



**Child Care Circuit**  
A Child Care Resource & Referral Agency

**190 Hampshire Street  
Lawrence, MA 01840  
978-686-4288**

Dear Colleague:

The Child Care Circuit administers the Voucher Child Care Program for the Greater Lawrence, Haverhill, Cape Ann, North Shore, Tri-City and Eastern Middlesex areas. The enclosed brochure explains what voucher childcare is and how it works.

If you would like to participate in the Voucher Childcare Program, please complete the enclosed Provider Agreement Packet. Please fill out and sign all paperwork and forms, and include a copy of your current DEEC license as well as a copy of your private rates and a Parent Handbook if applicable.

**Please return all paperwork via mail with original INK signatures to Amarillis Mendoza-Betances at the address shown above or you can email to her directly at [amendoza-betances@childcarecircuit.org](mailto:amendoza-betances@childcarecircuit.org) and request to receive the application via DocuSign.** To be considered an eligible provider, you must be:

- 1.) Currently be licensed by the Department of Early Education and Care, or hold a Certificate of CCDF Subsidy Funding Eligibility for License-Exempt Care Provider
- 2.) Participate in the State's Quality Rating Improvement System (QRIS) at a Level 1 or higher.
- 3.) You cannot be the subject of a DCF-51A substantiation or of a licensing litigation with DEEC. Child Care Circuit does not evaluate a program or a provider and does not assume any licensing responsibilities.

Upon receipt of all the required paperwork your information will be reviewed to ensure that all forms etc. have been completed and signed by you and a voucher rate will be established (rates as based on your private rates and the capped reimbursement rate set by DEEC). Once your agreement is complete and approved by Child Care Circuit your information will be added to our Voucher Referral database and a copy of the Voucher Agreement packet will be sent to you for your files. The length of time required to process a voucher agreement will depend on the submission of all required information and all appropriate paperwork being completed.

If you have any questions or concerns regarding the Voucher Agreement packet, please feel free to contact me at the number shown above, I can be reached at extension 547.

Sincerely,

*Cyndi Doucette*

Cyndi Doucette  
Manager of Provider Services  
[CDoucette@childcarecircuit.org](mailto:CDoucette@childcarecircuit.org)  
978-686-4288 ext.547



# What is Voucher Child Care?

## ◆ What is the Voucher Child Care program?

Voucher Child Care is a process by which the Child Care Circuit contracts with the state to make child care accessible to authorized participants of the Dept. of Transitional Assistance, Dept. of Children and Families, and income eligible parents from the state-wide waiting list.

## ◆ Can I become a Voucher Provider?

You are eligible to participate in the Voucher Child Care Program if all of the following are met:

1. You are currently licensed or identified as a license exempt program by the Dept. of Early Education & Care. (Licensed Exempt must obtain a Funded Program Certificate through EEC)
2. You participate in the State's Quality Rating Improvement System (QRIS) at a Level 1 or higher or have a Continuous Quality Improvement Plan (CQIP) on file.
3. You (or a current employee) are not the subject of an ongoing investigation, a substantiated report of abuse/neglect, or an EEC licensing litigation.
4. You understand and agree to all of the conditions in the Voucher Child Care Agreement. This is the contractual arrangement between a provider and Child Care Circuit to follow EEC provider policies for subsidized care.

## ◆ Why should I become a Voucher Provider?

- Voucher enrollment is flexible, as provider can determine the number of children accepted with subsidies.
- Help families afford child care that may not be able to otherwise afford quality care for their child(ren) within your programs community
- Stable source of revenue- guaranteed payment for services
- Marketing support and free publicity through increased referral base.
- Increased enrollment (voucher vs. empty slot)
- Reimbursement rates may vary by your location.
- Reimbursement rates may be more comparable to private rates.
- We provide technical assistance regarding billing, attendance, and policies.
- We provide quarterly meetings and review new policies, changes and general updates.

## ◆ How will parents choose a voucher program and contact me?

Once the parent has been determined eligible, if needed, an Information & Referral Specialist will provide them with providers in their requested area that accepts child care assistance vouchers. As a Voucher Provider, your program may be among these referrals a parent may choose from.

**For more information on the voucher provider process, please contact:**

**Provider Services Department**  
English: 978-722-2547/Spanish: 978-722-2760  
[billing@childcarecircuit.org](mailto:billing@childcarecircuit.org)



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A Child Care Resource & Referral Agency

190 Hampshire St.  
Lawrence, MA 01840  
(978) 686-4288 or (877) 823-2273

## **New Child Care Voucher Provider Checklist**

Please check off the items that you are returning in this packet:

**Required forms that MUST be returned** *(please only submit required forms, all other information in this packet is for your records):*

- ☐ Voucher Provider Contact Information
- ☐ Provider Rate Statement
- ☐ Program Closure schedule (Holiday)  
*(Please include a copy of school calendar if an academic year only program)*
- ☐ Voucher Reimbursement Form
- ☐ Late Pick-up policy
- ☐ Child Abuse & Neglect policy
- ☐ Completed W-9 Form
- ☐ SharePoint Agreement (email address is required)
- ☐ CCFA Username Request  
*(This is the system attendance must be entered into for you to be paid)*
- ☐ Direct Deposit Form (voided check must be attached)
- ☐ Early Education and Care Voucher Services Agreement  
*(Must be signed by a person in your agency who has the authority to enter into an agreement)*
- ☐ Transportation Information Form
- ☐ Copy of your transportation policies meeting the EEC guidelines
- ☐ Copy of your contract with a transportation company (if applicable)
- ☐ Transportation Agreement (enclosed in packet)  
*(Must be signed by a person in your agency who has the authority to enter into an agreement)*
- ☐ Program information sheet (for referral database)
- ☐ Copy of your EEC license or Certificate of CCDF Subsidy Funding Eligibility for License-Exempt Care Provider
- ☐ Completed QRIS/CQIP Statement

**\*\*Child Care Circuit recommends that you keep copies of all information that you submit to us. ALL ORIGINALS MUST BE RETURNED TO THE ADDRESS ABOVE.\*\***

**Thank-you,  
Cyndi Doucette  
Manager of Provider Services**

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**CHILD CARE AWARE OF MASSACHUSETTS  
VOUCHER PROVIDER CONTACT INFORMATION**

**Please complete the following information:**

Federal Tax ID# \_\_\_\_\_

**Program Name** (*as it appears on your EEC License*) & **Mailing, Billing & Payment Address::**

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

**Program Telephone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

Name of Person Responsible for **Voucher Enrollment:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Person Responsible for **Billing:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Program Location, Name & Address:**

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

**Name of Program Director:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Name & Address of Parent Agency:** \_\_\_\_\_

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

**Name & Address of Executive Director:** \_\_\_\_\_

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

**Telephone of Executive Director:** \_\_\_\_\_

**E-mail of Executive Director:** \_\_\_\_\_

**Is your organization (circle one)**                      **For Profit**                      **Not For Profit**

Does your parent company have a **Basic Contract with EEC?**    Yes    No

If YES, in which **Region(s)**?      ( ) 1      ( ) 2      ( ) 3      ( ) 4      ( ) 5      ( ) 6

Does your program provide transportation? (circle one)    Yes      No

If yes, you must return a copy of your programs transportation policy.

Does your program offer any discounted rates and if so please ***describe***: sibling discount/employee discount.

Please note that these discounts are also applied to voucher rates. \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please note that it is your responsibility to report any changes to Resource & Referral Agency\*\*\***

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## PROVIDER RATE STATEMENT

**Provider Name** \_\_\_\_\_

- Please list the daily amounts you charge your private paying families whose children attend any of the following programs
- Please also enclose a copy of your program's flyer/brochure that you give to parents that shows a schedule of your rates
- Department of Early Education and Care Contracted providers, please attach a copy of your income eligible rate sheet

| Program                 | Full Day Cost<br>(6 or more hours) | Part Day Cost<br>(less than 6 hours) |
|-------------------------|------------------------------------|--------------------------------------|
| Infants                 |                                    |                                      |
| Toddlers                |                                    |                                      |
| Preschool               |                                    |                                      |
| Kindergarten            |                                    |                                      |
| Before School           |                                    |                                      |
| After School            |                                    |                                      |
| Before and After School |                                    |                                      |
| School Age Full Day     |                                    |                                      |

Discounts offered:                      Yes ( )    No ( )

If yes enter the amount and type \_\_\_\_\_

I certify the rates listed above to be correct. Per the terms and conditions for the Voucher Day Care Provider Agreement, I certify that the voucher rates contained in section III.C of this Agreement are not higher than my rate charged to private consumers.

