THE DEPARTMENT OF EARLY EDUCATION AND CARE SUBSIDIZED CHILD CARE REQUEST FOR REVIEW OF DENIAL OR TERMINATION OF EEC FINANCIAL ASSISTANCE FOR CHILD CARE

Parent(s) Name(s):				
Address:				
ADDRESS	CITY	1	STATE	ZIP CODE
Phone:		E-Mail:		
Subsidy Administrator Agency Nam	e:			
Subsidy Administrator Staff Membe	er:			
Please list the full name(s) and date	e(s) of birth of your child	l(ren):		
Please state how your Subsidy Adm (attach additional pages if necessar				=
Please note that EEC may reject any of an EEC regulation and/or state o	· •	•		<u> </u>
at: <u>www.mass.gov/eec</u> .	SUBMISSION OF	WRITTEN EVI	DENCE	
If you wish to submit written evider record, please indicate that you wil calendar days after submission of	l submit documentation	•		•
Yes. I will submit writte	en evidence.		No. I will not su	omit documentation
FOR TERMINATIO	NS ONLY: REQUEST FO	R CONTINUAT	ION OF CARE DURIN	G REVIEW
l,Print Parent(s) Name(s)	, r	equest that m	ny child care continue	e during the Review period.
I understand that I must currently remain current. I understand that Massachusetts for care provided d	I may be held financiall	y responsible	to reimburse the Co	mmonwealth of
Signature				Date

IF YOU WERE ISSUED A NOTICE OF DENIAL, CARE WILL NOT BE EXTENDED.

Please keep a copy of this form for your files and send the original, along with a copy of the Notice of Denial or Notice of Termination, to EEC at: Request for Review - Financial Assistance Unit, Department of Early Education and Care, 51 Sleeper Street, 4th Floor, Boston, MA 02210. This form may also be faxed to (617) 988-2451