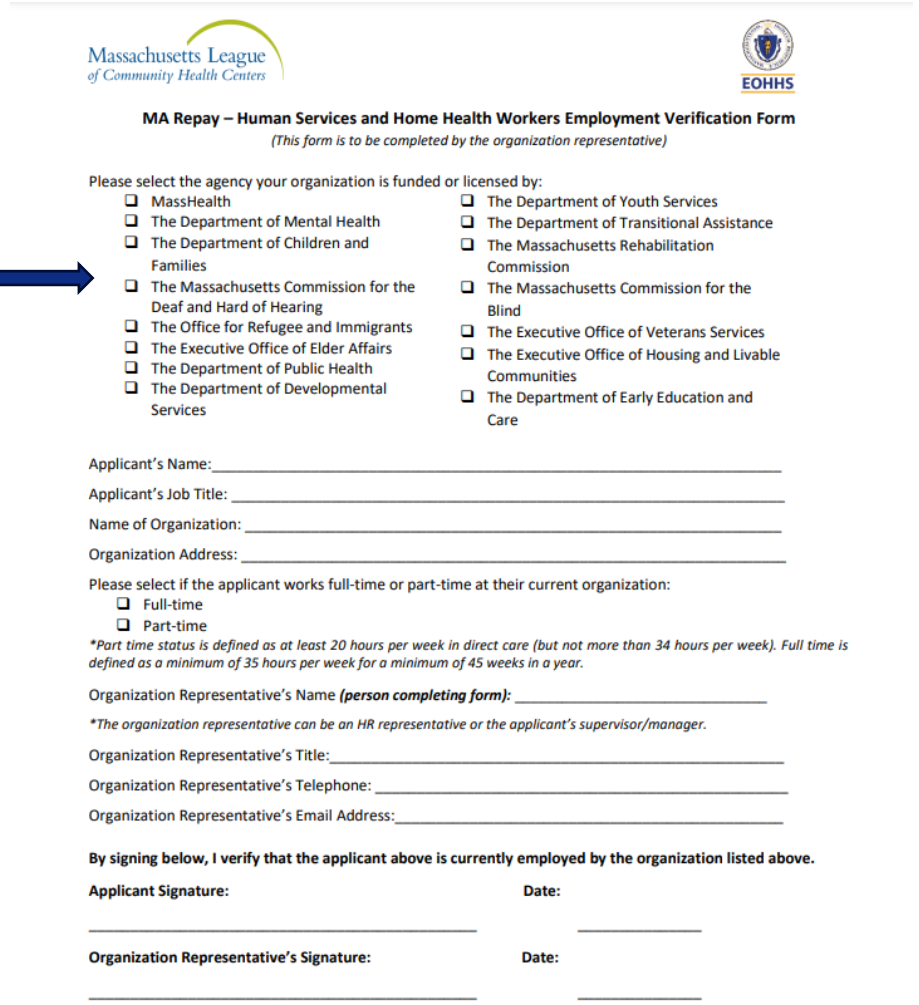
Employment Verification form

(GSA, FCC Assistants, R&P only)

Fill out the form

- State Agency: Department of Early Education & Care

Upload completed as a PDF



Massachusetts League of Community Health Centers

EOHHS

MA Repay – Human Services and Home Health Workers Employment Verification Form

(This form is to be completed by the organization representative)

Please select the agency your organization is funded or licensed by:

- ❑ MassHealth
- ❑ The Department of Mental Health
- ❑ The Department of Children and Families
- ❑ The Massachusetts Commission for the Deaf and Hard of Hearing
- ❑ The Office for Refugee and Immigrants
- ❑ The Executive Office of Elder Affairs
- ❑ The Department of Public Health
- ❑ The Department of Developmental Services
- ❑ The Department of Youth Services
- ❑ The Department of Transitional Assistance
- ❑ The Massachusetts Rehabilitation Commission
- ❑ The Massachusetts Commission for the Blind
- ❑ The Executive Office of Veterans Services
- ❑ The Executive Office of Housing and Livable Communities
- ❑ The Department of Early Education and Care

Applicant's Name:_____

Applicant's Job Title: _____

Name of Organization: _____

Organization Address: _____

Please select if the applicant works full-time or part-time at their current organization:

- ❑ Full-time
- ❑ Part-time

**Part time status is defined as at least 20 hours per week in direct care (but not more than 34 hours per week). Full time is defined as a minimum of 35 hours per week for a minimum of 45 weeks in a year.*

Organization Representative's Name ***(person completing form):*** _____

**The organization representative can be an HR representative or the applicant's supervisor/manager.*

Organization Representative's Title:_____

Organization Representative's Telephone: _____

Organization Representative's Email Address:_____

By signing below, I verify that the applicant above is currently employed by the organization listed above.

