

Chatham Childcare Voucher Program

FAQ Sheet

What does this program offer?

Helps local working families meet the expenses associated with childcare by offering temporary, short-term assistance with childcare costs, especially those families experiencing unexpected or extraordinary situations that are impacting their ability to pay for their MA licensed childcare arrangements. The program is managed by Monomoy Community Services for the Town of Chatham.

Who is eligible to apply?

Local working families with children ages Birth – 13 years or with dependents with special needs up to age 22, whose legal, year-round residence is the Town of Chatham and/or is employed in the town of Chatham, are eligible to apply. Eligibility for this scholarship is not based on income; however, income and employment verification are required.

**** Please note: As per MA DHCD and EEC regulations, a family receiving a state childcare voucher (childcare network vouchers) is not eligible to receive these additional funds.**

How does the program work?

- Awards are made on a rolling basis.
- Families interested in applying for assistance complete an application form and submit it with the appropriate income verification.
- Completed applications from eligible applicants are reviewed, receive a needs score and an award notification is sent to the applicant.
- Applicant gives required registration paperwork to his/her childcare provider.
- Childcare provider submits payment request to Monomoy Community Services.
- **After July 1, 2022**, childcare provider receives payment for invoiced payment requests .

How to apply...

Secure a copy of the application via chatham-ma.gov or monomoy.org or by contacting the Monomoy Community Services office (508)-945-1501. Mail or return the completed application with the required income verification to:

Monomoy Community Services
166 Depot Road
Chatham, MA 02633

No awards will be made to partial or incomplete applications.

For assistance with your application form, please contact 508-945-1501.



Chatham Childcare Voucher Application

Please complete the scholarship information sections.

Name(s) & Age(s) of children ages Birth- 13yrs (or up to age 22 for dependents with special needs) in household for whom you are requesting assistance:

Name(s) of Legal Parent/Guardians in household:

Parent/Guardian #1 _____

Legal Address: _____

Parent/Guardian #1 _____

Legal Address: _____

Mailing Address: (If different from above)

Evening phone _____ email _____

Please list name of any other person 18+ years of age living in the household.	Relationship to child(ren)

_____ Please check if single parent household.

_____ Please check here if financial responsibility for child(ren) is shared with someone not currently residing in the household.

Please list any other children living in the household and their ages:

ELIGIBILITY FOR THIS SCHOLARSHIP IS NOT BASED ON INCOME; HOWEVER, INCOME AND EMPLOYMENT VERIFICATION ARE REQUIRED.

_____ Please indicate the total gross monthly income* for the entire household for the last month (Gross pay is the amount you make before taxes, and withholdings are taken out). This figure should include all income for the household.

_____ Please indicate your anticipated gross monthly income for next month.

IMPORTANT: Please attach the correct income verification for your current employment situation as indicated on the income verification sheet.

Place(s) of employment for each parent/guardian: Information supplied here may be verified.

Name and Address of Business/Employer	Business Phone	# Hours weekly	Days and hours of work schedule. (i.e. M-W-F 9-5) If this varies or changes often, provide typical schedule

If currently unemployed:

Date unemployment began dd/mm/yy	Check here if <u>seasonally</u> employed. List dates when seasonal employment usually begins and ends.

Please check if **currently attending college or employment training**

_____parent 1 attending school/training _____parent 2 attending school/training

If attending school/training, please indicate name of institution, program, #credit hours enrolled & hours of attendance. (Please note: your enrollment will be verified)

Please list any state, federal or local financial aid, grants or support you presently receive (i.e. AFDC, housing assistance, fuel assistance, DSS voucher.)

Type of support

Monthly \$ amount

Please check each financial resource listed below with whom you have applied for financial assistance, during this calendar year and the date your application was submitted and any awards you have received.