I recognize that to charge voucher consumers a rate higher than the rate charged to private consumers would constitute a violation of the terms and conditions of my Voucher Day Care Provider Agreement and may result in immediate termination of that Agreement.

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

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



*Early education and care  
and out of school time care.*

190 Hampshire Street Lawrence, MA 01840  
Toll-free (800) 600-2806 Local (978) 680-4286  
Fax (978) 975-3120 [www.childcarecircuit.org](http://www.childcarecircuit.org)



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## MEMORANDUM

To: Department of Early Education and Care (EEC) Contracted Programs, Child Care Resource and Referral Agencies (CCRR), and Head Start Programs

From: Sandra Fortier-Hollow

Re: FY2026 Approved Closure Schedule for Center Based Programs

Date: June 23, 2025

### Annual Submission of Closure Schedule

**FY26 Unit Rate Contract will run July 1, 2025 through June 30, 2026. Contract Providers must complete the Approved Closure Schedule form to reflect the Contract Provider's full fiscal year schedule.**

Early Education and Care Programs must annually submit an Approved Closure Schedule to the CCRR/EEC prior to the start of the fiscal year and/or contract. Any changes to the dates you state on the attached chart must be submitted for approval to the CCRR/EEC at least **30** days in advance. Once approved, all closure days must be entered into CCFA. Contracted Programs are responsible for entering their own closure days; CCRRs are responsible for entering closure days for all voucher only providers.

### Parental Notice

Center Based Programs must annually provide a final Closure Schedule to parents of all children receiving child care financial assistance (i.e., both voucher and contract) participating in the program by July 1, 2025. For any child that enrolls after July 1, 2025, the Approved Closure Schedule must be provided prior to enrollment so that parents may make an informed choice about their child care options. In addition, Center Based Programs shall provide parents with at least 30 days' notice prior to making any changes to its Approved Closure Schedule. This notice applies to all children receiving child care financial assistance.

### Closure Day Limitations and Requirements

Center Based Programs will be paid only for the number of closure days submitted to the CCRR and/or EEC, provided that the closure days selected comply with the limitations and requirements set forth below:

#### **1. Approved Closure Day Requirements:**

- Up to twenty-two (22) closure dates may be selected and (5) Professional Development Days.
- The program must select closure days that are responsive to the needs of the families served.

- The program must be closed to both private paying families and families receiving child care financial assistance for a day to be a closure day.
- The program must charge private paying families for closure days.
- **Since EEC covers the cost of parent fees for child care financial assistance families on closure days, the provider must not charge these families a parent fee on closure days.**

## **2. Professional Development Closure Day Requirements:**

- Center Based Programs designating closure days for professional development opportunities must ensure that educators and staff engage in professional development activities on those days. Failure of staff to engage in professional development activities may result in denial of reimbursement requests.
- Professional development days shall not require attendance on a religious holiday.

**DEPARTMENT OF EARLY EDUCATION AND CARE**  
**Center Based FY 2026 Closure Schedule**  
**July 1, 2025 to June 30, 2026**

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

FY26 Unit Rate Contract will run July 1, 2025 through June 30, 2026. Please list the specific dates (month/day/year), including the day of the week and holiday names (if applicable), for each day your Center Based Program intends to be closed in fiscal year 2026.

| <b>Holiday/Flexible Day</b> | <b>Month/Day/Year</b>       | <b>Alternate Day (if applicable)</b> |
|-----------------------------|-----------------------------|--------------------------------------|
| July 4th                    | Friday, July 4, 2025        |                                      |
| Labor Day                   | Monday, September 1, 2025   |                                      |
| Indigenous Peoples' Day     | Monday, October 13, 2025    |                                      |
| Veterans Day                | Tuesday, November 11, 2025  |                                      |
| Thanksgiving                | Thursday, November 27, 2025 |                                      |
| Christmas Day               | Thursday, December 25, 2025 |                                      |
| New Year's Day              | Thursday, January 1, 2026   |                                      |
| Martin Luther King, Jr. Day | Monday, January 19, 2026    |                                      |
| President's Day             | Monday, February 16, 2026   |                                      |
| Patriots' Day               | Monday, April 20, 2026      |                                      |
| Memorial Day                | Monday, May 25, 2026        |                                      |
| Juneteenth Day              | Friday, June 19, 2026       |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |
| Flex Day                    |                             |                                      |

**DEPARTMENT OF EARLY EDUCATION AND CARE**  
**Center Based FY 2026 Closure Schedule**  
**July 1, 2025 to June 30, 2026**

|                              |  |  |
|------------------------------|--|--|
| Professional Development Day |  |  |
| Professional Development Day |  |  |
| Professional Development Day |  |  |
| Professional Development Day |  |  |
| Professional Development Day |  |  |

If your program closes for any portion of the summer, please provide the following information:

Expected Start Date of Academic Year Program Fall 2025: \_\_\_\_\_

Expected End Date of Academic Year Program Spring 2026: \_\_\_\_\_

# CHILD CARE CIRCUIT

## VOUCHER REIMBURSEMENT

I, the undersigned, understand that my program/agency will not be reimbursed for child care services provided to children who are enrolled without a signed, current voucher authorized from the Child Care Circuit. If I accept a child without a signed, current voucher or without a written authorization from the Child Care Circuit, I waive all rights to payment.

Program\*/Agency Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
City/Town

Provider Signature: \_\_\_\_\_  
Date

Print Provider Name: \_\_\_\_\_

Provider Position: \_\_\_\_\_

*\*Please note that the program name must be entered as it appears on your EEC License\**

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## **LATE PICKUP POLICY LICENSED PROVIDERS**

Program Name\*: \_\_\_\_\_  
(as it appears on your EEC License)

This program will follow the procedures below in the event that a parent/guardian is late in picking up his/her child.

1. This program will maintain an updated list of individuals and telephone numbers authorized by the parent/guardian as emergency backup.
2. If a parent/guardian is more than \_\_\_\_\_ minutes late from the expected time and has not contacted the program, staff will call the emergency backup names as given by the parent/guardian. This program will ask an emergency contact person to pick up the child and release the child to his/her custody.
3. If the parent/guardian does not contact the program and if I am unable to reach the emergency back up individuals during a \_\_\_\_\_ hour time frame, staff will notify the Department of Social Services and/or the Police Department that the child has been abandoned.
4. Staff may release the child to the Department of Social Services or the Police Department, at their request. Unless this request is made, a staff member (approved to have direct contact with children) from this program will remain with the child.
5. Any parent/guardian who does not pick up his/her child by the designated time will be required to pay a late fee of \_\_\_\_\_.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*\*Please note that the program name must be entered as it appears on your EEC License\**

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**POLICIES AND PROCEDURES ON INSTITUTIONAL CHILD ABUSE AND NEGLECT FOR CHILD CARE CENTERS, NURSERY SCHOOLS, FAMILY DAY CARE SYSTEMS, CAMPS**

The policy detailed below is implemented/followed by:

**Agency Name** (as it appears on your EEC License)

**POLICY**

There shall be no corporal punishment of children. No child shall be subjected to cruel or severe punishment, humiliation or verbal abuse, including, but not limited to the denial of food.

**DEFINITION**

Child Abuse is the non-accidental commission of any act by a caretaker which causes or creates a substantial risk of harm to a child's physical and emotional well being, including sexual abuse.

Child Neglect is the failure by a caretaker, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, safety, clothing, shelter, medical care, supervision, or other essential care.

**PROCEDURE**

Whoever has a reasonable cause to believe that a staff member or family day care provider may have been abusive or neglectful toward a child(ren) shall immediately notify their supervisor and/or program.

"Reasonable Cause" means that after examining all the facts in a particular situation, most people with similar training and experience would also suspect abuse/neglect.

The suspected or alleged employee or family day care provider shall be immediately removed from working directly with children until a written investigation has been completed.

The Program Director or supervisor must immediately notify the Executive Director or designee. The Executive Director or designee will assess the situation and if warranted, report the suspected or alleged incident to the Department of Social Services and the Child Care Circuit within 24 hours.

