The Commonwealth of Massachusetts

Department of Early Education and Care

**EEC Financial Assistance Policy Variance Request**

**Special Need of Parent Extension**

Dear Parent:

Department of Early Education and Care (EEC) regulations only allow parents/guardians with a documented physical or mental disability/special need to use the service need for up to two years. EEC must approve eligibility based upon disability/special need of a parent for beyond two years in writing. If you are approaching your two-year limit and feel that you have an extenuating circumstance that warrants a continuation of care beyond two years, then you must file this variance form with EEC.

In order to be considered for an extension of the two-year limit, you must submit clear evidence that your proposal is in the best interest of your child and family and that it meets EEC requirements for variance requests. Requests for variances are limited to unusual, extenuating circumstances where lack of access to or loss of EEC financial assistance would result in extreme hardship for your family or would place an already at-risk child in greater harm. *See* EEC’s Financial Assistance Policy Guide, Section 3.4: Requesting Policy Variances.  Extraordinary circumstances can include:

* “Death, severe illness of an immediate family member or other extreme family crisis that impacts the family’s ability to temporarily comply with EEC standard financial assistance policy;
* Extenuating circumstances where loss of EEC financial assistance would jeopardize a child’s kinship care arrangement who otherwise would be in the care and custody of the Department of Children and Families; or
* An unforeseen catastrophic event or natural disaster, such as flood or fire, that would result in a family’s immediate need for temporary financial assistance to assist in stabilizing the family.” EEC Financial Assistance Policy Guide, Section 3.4.

To request a variance please complete the following with detailed information and submit all required documents listed below. **Your subsidy administrator will allow an eight-week job search authorization to continue care while your variance request is pending. EEC must receive the Variance Request Form and all supporting documentation four weeks before the end of your current job search authorization. EEC reserves the right to refuse review of any forms submitted after the deadline.**

**Variance Applicant Information:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s Full Names and Dates of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the reason your special need should extend beyond the two-year limit: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The following documents are required for a complete submission:

* A newVerification of Disability/Special Need for Parent/Guardian Form completed in full.
* A new letter from your medical professional which must address the following:
	+ Identification of your disability/special need;
	+ Explanation of how the condition prevents you from working or participating in education or training programs;
	+ Explanation of how your disability/special need impacts your ability to provide a safe environment for the care of your child(ren), taking into consideration the age(s) and needs of the child(ren);
	+ The amount of time child care is needed to accommodate your disability/special need and/or to provide a safe environment for your children, including the number of days per week and hours per day that early education and care services are needed; and
	+ **Justification for why this condition persists and why it requires a waiver of the two year limit.**
* Copies of the last two (2) Verification of Disability/Special Need for Parent/Guardian Forms submitted to your subsidy administrator. If you do not have copies, please request them from your subsidy administrator.

**I understand that if this variance request is denied, then I may not appeal this decision through a Request for Review or a Request for Hearing. My subsidy will end on the last date of my current authorization if I cannot prove another service need.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete this form and attach all required supporting information and return to EEC by mailing to:

Deputy General Counsel Felicia Sullivan

Department of Early Education and Care

51 Sleeper Street, 4th Floor

Boston, MA 02210

or by faxing to 617-988-2451.