



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](tel:833-769-7377)

mass.gov/info-details/loan-forgiveness-for-staff-at-programs-licensed-funded-by-eeec

Mass.gov

Search Mass.gov

Executive Office of Education > Department of Early Education and Care

OFFERED BY Department of Early Education and Care

Loan Forgiveness for Staff at Programs Licensed/Funded by EEC

Direct care staff and supervisors at programs licensed and/or funded by the Department of Early Education and Care (EEC) are now eligible for the MA Repay Program, a student loan repayment program. This includes staff who work in center-based child care, out-of-school time (OST), and family child care (FCC) programs, including educators and assistants, as well as staff who work in residential programs.

Notices & Alerts

- Student loan repayment open for staff who work at programs licensed/funded by EEC! | Updated Jan. 30, 2024, 03:11 pm
- New! Get up to \$310 for each child under 13, person 65+ or with disabilities, or spouse who needs care. | Updated Jan. 23, 2024, 11:44 am

Overview

Educators may qualify for between \$3,000-\$30,000 in student loan debt repayment. This is through the Human Service and Home Health Workers Loan Repayment Program.

RELATED

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ma repay.org/health-services-and-home-health

MA Repay Program

Enrolling Programs Active Programs Contact Us

MA REPAY PROGRAM

Human Service and Home Health Workers Loan Repayment Program

A student loan repayment program for human service and home health workers who are direct care professionals and supervisors of direct care workers in programs operated by a home-based or community-based human service organization located in Massachusetts. Human service and home health workers must work in organizations that are funded or licensed by one of the below state agencies to provide treatment, support, or services to clients or their families.

Apply Now

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



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.

Registration Confirmation



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 XXXXXXXXXX
- 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

The screenshot shows a web browser window with the URL `na4.visualvault.com/VVLogin?returnUrl=FormDetails%3FDataID%3D7fb0d2f8-80c0-ee11-ba20-0e7f7f35e940%26hidemenu%3Dtrue`. The page features the Visual Vault logo at the top left. Below the logo is a login form with a language dropdown set to "English", a "User Name" input field, a "Password" input field, a blue "LOG IN" button, and a link for "Forgot user name or password?". At the bottom of the page, there is a link for "Online Documents by GRM Information Management Services. For Support Click Here" and a note "Powered By VisualVault Version 6.1.20240110.1".

To the right of the login form is a promotional banner for GRM Workflow Automation. The banner has the heading "MANUAL PROCESSES SLOWING THINGS DOWN?" and the text "Talk to us about GRM Workflow Automation solutions." Below this text is a "LEARN MORE" button. The background of the banner shows floating documents and a cityscape with the GRM logo in the bottom right corner.

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.

 

MA Repay Program

The Human Service and Home Health Workers Loan Repayment Initiative Application

General Information

First Name: * Middle Name: Last Name: *

Pronouns: ⓘ

Personal Email Address: * Secondary Email Address: *

Home Address:

Address: * City: * State: *

Address 2: Zip: *

Mailing Address Same as Home Address

Cell Phone: * Other Number:

Last Four of SSN: * Date of Birth: *

Do you consent to receive text communications? * ⓘ

[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.

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

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!

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

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 old. If paystub(s) are not available, please provide your most recent annual W2 statement(s). A job offer letter will be accepted if you have not started your position yet. Please ensure that your offer letter includes the expected hours you will work (full-time/part-time) and either 1) annual salary or 2) hourly rate.

Employment Information

Do you work at an organization that is funded or licensed by one of the following state agencies? *

State Agency *

Organization Name *

Job Role *

What date did you or will you start working for this organization?

In addition to the 1-3 year part time status is defined as a minimum of 10 hours per week.

Please select if you work full time or part time by your current commitment to organization.

Do you work in a Direct Service Role? A person working in a Direct Service Role spends more than 50% of their work time providing, coordinating, or supervising client services. *

Education and Licensure

Year of Graduation: *

What is your highest level of education completed? *

Copy of Degree: Please upload a copy of your degree. *

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 Information

Do you work at an organization that is funded or licensed by one of the following state agencies? *

State Agency *

Organization Name *

Program Name *

Job Role *
Select Item
Direct Care Professional
Direct Care Staff
Direct Support Professional
Direct Support/Service Advocate
Director of Social Services
Educator
Educator Assistant
Family Child Care Assistant
Family Child Care Provider (Self Employed)

Organization Address:

Organization State: *

What date did you or will you start working for this organization?

In addition to the 1-3 years of service per year. 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.

Please select if you work full-time or part-time at your current/committed to Organization: *

Do you work in a Direct Service Role? A person working in a Direct Service Role spends more than 50% of their work time providing, coordinating, or supervising client services. *

[Save / Update](#)

Employment Verification form

(GSA, FCC Assistants, R&P only)

Fill out the form

- State Agency: **Department of Early Education & Care**



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:

- | | |
|--|--|
| <input type="checkbox"/> MassHealth | <input type="checkbox"/> The Department of Youth Services |
| <input type="checkbox"/> The Department of Mental Health | <input type="checkbox"/> The Department of Transitional Assistance |
| <input type="checkbox"/> The Department of Children and Families | <input type="checkbox"/> The Massachusetts Rehabilitation Commission |
| <input type="checkbox"/> The Massachusetts Commission for the Deaf and Hard of Hearing | <input type="checkbox"/> The Massachusetts Commission for the Blind |
| <input type="checkbox"/> The Office for Refugee and Immigrants | <input type="checkbox"/> The Executive Office of Veterans Services |
| <input type="checkbox"/> The Executive Office of Elder Affairs | <input type="checkbox"/> The Executive Office of Housing and Livable Communities |
| <input type="checkbox"/> The Department of Public Health | <input type="checkbox"/> The Department of Early Education and Care |
| <input type="checkbox"/> The Department of Developmental Services | |

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: _____

Upload completed as a PDF

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

Section 2: Self-Attestation

The individual/program identified in Section 1 currently has at least one child enrolled

I directly care for children enrolled in the program identified in Section 1 and/or supervise at least one person who directly cares for children enrolled in the program for:

Section 3: Acknowledgement

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

In order to receive a loan repayment award under this Initiative, I must agree to provide direct care or supervise direct care services in an eligible setting, for one to three years, depending on my level of education.