The program director will prepare within twenty-four hours, but no later than thirty-six hours, a written report of the situation. That report shall include dates, times, names of all parties (adults and children), places and a description of the incident(s).

The Personnel Practices Manual (if applicable) will be adhered to in handling any employee suspected or substantiated of inflicting abuse or neglect.

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                        | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requester's name and address (optional)                                                                                                                                                                                                                                                                            |
|                                                        | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | Signature of U.S. person | Date |
|------------------|--------------------------|------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

| IF the entity/individual on line 1 is a(n) . . .                                                                                                   | THEN check the box for . . .                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| • Corporation                                                                                                                                      | Corporation.                                                                                                                               |
| • Individual or<br>• Sole proprietorship                                                                                                           | Individual/sole proprietor.                                                                                                                |
| • LLC classified as a partnership for U.S. federal tax purposes or<br>• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation | Limited liability company and enter the appropriate tax classification:<br>P = Partnership,<br>C = C corporation, or<br>S = S corporation. |
| • Partnership                                                                                                                                      | Partnership.                                                                                                                               |
| • Trust/estate                                                                                                                                     | Trust/estate.                                                                                                                              |

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .                                                              | THEN the payment is exempt for . . .                                                                                                                                                                          |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Interest and dividend payments                                                         | All exempt payees except for 7.                                                                                                                                                                               |
| • Broker transactions                                                                    | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| • Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4.                                                                                                                                                                                    |
| • Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5. <sup>2</sup>                                                                                                                                                            |
| • Payments made in settlement of payment card or third-party network transactions        | Exempt payees 1 through 4.                                                                                                                                                                                    |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account:                                                                              | Give name and SSN of:                                                                                   |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                          | The individual                                                                                          |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)                                       | Each holder of the account                                                                              |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)                                           | The minor <sup>2</sup>                                                                                  |
| 5. a. The usual revocable savings trust (grantor is also trustee)                                      | The grantor-trustee <sup>1</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                          | The actual owner <sup>1</sup>                                                                           |
| 6. Sole proprietorship or disregarded entity owned by an individual                                    | The owner <sup>3</sup>                                                                                  |
| 7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))** | The grantor*                                                                                            |

| For this type of account:                                                                                                                                                                   | Give name and EIN of:     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 8. Disregarded entity not owned by an individual                                                                                                                                            | The owner                 |
| 9. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup> |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                  | The corporation           |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization          |
| 12. Partnership or multi-member LLC                                                                                                                                                         | The partnership           |
| 13. A broker or registered nominee                                                                                                                                                          | The broker or nominee     |
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity         |
| 15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**                                               | The trust                 |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



**Child Care Circuit**  
A Child Care Resource & Referral Agency

**190 Hampshire Street, Lawrence, MA 01840**  
**(978) 686-4288 or (877) 823-2273**

## QRIS/CQIP Statement

☐ I certify that I have a Continuous Quality Improvement Plan (CQIP)\* on file for the program(s) located at (if additional space is needed, please attach a list of programs to this form):

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date of Signature \_\_\_\_\_

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# Child Care Circuit

SharePoint/Provider Site User  
Agreement

The Child Care Circuit use a Microsoft SharePoint Provider Site which is a web-based storage for provider documents. Some of these documents may contain sensitive personal information. As such, good security practices are essential to ensure the privacy of the documents stored on the site. Before accessing the system, all providers are required to read, sign, and return this document to: **Child Care Circuit, Ms. Cyndi Doucette, 190 Hampshire Street, Lawrence, MA 01840**

## **SharePoint Site Registration:**

Child Care Circuit will send your program an invitation to join the site. Each user will need to register for a Free Microsoft Account (if they do not already have one associated with their email address) to gain access. The user will need to accept the invitation and request access to be approved; please be sure to include the name of your program in the request. Child Care Circuit will approve your request and ensure that the user has access to your document library.

## **Site Access:**

The address of the site is <https://communitydaycare.sharepoint.com/sites/Providersite2/default.aspx>. This site is secured with SSL encryption. Access to the web site is restricted through the use of usernames and passwords. Once staff is registered, they will be able to access their center's documents.

## **Password Recovery/Changes:**

Registered site users can change their passwords, and reset forgotten passwords through the web site. The Child Care Circuit will not routinely provide this service.

## **Staff Changes:**

**It is the center's/system's /agency's responsibility to notify Child Care Circuit when staff members with access to SharePoint Provider Site have left, or are no longer allowed to access the provider site. As new staff member need access, please contact the provider services department for assistance.**

## **Security of Documents:**

Once documents have been downloaded from the provider site, their security is the responsibility of the center/system/agency. Please note that vouchers uploaded to SharePoint do not require a signature, are considered valid, and will be honored by Child Care Circuit. All voucher payments are subject to available EEC funding.

Provider/Director Name : \_\_\_\_\_

Email Address of SharePoint Administrator: \_\_\_\_\_

Center/System /Agency Name/Address: \_\_\_\_\_

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

I HAVE READ, UNDERSTAND AND ACCEPT MY RESPONSIBILITIES WITH THE SHAREPOINT USER AGREEMENT.

\_\_\_\_\_  
Provider/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director/President/Superintendent/Principal Signature

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# Child Care Financial Assistance (CCFA) Application

## Request for Users

**(This is the new electronic attendance system that you are required to submit attendance electronically through. Each user must have a unique email address.)**

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

Agency Administrator:

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

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

Phone Number: \_\_\_\_\_

Attendance Specialist:

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

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

Phone Number: \_\_\_\_\_

Attendance Specialist (Back-up):

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

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

Phone Number: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name & Title

Please return this form to your local CCR&R so that your account can be established once the CCFA system becomes available.

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**ATTACH VOIDED CHECK OR PERSONALIZED DEPOSIT SLIP FOR EACH  
FINANCIAL INSTITUTION HERE**

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The next 9 pages is your voucher agreement, please read carefully to ensure all requirements are met within the agreement.

Any questions, please contact:

**Family Child Care Programs:**

Cheyminette Garcia, Senior Provider Services Specialist – [CGarcia@childcarecircuit.org](mailto:CGarcia@childcarecircuit.org) – 978-722-2540

**Center Based Programs:**

Amarillis Mendoza, Provider Services Specialist – [Amendoza-Bentances@childcarecircuit.org](mailto:Amendoza-Bentances@childcarecircuit.org) – 978-722-2760



# Early Education and Care Voucher Services Agreement



This Agreement is between the local Child Care Resource and Referral Agency (“CCRR”) and your program<sup>1</sup>, either a licensed or license-exempt early education and care provider<sup>2,3</sup> (hereinafter referred to as “Provider”) or a Family Child Care System (hereinafter referred to as a “System”).<sup>4</sup>

## I. The Provider/System further agrees to the following terms and conditions:

### 1. Provision of Education and Care Services

The Provider/System agrees to:

- Provide/administer early education and care services for children whose families qualify for publicly funded early education and care services and who have been issued a child care voucher to the Provider/System’s program. The Provider/System understands that the child’s parent or guardian will be responsible for deciding to place the child in its care.
- Provide early education and care services in an EEC licensed space or in an EEC license-exempt space in accordance with EEC licensing regulations, EEC Funded Program Compliance Requirements, and any updates thereto.
- The Provider/System understands that neither EEC nor the CCRR will pay for the care of children in space that is either unlicensed, not an EEC-approved license-exempt space, or not compliant with EEC requirements. The Provider/System understands that any allegations of non-compliance with licensing regulations, the funded programs compliance requirements, or another guidance will be reported by the CCRR to EEC.<sup>5</sup>
- License-exempt providers agree to complete a New Funding Application through EEC’s LEAD database. License-exempt providers agree that neither EEC nor the CCRR may provide payment until an application has been received and a Certificate of Eligibility for Funding has been issued by

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<sup>1</sup> Any licensed independent family child care provider who enters into an Early Education and Care Voucher Services Agreement with a CCRR may only accept voucher referrals through the CCRR and may not accept referrals through a Family Child Care System (“System”). Family child care providers affiliated with a System cannot enter into a Voucher Agreement with a CCRR or accept voucher referrals directly from a CCRR. Family child care providers can only affiliate with one System at a time.

