

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
TEMPORARY CHANGE FORM**

DATE		FID	
PARENT(S) NAME(S)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
NAME(S) OF CHILD(REN)			
Child Care Choices of Boston			
PROVIDER/AGENCY	SUBSIDY AGENT NAME		
PHONE NUMBER	@bostonabcd.org		
	E-MAIL ADDRESS		

**My service need has recently changed as follows:**

- I am or will be going on Maternity Leave beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I am or will be on medical leave beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I am or will be on temporary leave to care for a family member beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I am a Seasonal Worker on Employment Break beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I am or will be experiencing a reduction in work/education hours beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I experienced a loss of work/education due to the COVID-19 emergency beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I am or will be on other leave for the following reason \_\_\_\_\_  
beginning \_\_\_\_\_ until \_\_\_\_\_  
DATEEXPECTED DATE
- I have left or will be leaving my current employment or education/training program on \_\_\_\_\_ and will  
be starting new employment or education/training on \_\_\_\_\_  
DATEEXPECTED DATE

I certify under the penalties of perjury that the information above is true and accurate to the best of my knowledge. I understand that any changes to an "Expected Date" must be reported to my Subsidy Administrator within thirty (30) days of the change. I understand that providing false or misleading information to my child care Subsidy Administrator or the Department of Early Education and Care (EEC), including inaccurate detail about my household income, may result in the termination of my child care subsidy or denial of eligibility for a future subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I receive as a result of false or misleading information that I provide. I understand that my care may not be terminated for providing information about a temporary change.

PARENT SIGNATURE	DATE
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If you have any questions about this action, you may contact a member of the  
EEC Financial Assistance Unit at (617) 988-6600 or [EECSubsidyManagement@mass.gov](mailto:EECSubsidyManagement@mass.gov).