Applicant Signature: **Date:**

_____ _____

Organization Representative's Signature: **Date:**

_____ _____

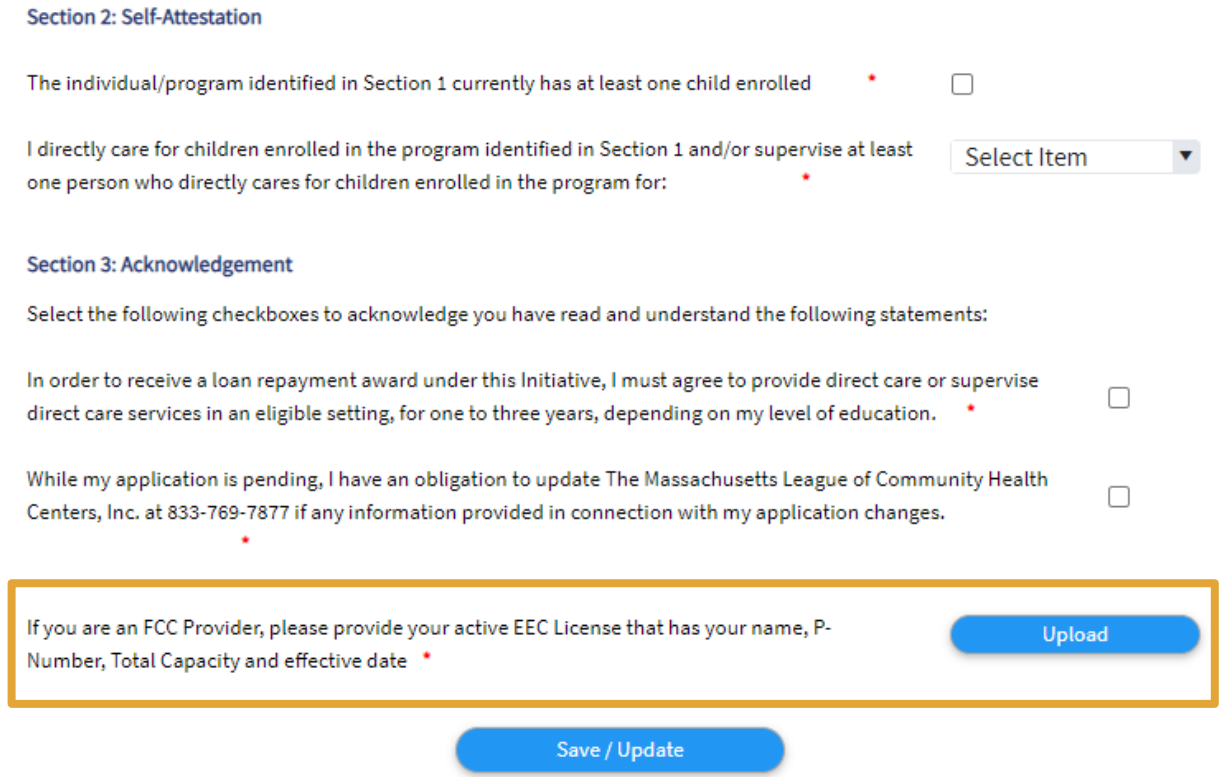
FCC Employment Self-Attestation

(Self-Employed FCC Providers Only)

When an applicant picks "FCC Provider (Self-Employed)" in the Job Role drop down, the application will open specific questions for FCC provider applicants to complete.

- Complete all questions and acknowledgements
- Upload an image of their current EEC license