<sup>2</sup> The term “Provider” shall refer to all center-based programs, independent family child care providers, System affiliated providers, license exempt summer camps, and schools providing voucher early education and care services. In signing this Agreement, a System is agreeing that its affiliated providers are bound to the terms and conditions contained in this document. Agencies that have parent companies must have the parent company enter into the Voucher Agreement. The parent company must specify on a separate attachment to the Agreement the names of each agency under it and location of each site that will be providing voucher services. Any terms or conditions agreed upon by the parent company must also be adhered to by any agencies/sites providing voucher early education and care services under the parent company’s control. The parent company must immediately notify the CCRR whenever an agency under it will discontinue its voucher services and/or a new agency under it would like to provide voucher services. The parent company must also immediately notify the CCRR of any changes to sites where voucher services are or will be provided. The CCRR must approve in advance and in writing any such changes.

<sup>3</sup> Where voucher services will be provided at more than one site, the CCRR must confirm the licensing status (licensed or license-exempt) for each site. Agencies with multiple sites must also provide annually published rate information and hours of operation that are specific to each site. Rate sheets attached to this Agreement must specify the rates for each site.

<sup>4</sup> Systems must hold an Income Eligible Contract or Priority Populations Contract (Supportive, Teen, and/or Homeless) with the Department of Early Education and Care (EEC) in each Region where they administer voucher child care services.

<sup>5</sup> See EEC Licensing Policy regarding Complaints (<https://www.mass.gov/lists/licensing-policies-for-group-and-school-age-child-care-programs>)

EEC. License-exempt providers may access the instructions at [www.mass.gov/doc/holding-a-certificate-of-eligibility-for-funding/download](http://www.mass.gov/doc/holding-a-certificate-of-eligibility-for-funding/download).

## **2. Applicable Laws, Policies and Agreements**

The Provider/System agrees to comply with all applicable Federal, State, and/or local laws or regulations, policies and agreements impacting the provision of early education and care services, unless otherwise notified by EEC, including but not limited to:

- The Child Care Development Block Grant (CCDBG) Reauthorization at 45 U.S.C. 9858 et seq.; All Providers/Systems shall adhere to and comply with applicable EEC regulations and policies that were implemented to become compliant with the federal mandates under the CCDBG Reauthorization of 2014, including the following:
  - EEC Background Record Check (BRC) regulations and policies at 606 CMR 14.00 et seq. and G.L. c., 15D, §§ 7-8;
  - EEC Enforcement and Licensing regulations and policies at 102 CMR 1.00 et seq. requiring annual unannounced visits;
  - EEC's Funded Program Compliance Requirements and Funded Program policies related to annual visits, annual health and safety trainings, emergency preparedness plans, and professional development requirements;
  - EEC Licensing regulations and policies related to annual health and safety trainings, emergency preparedness plans, and professional development requirements at 606 CMR 7.00 et seq.; and
  - EEC regulations and policies pertaining to the posting of monitoring and investigation reports to EEC's website, as well as the posting to EEC's website the aggregate number of deaths, serious injuries, and instances of substantiated child abuse occurring at funded programs.
- The Civil Rights Act of 1964 and the Americans with Disabilities Act, and any amendments thereto, which apply to the provision of early education and care services;
- All other EEC's statutes, regulations, policies and procedures not specifically identified above, which include, but are not limited to, those outlined in M.G.L. c. 15D, EEC's Financial Assistance Policy Guide, EEC Management Bulletins, EEC Subsidy Communications, 606 CMR 14.00 et seq. (BRC regulations), 606 CMR 10.00 et. seq. (EEC's subsidy regulations), and 606 CMR 7.00 (the licensing regulations); and
- 808 CMR 1.00 et. seq. (applies to Providers/Systems that have a responsibility to file an annual Uniform Financial Report with the Operational Services Divisions (OSD), as described in greater detail below.

## **3. Rates, Reimbursement, and Parent Fees**

The Provider/System agrees to the following:

- Utilize EEC's web-based Child Care Financial Assistance ("CCFA") system to accurately enter and maintain attendance in a timely manner, ensure attendance is entered accurately in accordance with EEC policies, and submit billing monthly, unless agreed to, in writing, by the CCRR.
- Agrees that EEC will not provide payment for a child on any day that the child attends without an active voucher, which shall include, but not be limited to, instances where the child attends prior to a child care voucher being issued or children who continue to attend following the expiration or termination of the child care authorization or placement.
- Agrees that, in accordance with EEC policy, a child is not considered enrolled in subsidized care until the first day the child actually attends the program, unless otherwise allowed accordance with

EEC's Financial Assistance Policy Guide. If the child is on a voucher, he/she may not be enrolled in a program before the beginning date indicated on the voucher. The child may remain eligible for enrollment until the end date of the authorization or until the subsidy is terminated, whichever comes first.

- Collect parent fees in a timely manner and in accordance with EEC policy and regulations.
- Providers will have the flexibility in the charging of private pay families and allows the offering of discounts (including employee discounts), tuition waivers, etc., without requiring restricted revenue to cover the differential cost of care. EEC will not reinstate the pricing limitation regulations<sup>6</sup> to subsidized child care. This means that EEC will not be enforcing the requirement that providers charge private families a rate equal to or higher than the state subsidized rate.

#### **4. Quality and Improvement Rating System (QRIS)**

The Provider/System agrees to:

- Participate in the Massachusetts Quality and Improvement Rating System (QRIS) in accordance with EEC's policies, procedures, timelines, and, if applicable, the terms and conditions of any direct contract with EEC. For all early education and care providers that began serving voucher children on or after July 1, 2012, participation in QRIS, for the purposes of this Voucher Services Agreement, means that the Provider completed the EEC QRIS Application and submitted it to EEC. EEC will be updating and/or amending the requirements for participation in QRIS over time.

#### **5. Transportation**

If transportation is provided to any child receiving any early education and care services subsidized through a voucher, the Provider/System agrees to:

- Provide safe transportation in accordance with EEC's Licensing Regulations and Funded Program Compliance requirements and any applicable State and/or local laws, regulations, requirements, and/or policies, including but not limited to the Massachusetts Registry of Motor Vehicles and/or the Massachusetts Department of Transportation. If transportation services are paid for by the CCRR, then the Provider/System agrees to enter into a Transportation Addendum with the CCRR and adhere to its terms and conditions. If there is a transportation incident, including but not limited to an accident or an issue requiring the filing of a 51A Report, while children are being transported, then the Provider/System agrees to notify EEC and the CCRR.

#### **6. Notification**

The Provider/System agrees to:

- Notify the CCRR in writing regarding any changes to the Provider/System's location, management, ownership, or significant financial situations (i.e., IRS tax lien, bankruptcy filings) at least thirty (30) days before the change or financial situation occurs to avoid disruption in care and avoid subsidy payments from being delayed and/or withheld;

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<sup>6</sup> The Operational Services Division's (OSD) Price Limitation law states that the Commonwealth cannot pay a rate that is higher than the lowest fee charged to any private paying clients for the same type of care, unless an exception can be sufficiently documented in accordance with the provisions of 808 CMR 1.03(4)(a) or (b), if applicable. Private rates shall include any rates based on discounts. Agencies may require all vendors to submit documentation (as specified by the agency) to substantiate the rates they charge to their privately paying clients for the same type of services and, if applicable, documentation to substantiate any discounting of private rates with restricted revenues.

- Notify the CCRR and enrolled families, in writing, at least thirty (30) days in advance of any permanent or temporary non-emergency closure. The Provider/System must work cooperatively with the CCRR to transition such families to alternate providers for the continuation of early education and care services;
- Notify the CCRR immediately after any emergency closure, including health related closures re. Payment for emergency closures will be dependent on approval from the EEC Regional Office.
- Notify the CCRR upon any incident involving child care children while in care that results in serious injury or death; and
- Notify the CCRR immediately after filing or learning that a 51A Report has been filed alleging abuse or neglect of a child while in the care of the program or during a program related activity.

## **7. Notification Regarding Substitute Care (for Systems only)**

The System agrees to:

- Pay the provider that provided the substitute care if substitute care is offered and accepted by a regularly enrolled family.
- With the exception of any EEC approved closures (as detailed on the Closure Schedule Form plus any approved emergency closures) or substitutions as permitted by the Family Child Care Collective Bargaining Agreement (“FCC CBA”) and the application of earned sick time under M.G.L. 149, § 148C and 940 CMR 33.00 et seq., FCC Systems cannot bill the CCRR for any days where its affiliated providers are not open or are unavailable to provide care.

