

# Child Care Resource Center, Inc.

## EEC Income Eligible Waitlist Information and Application

Thank you for contacting Child Care Resource Center (CCRC) for information about child care subsidy options for your family. CCRC serves the 60 communities that make up the Eastern Mass Metropolitan Area (Region 4), including communities South, West, and Northwest of Boston. Go to [www.ccrinc.org](http://www.ccrinc.org) for a list of cities and town located in Region 4. If you live outside of Region 4, go to <http://www.eec.state.ma.us/ChildCareSearch/CCRR.aspx> to be connected to your local CCR&R.

The Massachusetts Department of Early Education and Care (EEC) has two main programs to help low-income families pay for child care. Both of these programs use the **same** centralized waitlist. They are:

**Income Eligible Vouchers** - Vouchers are funded through EEC and managed by local Child Care Resource & Referral (R&R) Agencies like the Child Care Resource Center

**Contracted slots** - Licensed programs hold direct contracts with EEC to provide subsidized child care.

In order to access these two types of EEC financial assistance, your family must meet income guidelines, have a service need as outlined by EEC, and must be active on the centralized waitlist. Parents may pay a portion of the child care fees, based on family size and gross monthly income. The chart below shows you current income eligibility requirements by family size.

Family Size	Maximum Annual Income
2	\$31,740
3	\$39,208
4	\$46,676
5	\$54,144
6	\$61,612

Eligible families can be placed on the Region 4 centralized waitlist in one of the following ways:

- Contacting their local CFCE program. Go to <http://www.eec.state.ma.us/ChildCareSearch/CFCE.aspx> to be connected to the CFCE program in your community.
- Speaking with a Family Services Specialist at CCRC.
- Completing the attached application.

Please complete the attached application as completely as possible, so that we are able to place you on the waitlist. All of the information is completely confidential. If you have any questions or need assistance, please contact a Family Services Specialist at 617-547-1063.

### Return the profile to:

Child Care Resource Center, Inc.

Attn. Family Services

130 Bishop Allen Drive

Cambridge, MA 02139

Fax: 617-547-3340

Email: [parentinfo@ccrcinc.org](mailto:parentinfo@ccrcinc.org)

Please Note: You will receive confirmation from CCRC once you have been placed on the waitlist. You will also receive a letter annually in order to confirm and/or update your waitlist status. **PLEASE respond to all waitlist correspondence immediately, so that you are not removed from the waitlist.**

### **Information regarding *Income Eligible* vouchers**

- There is currently a *waiting list* to receive a voucher. There is no *immediate* assistance at this time.
- To qualify for an Income Eligible voucher, at the time the voucher is issued the family must have a “reason for using child care.” This reason is called a “service need.”
- A service need is the amount of time that neither parent is available to care for the child because they:
  - Are starting or continuing paid employment;
  - Are seeking paid employment;
  - Are participating in education or training (not including graduate school); or
  - Are incapacitated (proven by documentation).
- A child with a *diagnosed* disability meets the service need criterion for full-time care whether or not the parents are able to provide care.
- In two parent families, both parents must have a valid service need.
- Families that have a service need of 30 or more hours per week are eligible for full-time child care (a maximum of 50 hours of care).
- Families with a service need at least 20 hours but less than 30 hours per weeks are eligible for part-time child care (a maximum of 30 hours of care).
- In addition to meeting service need requirements, the family must meet one or more of the following criteria:
  - The family’s gross monthly income must be at or below 50% of the State Median Income (SMI).
  - Families who have a qualifying child with disabilities may have a gross monthly income at or below 100% of the SMI.
  - Parents who are incapacitated may have a gross monthly income at or below 85% of the SMI.

**Documentation verifying the above criteria will be required before a voucher will be issued.**

# WAITLIST APPLICATION

KEEP THIS PAGE FOR YOUR INFORMATION

Please print or type clearly.

This document must be completed in order for you to be placed on the waitlist. Please answer each question by checking (v) the appropriate response or writing your answer in the space provided. If you have any questions, please call us at 617-547-1063 x504.

Today's Date: \_\_\_\_\_

## PARENT (OR LEGAL GUARDIAN) # 1 INFORMATION:

Gender:  Male  Female

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Service Need:** What is the reason you are seeking child care services?

- Full-time employment (30 or more hours /week)
- Part-time employment
- Full-time student
- Part-time student
- Incapacitated parent
- Job Search
- Other: \_\_\_\_\_

## PARENT (OR LEGAL GUARDIAN) # 2 INFORMATION:

Gender:  Male  Female

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Service Need:** What is the reason you are seeking child care services?