While my application is pending, I have an obligation to update The Massachusetts League of Community Health Centers, Inc. at 833-769-7877 if any information provided in connection with my application changes.

If you are an FCC Provider, please provide your active EEC License that has your name, P-Number, Total Capacity and effective date

Upload

Save / Update

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. *	<input type="checkbox"/>
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). *	<input type="checkbox"/>
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. *	<input type="checkbox"/>
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. *	<input type="checkbox"/>
I am not a Durable and/or Specialized Medical Equipment provider. *	<input type="checkbox"/>
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. *	<input type="checkbox"/>
I do not work at a site in Massachusetts that provides treatment to individuals with a substance use disorder. *	<input type="checkbox"/>
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. *	<input type="checkbox"/>
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). *	<input type="checkbox"/>
I have provided the most accurate and current student loan information to the best of my ability. *	<input type="checkbox"/>
I have provided the most accurate and current annual income information to the best of my ability. *	<input type="checkbox"/>
I do not have a judgment lien against my property for a debt to the U.S. government. *	<input type="checkbox"/>

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)

Employer Colleague Social media
Other form of media (online, TV, publication) Other

Application Checklist

This Checklist reflects core application requirements. You must check each item on this checklist if applicable. Sign and date below to confirm that all documentation has been included accordingly.

Please keep a copy of all application materials for your records and note that no revision to your application can be made following your submission.

To confirm that your documents have been uploaded correctly, please scroll to the top of the application and click on the "Documents List" tab.

Please review your application before submitting it.

- Copy of degree or transcript *
- Copy of your most recent paystub (or W2s if not available) *
- Student Loan Statement(s) *
- Employment Verification Form *
- Resume/CV *

By signing below, I authorize the Massachusetts League of Community Health Centers to confirm qualifications and employment with my employer and/or Executive Office of Health and Human Services. I hereby acknowledge that all of the information and documents I provided are complete and correct. I understand that if any piece of my application is incomplete or inaccurate, it may not be processed and I may be found ineligible.

* I agree

Name

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.

nelnet Your Student Loan Servicer

U.S. Department of Education

Log in to Your [nelnet.com](#) Account
With your online account you have 24/7 access to:
• View your account summary
• Make a payment
• Explore options to lower or postpone your payments
• Change your auto debit information

Get Ready to Repay
If your payments pause recently ended, visit [nelnet.com/ready](#) for guidance based on your situation, and DIY videos with tools and tips to help you prepare for repayment.

SAVE Plan
Find tools and resources to make the best repayment decision for you. Most borrowers can lower their payments by enrolling in the new SAVE Plan or other income-driven plans. Visit [nelnet.com/save](#).

Special Payment Instructions
You have the option to direct your payments (including partial payments) to individual loans or loan groups, on a one-time or recurring special payment instruction. Please refer to the Special Payment Instructions section on the back of the payment coupon for more details.

Thanks for Your Payment
You are currently enrolled in auto debit payments. This statement is for your information only. Thanks for making your payments on time!

Your Student Loan Account Details for This Month's Billing Cycle

Account	
Statement Date	9/2/2023
Current Balance	\$64,304.35
Last Payment (Effective 8/23/2023)	\$206.83
Regular Monthly Payment Amount	\$206.83
Amount Already Paid for This Month	-\$0.00
Past Due Amount (if applicable)	+\$0.00
Current Amount Due	\$206.83

Next Auto Debit \$206.83 on 9/23/2023
This amount may be different than the current amount due if you are paid ahead, are paid late, or have elected to pay an additional amount.

Auto Debit ENROLLED

Questions about your payment amount? See the Payments section on the back. Please detach and send the bottom portion with your payments.

MAKE CHECKS PAYABLE (IN U.S. DOLLARS) TO: U.S. DEPARTMENT OF EDUCATION
Payments returned due to non-sufficient funds may be re-attempted.

Amount Enclosed \$ _____

Account _____

Current Statement Due Date 9/23/2023

Current Amount Due \$206.83

U.S. Department of Education
P.O. Box 2837
Portland, OR 97208-2837

A. Online Account
Your online account gives you 24/7 access to view your account summary, make a payment, explore options to lower or postpone your payment, and more.

B. Loan Account Details
Review a summary of your loans here. Detailed information by loan group can be found beginning on page two of the statement (section F).

C. Important Timely Information
We'll display useful updates here. Check this space each month for valuable information.

D. Next Payment Due Date
Just above your payment coupon, you'll find your next payment due date. If you're enrolled in auto debit, you'll see your next withdrawal date and amount.

E. Payment Coupon
To mail a payment, detach the bottom portion, or coupon, to include in the envelope with your check or money order. If you're enrolled in auto debit, you can still make additional payments online or by mail. To update your contact information or to allocate your payment differently, see the reverse side of the coupon (section K).