## **8. Confidentiality**

The Provider/System agrees to:

- Keep confidential from any third party, except as indicated below, any personal/medical/financial information regarding a voucher recipient, including the parents’ and children’s names, dates of birth, social security numbers, and the fact that the family receives a subsidy. Such information may be shared with EEC, EEC’s agents, agencies of the Commonwealth, and/or other entities as directed by EEC, in accordance with applicable laws.

## **9. Closures**

Providers/Systems that hold direct contracts with EEC agree to:

- Be open and provide services in accordance with the terms and conditions outlined in their contracts with EEC.

Providers that do not hold direct contracts with EEC agree to:

- Provide care year-round except for closure periods/days approved by the CCRR.

Providers/Systems agree to:

- Annually submit to the CCRR for approval a Closure Schedule Form. Closures must be in accordance with EEC’s policies and, if applicable, the terms of any direct contract with EEC and the terms of the Family Child Care Collective Bargaining Agreement.

## **10. Financial Reporting**

Providers/Systems receiving \$750,000 or more in voucher funds agree:

- To file a Uniform Financial Report (UFR) electronically with the Operational Services Division (OSD), on or before the 15<sup>th</sup> day of the fifth month after the end of the Provider/System's fiscal year end, unless expressly exempted by OSD from having to file.<sup>7</sup>
- To adhere to 808 CMR 1.00 et seq. and Title 48 Code of Federal Regulations Part 31 which apply to any voucher funds they receive.

All Providers/Systems agree:

- To provide electronically to EEC's Associate Commissioner for Audit and Teacher Qualifications, any audit that contains material weaknesses and/or reportable conditions or disclosures along with a Corrective Action Plan ("CAP") prepared by the Provider's/System's executive officer and approved by its Board of Directors (if applicable) to address the conditions/disclosures within thirty days (30) days of issuance of the audit.

**11. Earnings/Surplus Revenue Retention Cap** (applies to Providers/Systems that have an Income Eligible Contract; and/or Providers/Systems that have a Priority Populations Contract; and/or Providers/Systems that receive \$750,000 or more in voucher funds annually).

Such For-Profit Providers/Systems agree:

- Not to exceed a commercial fee cap percentage determined by EEC. *See* 808 CMR 1.03(6).

Such Not-For-Profit Providers/Systems agree:

- Not to exceed a surplus revenue retention cap of 20%. *See* 808 CMR 1.03(7).

**12. Certifications and Indemnification**

The Provider/System agrees to the following:

- The Provider/System certifies that neither it, any of its staff, nor any affiliated provider has been debarred from any transaction with a public agency and/or has been convicted of any charge involving misuse of public funds or property, within the past three (3) years.
- The Provider/System shall indemnify and hold harmless the CCRR, EEC, and/or the Commonwealth (including their agents and employees) against any and all liability, loss, and/or damages that may occur in connection with the provision of early education and care services, including but not limited to any acts of omissions, negligence, or intentional conduct of the Provider/System, its agent(s), officers, employees or subcontractors.
- The Provider/System understands and certifies herein that the Provider/System enters into this Agreement as an independent contractor and shall not be considered an employee or agent of the CCRR, EEC, and/or the Commonwealth, except as expressly provided in the immediately following sentence. FCC System affiliated providers and FCC Providers shall not be considered employees of the CCRR, EEC and/or the Commonwealth as a result of providing voucher services, except as described in M.G.L. c. 15D, §§ 2 and 17, c. 149, § 148C and c. 175M, § 1 et seq. FCC Providers shall not be considered employees or agents of the CCRR for any purpose.
- As an independent contractor, the Provider/System will be solely responsible for obtaining any required insurance (including, without limitation worker's compensation insurance) and for the withholding and payment of all federal, state and local income taxes, Social Security and Medicare taxes, and any and all other legally-required payments on sums paid hereunder. The Provider/System understands and certifies herein that neither the Provider/System nor any individual

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<sup>7</sup> For information regarding the UFR and OSD's regulations and policies visit OSD's website: [www.mass.gov/osd](http://www.mass.gov/osd). See also OSD's Audit and Preparation Manual (also available on its website) for entities exempted from filing a UFR.

claiming through the Provider/System (including any FCC System affiliated provider) will be eligible to (a) participate in any CCRR or CCRR affiliate bonus, incentive or other compensation plan, program or arrangement of any kind or (b) participate in or receive benefits under any of the employee benefit plans, programs and arrangements maintained by the CCRR or any of its affiliates.

- The Provider/System certifies that it has been provided this Agreement and has read, understands and will comply with the terms outlined in the document.
- The Provider/System agrees to maintain a copy of this Agreement in its files for a minimum of seven (7) years.
- The Provider/System certifies that any information provided by the Provider/System to be included in this Agreement is true and accurate.

## **II. The CCRR agrees to:**

### **1. Eligibility Assessments/Parent Fees**

The CCRR agrees to:

- Conduct initial and ongoing eligibility assessments in accordance with EEC's regulations and policies.
- Assess the voucher parent's/guardian's fee in accordance with the Commonwealth of Massachusetts' Child Care Sliding Fee Scale and sign a Fee Agreement with each parent/guardian, as applicable, in accordance with EEC's policies and procedures.

### **2. Referrals**

The CCRR agrees to:

- Refer eligible parents/guardians to appropriate subsidized child care programs that have contracts with EEC or with other state and local resources, and/or voucher agreements with the CCRR, provided that the programs are in good standing with EEC's regulations, policies and/or other requirements.

### **3. Reimbursement**

The CCRR agrees to:

- Review and approve each fully completed and timely submitted request for reimbursement, utilizing EEC's web-based Child Care Financial Assistance (CCFA) application.
- Reimburse the Program for authorized and enrolled days of eligible voucher recipients as requested or inform the Program of the reason for disallowance of payment.
- Reimburse the Program within five (5) working days of receipt of reimbursement from EEC, unless EEC directs that reimbursement must be held because the Program has billing discrepancies due to the Program's failure to comply with EEC's regulations, policies, procedures, or contractual provisions. If a Program's reimbursement is withheld by EEC, then EEC will direct that payment be made when the Program provides sufficient information as determined by EEC to reconcile the billing discrepancies.

## **III. Both Parties agree to the following:**

### **1. Rates / Payments**

Both parties agree that:

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Dated: July XX, 2022

- Subject to appropriation and the availability of funds, the rate(s) specified in the attached rate sheet shall be in effect for the duration of this Agreement, unless otherwise amended.<sup>8</sup> EEC shall have the right to increase or decrease a Provider/System's rate based on the amount of available funding or budget appropriation or in accordance with the law. EEC shall provide prior notification to the Provider/System of any changes to the rates.
- All voucher payments are subject to available funding.

## **2. Improper Payments**

Both parties agree that:

- The CCRR and/or EEC shall have the right to recoup and/or demand repayment of any improper payments made by the Provider/System, including, but not limited to:
  - Payments made for attendance that was found to not have been accurately entered into CCFA or that violates EEC policies;
  - Payments made on behalf of ineligible families; or
  - Where a Provider/System double bills EEC and/or the CCRR for services.

## **3. Limiting Vouchers**

Both parties agree that:

- The CCRR and/or EEC may limit the number of vouchers a Provider/System may accept.

## **4. Access to Site/Records**

Both parties agree that:

- A Provider's/System (Non-Profit, For Profit) which has a Voucher Agreement with one or more CCRRs must keep adequate records to document the services provided, program income, and expenditures as it contributes to the delivery of services to both federal and/or state subsidized programs. Records which fully document the extent of services provided must be maintained for a minimum of seven years from the termination date of the contract/grant. Failure to maintain adequate records shall result in further review by the respective CCRR and possible recoupment.
- The CCRR, EEC, and/or any other authorized state agency, including but not limited to the State Auditor's Office, shall have in-person access to the Provider's/System's site/office, including the location of early education and care related records, at any time, upon reasonable notice for purposes of auditing the Program or otherwise inspecting the facility for compliance with EEC's regulations, policies, and contractual requirements.
- All Voucher Only providers, including Center Based programs and Independent Family Child Care Providers, will be subject to an onsite and/or desk fiscal monitoring review. Voucher Only providers must adhere to all aspects of the monitoring visit process which includes, but is not limited to, submission of an Internal Control Questionnaire, risk assessment process, and response to any findings through a Corrective Action Plan.