- Full-time employment (30 or more hours /week)
- Part-time employment
- Full-time student
- Part-time student
- Incapacitated parent
- Job Search
- Other: \_\_\_\_\_

**Family Size:** How many people in your household are you financially responsible for? Please include yourself, spouse (if applicable), and children legally in your custody: \_\_\_\_\_

How many children under the age of 18 are included in your family size: \_\_\_\_\_

## Family Status:

- Two parent household
- Single parent/age 19 years and over
- Single parent/under 19 years of age
- Relative with legal custody of child(ren)
- Grandparent
- Foster Parent
- Other: \_\_\_\_\_

## Age: (please check one)

- 12-17 years
- 18-23 years
- 24-44 years
- 45-54
- 55-69 years
- 70 or over

## Ethnicity:

- Black/Not Hispanic
- White/Not Hispanic
- Latino/ Hispanic
- Native American

- Asian/Pacific
- Haitian
- Cape Verdean
- Other: \_\_\_\_\_

**Education:** (Please check the highest level of education you have achieved)

- 0-8th grade
- 9th-12th grade (no diploma)
- High School Diploma

- GED
- 12 + some post secondary
- 2 year college degree
- 4 year college degree

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**CHILD #1 INFORMATION:**

**Gender:**  Male  Female

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is child #1 **disabled**?  Yes  No

What type of care are you seeking for Child #1?

- Child Care Center
- Family Child Care
- School Age Child Care
- Camp
- In-home Child Care/Relative/Friend

**CHILD #2 INFORMATION:**

**Gender:**  Male  Female

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is child #1 **disabled**?  Yes  No

What type of care are you seeking for Child #1?

- Child Care Center
- Family Child Care
- School Age Child Care
- Camp
- In-home Child Care/Relative/Friend

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Do you have **health insurance**?  Yes  No

Would you like to speak with CCRC's **Health Access Specialist**?  Yes  No

Do you receive **food stamps**?  Yes  No

**Sources of Income:**

Check here if you have **No Income** at all:

I have NO INCOME

Do you or does anyone in your family receive **TAFDC**?

Yes  No

Do you or does anyone in your family receive **SSI**?

Yes  No

Do you or does anyone in your family receive **Social Security**?

Yes  No

Do you or does anyone in your family receive a **Pension**?

Yes  No

Do you or does anyone in your family receive **Child Support**?

Yes  No

Do you or does anyone in your family receive **Unemployment Insurance**?

Yes  No

Do you receive any **other** source of income (not including wages/salary)?

Yes  No

Explain: \_\_\_\_\_

Do you receive any of the above **AND** collect **wages** from a job, check here:

Yes  No

Do you collect **wages only**, check here:  Yes  No

**Language:** What is your preferred language of communication? (please check one)

English

Khmer

Korean

Spanish

Cantonese

Mandarin

Portuguese

Cape Verdean Creole

Other: \_\_\_\_\_

Vietnamese

Haitian/Creole

**Total Household Gross Income** (Income before taxes and deductions) *Please NOTE:*

1. Only fill in the information for your appropriate household type (single parent OR two parent household).

2. Check your pay stub to determine your pay schedule (hourly, weekly, bi-weekly) and write in the dollar amount you receive each paycheck BEFORE DEDUCTIONS (gross income NOT net income).

**Single Parent/ Parent #1:**

Hourly Rate \$ \_\_\_\_\_ / hour  
 # of hours worked weekly: \_\_\_\_\_  
 Weekly Gross \$ \_\_\_\_\_ / week  
 Bi-weekly Gross \$ \_\_\_\_\_ / 2 wks  
 Monthly Gross \$ \_\_\_\_\_ / month  
 Please fill in the amounts of any other income you receive  
 Child Support \$ \_\_\_\_\_ per \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_ per \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ per \_\_\_\_\_  
 SSI \$ \_\_\_\_\_ per \_\_\_\_\_  
 Other income \$ \_\_\_\_\_ per \_\_\_\_\_

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**Parent #2:**

Hourly Rate \$ \_\_\_\_\_ / hour  
 # of hours worked weekly: \_\_\_\_\_  
 Weekly Gross \$ \_\_\_\_\_ / week  
 Bi-weekly Gross \$ \_\_\_\_\_ / 2 wks  
 Monthly Gross \$ \_\_\_\_\_ / month  
 Please fill in the amounts of any other income you receive  
 Child Support \$ \_\_\_\_\_ per \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_ per \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_ per \_\_\_\_\_  
 SSI \$ \_\_\_\_\_ per \_\_\_\_\_  
 Other income \$ \_\_\_\_\_ per \_\_\_\_\_

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Have you ever received Welfare Yes No  
 Was your case closed within the last year? Yes No

If YES, why? (check only one):

- Employment
- Time limit
- SSI
- Unable to work due to disability
- Grandparent not receiving a welfare grant
- Other: \_\_\_\_\_

If due to employment, did you receive child care services after it was closed? Yes No