Dear Parent:

Department of Early Education and Care (EEC) regulations only allows a Parent to utilize the service need of special need/disability for a two year limit. Once a Parent reaches his/her two year limit, EEC will determine if a variance may be approved to allow a Parent to continue to qualify for child care beyond the limit.

In order to be considered for an extension of the two-year limit, you must submit clear evidence 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 place an already at-risk child in greater harm. *See* EEC’s Financial Assistance Policy Guide, Section 4.4: 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 4.4.

To request a variance please complete the following with detailed information and submit all required documents listed below. **EEC must receive this Variance Request Form and all supporting documentation eight weeks before the end of your current authorization. EEC reserves the right to refuse the review of any forms submitted after the deadline.**

**Variance Applicant Information:**

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

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EEC will review your request and will take into consideration your documented special need/disability and the age of your child. You will need to describe the reason your special need should extend beyond the two-year limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following documents are required for a complete submission:**

* A newVerification of Disability/Special Need for Parent 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 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 provide proof of another service need.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Financial Assistance Unit

Department of Early Education and Care

50 Milk Street, 14th Floor

Boston, MA 02109

or by faxing to 617-988-2451.

**Variance Request Form and all supporting documentation must be received eight weeks before the end of your current authorization**