## **5. Termination**

Both parties agree that:

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<sup>8</sup> Upon the CCRR or EEC's request, but no less than once per year, Providers/Systems must submit their public or private pay rates that they (or their affiliated providers) charge for early education and care services before they can receive payment.

- This Agreement may be terminated by either party with two weeks written notice with or without cause. Cause may include, but is not limited to, when a Provider/System changes its days/hours of operation and consequently the needs of its enrolled families are no longer met or where a Provider/System bills the CCRR and/or EEC for services not provided.
- This Agreement may be terminated immediately if EEC and/or the CCRR finds that the health or safety of one or more child in care is at risk, there is an incident of a serious injury or death due to a substantiated health or safety violation involving a child care child, if there is insufficient funding available to pay for early education and care related services, and/or a Provider/System has undergone a substantial change, has had unapproved closures, and/or is experiencing a significant financial situation (e.g., merger, bankruptcy, IRS tax liens, major debt/ lack of operating income, etc.).
- This Agreement may end sooner than two weeks in the event the System's Contract (Income Eligible or Priority Population) with EEC ends, so that the end date of the Contract and the Voucher Agreement coincide.

## 6. Effective Dates and Amendments

Both parties agree that:

- This Agreement becomes effective when signed by both the CCRR and the Provider/System and supersedes any prior Voucher Agreement in effect between the CCRR and the Provider/System.
- Any amendments to this Agreement must be made in writing and signed by both parties.
- Amendments to this Agreement will become effective when signed by both parties, or on such later date as the parties may agree.

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Name of Child Care Center (parent entity if applicable)/FCC Provider/System/License-Exempt Provider

---

Fed. ID # / Social Security #

---

Signature of Authorized Representative for Provider/System

---

Date

---

Telephone number

---

E-mail address

The CCRR has reviewed the contents of this Agreement with the Provider/System and certifies that the approved rates(s) have been verified according to EEC's regulations and policies.

---

Signature of Authorized Representative of Child Care Resource and Referral Agency

---

Date

---

Printed Name of Authorized Representative of the CCRR and Title

Agency Specific Information (where a Parent Entity is signing the Agreement):

Please list the name and address of each agency that is governed by the Parent Entity and will be providing early education and care voucher services.

---

Dated: July XX, 2022

Site Specific Information:

Please list below the names and locations for each site where your program/agency will be providing early education and care voucher services:

Site #1:

---

Name of Program

---

Address of Site

Site #2:

---

Name of Program

---

Address of Site

Site #3:

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Name of Program

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Address of Site

Site #4:

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Name of Program

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Address of Site

Site #5:

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Name of Program

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Address of Site

Site #6:

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Name of Program

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Address of Site

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**Child Care Circuit**  
*A Child Care Resource & Referral Agency*

**190 Hampshire St.  
Lawrence, MA 01840  
(978) 686-4288 or (877) 823-2273**

If you provide transportation:

Please read, complete, sign and return to the  
address shown above.

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## **FACT SHEET**

### **TRANSPORTATION**

#### **How can a parent have transportation on their voucher?**

A parent can request transportation be included on their voucher at the time of their appointment with Child Care Circuit, or they may call at a later date to add transportation if needed.

#### **Are all parents eligible for transportation?**

A parent who does not have a vehicle and lives half a mile away from the provider and have no access to public transportation would be eligible for transportation if the program offers transportation, and the program has a transportation addendum as part of their agreement.

#### **ALSO**

A parent who does have a vehicle would be eligible for transportation if:

- Work/school schedule conflicts with drop-off/pick-up of child(ren) from a program.

#### **Can the provider request transportation for the parent?**

No. To add/change/delete anything from or to a voucher the parent must make the request by contacting Child Care Circuit.

#### **Can transportation be added at any time?**

A parent can request transportation be added to their voucher at any time and transportation will become effective when the parent signs the voucher indicating transportation has been added.

#### **Does this mean that the parent must come for "another" appointment?**

No. A parent will be required to sign the voucher when adding transportation - parents can choose the location most convenient to them including evening hours in Beverly. Parents who come to sign paperwork must present a picture ID - this is verification that the authorized person is the person signing.



**190 Hampshire St.  
Lawrence, MA 01840**

## Guide to Developing Transportation Policies

According to EEC's Financial Assistance Policy Guide in Appendix E, if you provide or coordinate transportation, you must develop written transportation policies **detailing** at least the following information **(YOUR WRITTEN POLICIES MUST INCLUDE THE ITEMS BELOW):**

| <b>Policy Statement</b>                                                                                                                                                                                                               | <b>Required Information</b>                                                                                                                                                                                                     | <b>Action to Take</b>                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Identify a specific staff person responsible for transportation services.                                                                                                                                                             | The staff person is responsible for coordination of the transportation system, and for hearing and addressing consumer concerns, complaints, or suggestions. Parents must be given name and contact information of this person. | Please submit the name of your transportation coordinator and provide all his/her contact information. |
| Procedures to follow when child is not ready for pick-up and parent not available at drop-off.                                                                                                                                        | Must be a detailed policy.                                                                                                                                                                                                      | Please submit.                                                                                         |
| The maximum amount of time drivers will wait for unprepared families or the return of an absent adult at drop off                                                                                                                     | Must be a detailed policy.                                                                                                                                                                                                      | Please submit.                                                                                         |
| The amount of time professional staff will assume responsibility for trying to locate an absent Parent or other emergency contact before taking additional steps such as filing a 51A with the DCF Area Office or after-hours hotline | Must be a detailed policy identifying who will do what.                                                                                                                                                                         | Please submit.                                                                                         |
| The process for addressing misbehavior of Children during transport                                                                                                                                                                   | Must be a detailed policy, which can include behavior training for transportation staff.                                                                                                                                        | Please submit.                                                                                         |
| Documentation and reporting of accidents.                                                                                                                                                                                             | Must be a detailed policy identifying who does what.                                                                                                                                                                            | Please submit.                                                                                         |
| Possible consequences for a family's misuse of transportation.                                                                                                                                                                        | Must be a detailed policy outlining any warning process.                                                                                                                                                                        | Please submit.                                                                                         |

You can find the EEC Transportation policy guide requirements here:

<https://www.mass.gov/guides/transportation-of-children-in-early-childhood-programs>

Please contact the Cynthia Doucette at [CDoucette@childcarecircuit.org](mailto:CDoucette@childcarecircuit.org) or 978-722-2547 immediately if any of this information changes.

## Transportation Agreement Checklist

- \_\_\_ Signed & Completed Transportation Information Sheet
- \_\_\_ Signed Transportation Agreement
- \_\_\_ Copy of contract with the Transportation Company (if applicable)
- \_\_\_ Copy of your Transportation Policies for Families

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## Transportation Information

Dear Voucher Provider:

In preparation for the next fiscal year, we are requesting the following transportation information from all center-based programs and Family Day Care Systems.