ATTESTATION SCREENSHOT



5. Affirmations

Affirmation

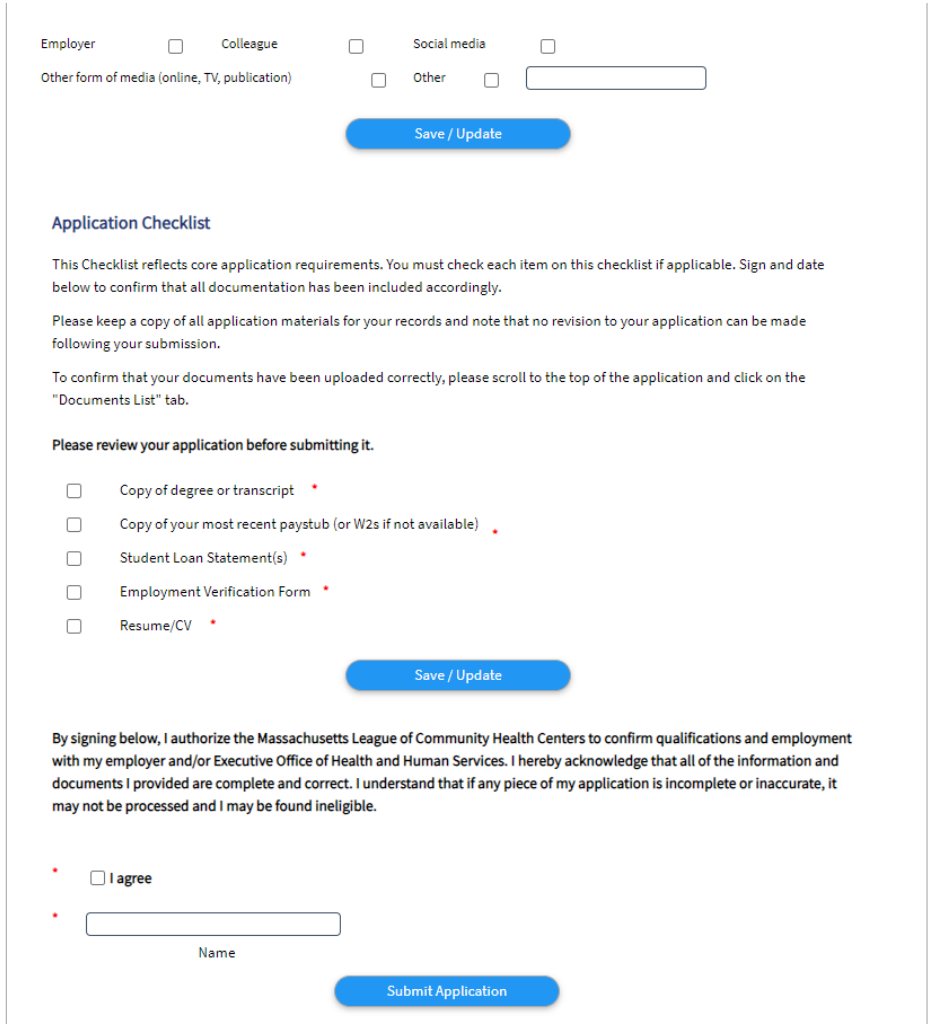
Select the following checkboxes to acknowledge you have read and understand the following statements:

Statement	Affirmation
I am not a state or municipal employee. *	☐
I attest that I work in a Direct Service Role or supervise Direct Service Staff (spending more than 50% of working hours providing or supervising direct care). *	☐
I attest that all information contained in this application, including any uploaded documents, are accurate and complete to the best of my knowledge. If my application is missing information or contains incorrect documentation, my application will be deemed ineligible for the Human Service and Home Health Worker Loan Repayment Program. *	☐
I attest that I have a current and non-restricted license or certificate to practice in the Commonwealth of Massachusetts, have applied for licensure, or am an eligible non-licensed provider. *	☐
I am not a Durable and/or Specialized Medical Equipment provider. *	☐
I do not work in a Community Health Center, Community Mental Health Center, psychiatric unit in an acute care hospital, or an in-patient psychiatric hospital. *	☐
I do not work at a site in Massachusetts that provides treatment to individuals with a substance use disorder. *	☐
If awarded through this program, I will work full-time or part-time (if contracted for part-time) in an eligible organization for 1-3 years depending on my education level. I understand that if I break this commitment, I will need to repay my loan amount back to the Massachusetts League of Community Health Centers with interest. *	☐
I do not have an existing unsatisfied obligation to the National Health Service Corps, or to any other federal, state, local government or other entity for health professional service. I understand that if awarded, I cannot participate in any other loan repayment programs concurrently with this loan repayment program (other than the federal public service loan forgiveness program). *	☐
I have provided the most accurate and current student loan information to the best of my ability. *	☐
I have provided the most accurate and current annual income information to the best of my ability. *	☐
I do not have a judgment lien against my property for a debt to the U.S. government. *	☐

6. Documents

Acceptable file types are PDF, DOC, DOCX, XML, IMG, JPEG, or PNG. **No other file type will be accepted.**

- Copy of your degree or transcript showing a completed degree
- Copy of a recent paystub (within 6 months) or if unavailable, a copy of your most recent W2
  - If you have not begun your position, a copy of your offer letter is sufficient
- Copy of your student loan statement(see more on next slide)
- Employment Verification Form
  For Family Child Care, this will be a self-attestation
- Resume/CV
- Copy of your license/certification (if applicable)



Loan Statements

- Copy of your student loan statement(s) that is no more than 3 months old and must include:
  - Your first and last name
  - Current loan balance
  - Type of loan
  - Letterhead or branding to clearly show the loan servicer
- Example statement here

Make sure it is a PDF! They have been seeing HTML links which will not be accepted.

