

**EEC Financial Assistance Agreement**

**Please read this form carefully and ask for clarification if you do not understand any part of it. This form is a legal document that may have an impact on your rights and its terms are binding.**

I understand that it is unlawful to obtain EEC financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or my fee payments.

Some examples of such unlawful behavior include, but are not limited to:

- Failing to accurately report all sources of my income (for example, not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income);
- Failing to accurately report the amount of my income (for example, not reporting the accurate amount(s) of income from self-employment; changing or altering pay stubs);
- Failing to accurately report the number of household members (for example, failing to report that my spouse or another parent is living in the household);
- Failing to accurately represent my service need (that is, my family’s reasons for needing child care or the amount of time my family needs child care, including change in employment or employer, work schedule or school schedule).

I understand that providing false or misleading information in connection with my application for EEC financial assistance, and/or failing to **report within ten days any change** in my work or school schedule, my family size or family income or any other circumstances that might change my eligibility or fee level may result in the termination of my EEC Child Care Subsidy and make me ineligible to apply for and/or receive subsidized child care for a time period of up to three years.

I also understand that if I receive financial assistance as a result of false or misleading information, I may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.

I understand that in order to verify my income and service need, EEC, a Child Care Resource and Referral Agency (CCR&R) or contracted child care provider may need to contact my employer(s). I hereby authorize my employer(s) to release information regarding my income, pay scale, hours and schedule of work to the Department of Early Education and Care, CCR&Rs, or any contracted child care provider to whom I apply for subsidized child care services in the Commonwealth of Massachusetts.

Parent/Guardian Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CCR&R / Contracted Provider Staff Member \_\_\_\_\_

Name of CCR&R / Contracted Provider FAMILY DAY CARE PROGRAM, INC.

**It is recommended that you keep a copy of this document for your files.**