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

Transportation Contact Person: \_\_\_\_\_

1) Is transportation provided directly by your program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle age groups for which your program provides transportation: INF TO PS SA

2) Do you contract with a transportation company or companies? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Please list the name, address and telephone number of each transportation company contracted by you: \_\_\_\_\_  
\_\_\_\_\_

4) Please check all transportation services you provide:

Children's home to center/system \_\_\_\_\_ Center/System to children's home \_\_\_\_\_

School to center/system \_\_\_\_\_ Center/system to school \_\_\_\_\_

5) Would you like to be reimbursed for transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

6) What do you charge private pay parents for transportation? \$ \_\_\_\_\_ one-way \$ \_\_\_\_\_ round-trip

**I recognize that to charge voucher consumers a rate higher than the rate charged to private consumers would constitute a violation of the terms and conditions of my Voucher Day Care Provider Agreement and may result in immediate termination of that Agreement.**

7) **If you hold a basic contract** with EEC, are you reimbursed **separately** for transportation costs or is the cost **blended** into your rate? \_\_\_\_\_ (please detail specifically)

Official signature of person completing this form \_\_\_\_\_

**\*\*Program's Transportation policy must be returned with this form!**

Cyndi Doucette  
Manager of Provider Services  
(978) 722-2547  
E-Mail to [CDoucette@childcarecircuit.org](mailto:CDoucette@childcarecircuit.org)

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**PROVIDER AGREEMENT**  
**CENTER BASED VOUCHER ONLY PROVIDER**  
**FY-2022 TRANSPORTATION ADDENDUM**

THE PROVIDER AGREES TO:

All programs who hold a voucher agreement with a Child Care Resource and Referral Agency (CCRR) and will be providing transportation services directly and/or through a subcontract must comply with all EEC requirements promulgated in the terms and conditions of their contract(s) and with the requirements of the Registry of Motor Vehicles (RMV). The delivery of transportation services must comply with the following (web links in blue):

- [Registry of Motor Vehicles \(RMV\) M.G.L.c.90, Sec 7D](#);
- [Transportation Regulations at 606 CMR 7.13](#);
- [BRC Regulations at 606 CMR 14.00](#);
- [BRC Policies and Procedures](#);
- All terms found in the EEC Voucher Services Agreement.
- [EEC Financial Assistance Policy Guide](#), Appendix E
- [Procedures for the Drop-Off and Pick-Up of Children by Transportation Providers and Parent/Program Notification](#) (revised 10/1/2012); [EEC - Drop Off & Pick Up Guide](#)
- [Transportation Oversight Plan Guidance](#) (revised November 2020) and the agency/program's written Transportation Plan;

Early education providers must have comprehensive transportation policies in place to help ensure the safety of children being transported. It is a Provider/System's responsibility to ensure that all drivers and monitors whether employed directly, contracted, or subcontracted have completed all required background record checks, completed all EEC transportation safety trainings, complied with all applicable licensing requirements, and that adequate documentation is maintained to support these requirements.

Family Child Care Providers/Systems must abide by any and all requirements for background record checks by state and federal law. EEC's background record check regulations now require that EEC licensed, approved, or funded Family Child Care Systems that contract for transportation services must confirm that EEC has approved the suitability of all personnel providing transportation services and all staff with unsupervised access to children after a review of Criminal Offender Record Information (CORI) data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the National Sex Offender Registry (NSOR); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. *See* 606 CMR 14.05.

Providers/Systems that provide transportation either directly or through a subcontract will:

- Maintain on file **up-to-date** certification for each and every transportation driver and monitor (whether employees or subcontracted) reflecting completion of the following documentation:
  - 7D or School Bus License
  - Current First Aid and CPR Certifications
  - EEC's Essentials StrongStart Training: *Transporting Children*
  - Professional Qualifications Registry (PQR)
  - Signed Orientation to the provider's transportation plan, procedures, and EEC's policies
  - If the transportation driver is an employee of the provider, then they must have the employee's application
  - Evidence in a secure location that a background record check has been completed through EEC as required by EEC's background record check regulations and state and federal law
- Maintain on file **up-to-date** vehicle documentation for all vehicles:

- Registration
- Vehicle Inspection
- 7D or School Bus inspections
- Insurance
- Vehicle pre-check inspections
- Sign-off that each vehicle has the following items (applicable to each type of vehicle):
  - Car seats
  - Safety carriers
  - Restraints or seat belts
  - First aid kit
  - Seat belt cutter
  - Emergency cards for the children
- Passenger logs must be maintained and reviewed to ensure compliance with EEC requirements
- Current Transportation Subcontract Agreement must be on file and details the entity will adhere to all policies and regulations noted in this document as well as reimbursement structure.
- Health and Safety Reopening Sub plan for Transportation

All documentation must be made readily available at all times for EEC and the CCRRs for review.

Any questions about EEC's transportation subsidy requirements for Subsidy Regions 1, 2 and 3 should be directed to Randy Wong, EEC Subsidy and Transportation Compliance Monitor, [Randall.M.Wong@Mass.Gov](mailto:Randall.M.Wong@Mass.Gov). For Subsidy Regions 4, 5 and 6 please contact Chester Stone, EEC Subsidy and Transportation Compliance Monitor, [Chester.Stone@Mass.gov](mailto:Chester.Stone@Mass.gov).

For additional information on Transportation services, please visit EEC's website:  
<https://www.mass.gov/guides/transportation-of-children-in-early-childhood-programs>

**Program that Provides Transportation:**

**Name of Program:** \_\_\_\_\_

**Address of Program:** \_\_\_\_\_

**City/Town, Zip Code:** \_\_\_\_\_

If transportation services are subcontracted, please list names of transportation companies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**CCR&R Name**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**CCR&R Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

# Group Childcare/School Age Program

## General Info

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

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

Physical Address: \_\_\_\_\_  
Street Name and Number Unit#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical) Street Name and Number Unit#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone for Text: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Program Type

We are a:

- ☐ Group Childcare Center ☐ School Age Program  
☐ Preschool ☐ Head Start ☐ Early Head Start ☐ Summer Camp

## Credentials

MA Program ID: \_\_\_\_\_

License ID: \_\_\_\_\_

First Provided Care: \_\_\_\_\_

License Exp: \_\_\_\_\_

P Number: \_\_\_\_\_

**License Type:** ☐ EEC Regulated ☐ DESE Regulated ☐ DPH Regulated ☐ Other

**Accreditation:** ☐ NAEYC ☐ ACA

Please check all that apply

**Languages:**

Please check all that apply

- |                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> English                 | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Amharic                 | <input type="checkbox"/> Armenian                     |
| <input type="checkbox"/> Cambodian               | <input type="checkbox"/> Cantonese                    |
| <input type="checkbox"/> Cape Verdean Portuguese | <input type="checkbox"/> Croatian                     |
| <input type="checkbox"/> French                  | <input type="checkbox"/> Greek                        |
| <input type="checkbox"/> Haitian Creole          | <input type="checkbox"/> Italian                      |
| <input type="checkbox"/> Khmer                   | <input type="checkbox"/> Laotian                      |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Polish                       |
| <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> Spanish                 | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Other _____             |                                                       |

**About Our Program:****Affiliation:**

Please check all that apply

- |                                        |                                         |
|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Religious     | <input type="checkbox"/> Hospital       |
| <input type="checkbox"/> College       | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Other          |

**Environment:**

Please check all that apply

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No Pets                | <input type="checkbox"/> Other Pets             |
| <input type="checkbox"/> Adult Pool             | <input type="checkbox"/> Air Conditioned        |
| <input type="checkbox"/> Fenced Yard            | <input type="checkbox"/> Outdoor Play Equipment |
| <input type="checkbox"/> Uses public Playground | <input type="checkbox"/> Wheelchair Accessible  |
| <input type="checkbox"/> Field Trips            |                                                 |

**Meals:**

Please check all that apply

- |                                                |                                                   |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Breakfast             | <input type="checkbox"/> Special Diet             |
| <input type="checkbox"/> Morning Snack         | <input type="checkbox"/> Lunch                    |
| <input type="checkbox"/> Parent Provides Lunch | <input type="checkbox"/> Afternoon Snack          |
| <input type="checkbox"/> Dinner                | <input type="checkbox"/> Parent Provides Food     |
| <input type="checkbox"/> Special Meal Request  | <input type="checkbox"/> USDA Food Program Member |
| <input type="checkbox"/> Peanut Free           |                                                   |

**Transportation:**

Please check all that apply

- |                                                             |                                                      |
|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Transportation provided            | <input type="checkbox"/> Walking distance to schools |
| <input type="checkbox"/> Near public transportation         | <input type="checkbox"/> On public school bus route  |
| <input type="checkbox"/> Provides school age transportation |                                                      |

**Philosophy:**

Please check all that apply

- |                                                         |                                                |
|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Academic Program               | <input type="checkbox"/> High/Scope Approach   |
| <input type="checkbox"/> Learning/Play                  | <input type="checkbox"/> Montessori            |
| <input type="checkbox"/> Parent Cooperative             | <input type="checkbox"/> Piaget                |
| <input type="checkbox"/> Reggio Emilia                  | <input type="checkbox"/> Religious Orientation |
| <input type="checkbox"/> Resources for Infant Educators | <input type="checkbox"/> Waldorf               |

**Our Schedule**

**Days:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

**Time Open:** \_\_\_\_\_ **Time Close:** \_\_\_\_\_

**Year Schedule:**

☐ Full Year ☐ School Year ☐ Summer only

**Schedule:**

Please check all that apply

- |                                                    |                                                       |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Full time                 | <input type="checkbox"/> Part time                    |
| <input type="checkbox"/> Drop in care              | <input type="checkbox"/> Before School                |
| <input type="checkbox"/> After School              | <input type="checkbox"/> Rotating                     |
| <input type="checkbox"/> Open Holidays             | <input type="checkbox"/> Temporary/Emergency          |
| <input type="checkbox"/> 24 Hours                  | <input type="checkbox"/> Evening                      |
| <input type="checkbox"/> Overnight                 | <input type="checkbox"/> Weekend                      |
| <input type="checkbox"/> Sick Care                 | <input type="checkbox"/> Accepts School Closures Only |
| <input type="checkbox"/> Open School Vacation Week |                                                       |

**More Options:**

Please check all that apply

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Part Week       | <input type="checkbox"/> Part Day          |
| <input type="checkbox"/> Full Day        | <input type="checkbox"/> Early Day         |
| <input type="checkbox"/> Full Week       | <input type="checkbox"/> Flexible Schedule |
| <input type="checkbox"/> Morning Session |                                            |

**Schedule Notes:**

Please tell us about your program

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## Program Data by Age:

### Child Cost Details:

#### Rates:

FT = Full Time / PT = Part Time

| Age Group:                    | FT Hourly | FT Day | FT Week | FT Month | PT Daily |
|-------------------------------|-----------|--------|---------|----------|----------|
| Infant (0-15 mo)              |           |        |         |          |          |
| Toddler (15 months–2.8 years) |           |        |         |          |          |
| Preschool (2.9 years–5 years) |           |        |         |          |          |
| Kindergarten                  |           |        |         |          |          |
| School Age                    |           |        |         |          |          |

#### More Details:

| Age Group:   | FT Openings | Licensed Capacity |
|--------------|-------------|-------------------|
| Infant       |             |                   |
| Toddler      |             |                   |
| Preschool    |             |                   |
| Kindergarten |             |                   |
| School       |             |                   |

#### Alternative Rates:

Please list daily rate

| Age Group:   | Before School | After School | Preschool Session |
|--------------|---------------|--------------|-------------------|
| Kindergarten |               |              |                   |
| School Age   |               |              |                   |

Care for Ages: From: \_\_\_\_\_ years \_\_\_\_\_ months To: \_\_\_\_\_ years \_\_\_\_\_ months

#### Capacity:

Desired Capacity: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_

Total Openings: \_\_\_\_\_ Openings as of (Date): \_\_\_\_\_

**Financial Assistance:**

Please check all that apply

- |                                                        |                                               |
|--------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Active-Duty Military Discount | <input type="checkbox"/> Campership           |
| <input type="checkbox"/> Contracted Slots              | <input type="checkbox"/> DCF Supportive Slots |
| <input type="checkbox"/> Head Start                    | <input type="checkbox"/> Private Scholarship  |
| <input type="checkbox"/> Sibling Discount              | <input type="checkbox"/> Sliding Fee Scale    |
| <input type="checkbox"/> Teen Parent Slot              | <input type="checkbox"/> United Way           |
| <input type="checkbox"/> Voucher                       | <input type="checkbox"/> Other                |

**Additional Fees:**

Please check all that apply

- |                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Activity Fee     | <input type="checkbox"/> Extended Care Fee |
| <input type="checkbox"/> Late Fee         | <input type="checkbox"/> Materials Fee     |
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Waitlist Fee      |

**Special Needs:**

Please check all that you are willing to and/or able to accommodate

**Behavior Related:**

- |                                           |                                                   |                                  |                                   |
|-------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> At Risk | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Emotional/Social |                                                   |                                  |                                   |

**Developmental Delays:**

- |                                        |                                              |
|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Sensory Integration |
|----------------------------------------|----------------------------------------------|

**General Support Medical/Genetic:**

- |                                            |                                            |                                       |                                             |
|--------------------------------------------|--------------------------------------------|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Asthma/Allergies  | <input type="checkbox"/> Physical          | <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Monitors     |                                             |

**Special Needs Notes:**

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## Fiscal Year 2024 Child Care Financial Assistance Daily Reimbursement Rates

### STANDARD DAILY BASE RATES

EEC will reimburse providers up to the base daily reimbursement rate shown on the rate charts below depending on the region and type of care provided, unless the provider is also eligible for an add-on rate detailed below. All Infant, Toddler, Preschool, Family Child Care, and Full Day Rates for School Age, Head Start, and Kindergarten assume full time reimbursement for up to 10 hours of care per day. Care for 6 or fewer hours is considered part time care. Reimbursement for part time care is 60% of the full-time rate.

|                                                              | Center-Based |           |           | School Age  |            |                |          |
|--------------------------------------------------------------|--------------|-----------|-----------|-------------|------------|----------------|----------|
|                                                              | Infant       | Toddler   | Preschool | Before Only | After Only | Before & After | Full Day |
| <b>Western, Central &amp; Southeast</b><br>(Regions 1, 2, 5) | \$ 97.18     | \$ 75.48  | \$ 57.23  | \$ 11.57    | \$ 24.32   | \$ 35.89       | \$ 48.96 |
| <b>Northeast</b> (Region 3)                                  | \$ 102.07    | \$ 84.70  | \$ 57.99  | \$ 12.29    | \$ 27.18   | \$ 39.47       | \$ 50.62 |
| <b>Metro &amp; Boston Metro</b><br>(Regions 4, 6)            | \$ 119.52    | \$ 108.46 | \$ 80.13  | \$ 12.62    | \$ 27.89   | \$ 40.51       | \$ 52.03 |

## HEAD START PARTNER AND KINDERGARTEN

For Head Start, before is up to 2 hours, after is a minimum of 4 hours, and full day is when head start is not in session.

|                                                              | Head Start Partner and Kindergarten |          |                |          |
|--------------------------------------------------------------|-------------------------------------|----------|----------------|----------|
|                                                              | Before                              | After    | Before & After | Full Day |
| <b>Western, Central &amp; Southeast</b><br>(Regions 1, 2, 5) | \$ 10.88                            | \$ 32.34 | \$ 43.21       | \$ 57.23 |
| <b>Northeast</b> (Region 3)                                  | \$ 11.42                            | \$ 34.10 | \$ 45.51       | \$ 57.99 |
| <b>Metro &amp; Metro Boston</b><br>(Regions 4, 6)            | \$ 15.60                            | \$ 46.83 | \$ 62.43       | \$ 80.13 |

## INFORMAL CHILD CARE

6 or fewer hours per day is considered part time child care; more than 6 hours per day is considered full time child care.

|                       | Relative / Relative's Home | Relative or Non-Relative / Child's Home |
|-----------------------|----------------------------|-----------------------------------------|
| <b>Part Time Rate</b> | \$ 14.60                   | \$ 10.30                                |
| <b>Full Time Rate</b> | \$ 24.33                   | \$ 17.16                                |

## OTHER

Reimbursement for programs holding Supportive, Teen Parent, and Homeless contracts includes the standard daily base rate by program type and region, plus additional reimbursement for support services as shown above.

|                    | Other Contract Type Rates           | Transportation |          |
|--------------------|-------------------------------------|----------------|----------|
|                    | Supportive, Young Parent & Homeless | One Way        | Two Way  |
| <b>All Regions</b> | \$ 24.00                            | \$ 12.00       | \$ 18.00 |

FAMILY CHILD CARE

Fiscal year 2024 rates for family child care providers have been finalized based on the new contract with SEIU Local 509.

|                                                   | Family Child Care                  |                                       |                                  |                                     |
|---------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|
|                                                   | Providers: Under 2<br>Years of Age | Providers: 2 Years of<br>Age and Over | Systems: Under 2<br>Years of Age | Systems: 2 Years<br>of Age and Over |
| Western, Central &<br>Southeast (Regions 1, 2, 5) | \$58.45                            | \$48.90                               | \$75.25                          | \$65.62                             |
| Northeast (Region 3)                              | \$58.45                            | \$46.50                               | \$75.12                          | \$63.17                             |
| Metro & Boston Metro<br>(Regions 4, 6)            | \$87.66                            | \$54.33                               | \$105.01                         | \$71.56                             |