*****All applicants are required to disclose any other funding awards they have received and failing to do so may jeopardize your chances to receive this funding.***

Check if you have applied	Name of Award The agency or funding source providing your financial assistance	When did you apply?	Amount of Award and when received?
	MA EEC Childcare Voucher (from Childcare Network of Cape Cod-Hyannis)		
	MA DHCD Award through Bailey-Boyd (Harwich)		
	Lower Cape Outreach		
	Shaw Mariners' Fund		
	Cape Cod Children's Place Emergency Childcare Award		
	St Vincent DePaul		
	Cape Cod Needy Fund		
	Town of Chatham Summer Rec or PARK Childcare Program		
	Other (please provide name of fund)		

Childcare Provider Information

Please complete this section to provide information regarding your childcare provider.

Provider's Name	Provider Mailing Address, Phone and email	MA Childcare License #

Indicate days and time each day that your child attends for each provider. List each child's providers separately.

Provider	Usage	Mon Hours	Tues hours	Wed hours	Thurs hours	Fri hours	# hours Weekly Total
	Check one: <input type="checkbox"/> year round use <input type="checkbox"/> school year only <input type="checkbox"/> summer only						
	Check one: <input type="checkbox"/> year round use <input type="checkbox"/> school year only <input type="checkbox"/> summer only						
	Check one: <input type="checkbox"/> year round use <input type="checkbox"/> school year only <input type="checkbox"/> summer only						

_____ **Total Monthly Hours of Care (Average)** _____ **Total Monthly Care expense** (if you are not sure, ask your childcare provider to assist you in determining this number.)

Please list any additional monthly childcare expenses: _____

_____ Please check here if you receive a reduced tuition from your childcare provider or school.

Family Narrative

If you feel there are circumstances or details about your family and/or current living situation that are not represented adequately in the application form, please use this space to include anything you would like brought to the attention of the review committee. Please feel free to add as much information as you care to include. Your application will be kept in strict confidence and will be made available only to the review committee, without specific reference to your name.

If you would like assistance completing the application or would like the opportunity to complete an interview for the narrative section, rather than a written explanation, please contact Monomoy Community Services, Inc. (508-945-1501).

The information included in this application is truthful and accurate to the best of my knowledge. I understand that any falsification of information or discrepancies may jeopardize award eligibility.

Signed _____ Date _____

Submit completed application with required income verification to:

Monomoy Community Services
166 Depot Rd
Chatham, MA 02633

Forms needed for Income Verification

The Chatham Childcare Voucher Program is intended to provide temporary, short-term assistance with child care costs, especially those families experiencing unexpected or extraordinary situations that are impacting their ability to pay for their MA licensed childcare arrangements. While there is no cut-off for income eligibility, income is one of the factors considered in the application review process and accurate income documentation and verification are required.

If you are employed by someone other than yourself you must submit:

1. Copies of your paystubs (do not submit originals) that document the last 8 weeks of pay information including, your name, gross pay, net pay and number of hours worked. The paystub information ***must show consecutive weeks.***

OR

2. A letter from your employer on company letterhead that includes
Your monthly gross for the last three months.
The hours per week you work for the last three months
When (hours per day, eves, weekends,) you worked during those three months.

* If your employer does not have letterhead, he/she must have his/her verification letter notarized.

If you are self-employed you must submit both:

1. **A statement of income declaration. This is a notarized statement detailing your gross pay, income sources and hours worked for the past 8 consecutive weeks.**
We reserve the right to verify any income source you list as a pay source.
2. **A copy of your most recent submitted, year-end tax filing.**

If you are unemployed and collecting you must submit:

1. A copy of your current unemployment benefits forms.

If you are unemployed and not or no longer collecting you must submit

1. **A statement of income declaration. This is a notarized statement explaining that you are currently unemployed, how long you have been unemployed, a summary of your monthly expenses and a brief explanation of how you are managing expenses (example: using savings, assistance from family, etc.).**



Chatham Childcare Voucher Program

Grievance Procedures for Chatham Childcare Voucher Program

The Chatham Childcare Voucher Program is a short-term financial assistance program for households with childcare expenses for children ages Birth-13 years and/or dependents up to age 22 with special needs, created by the Chatham Human Services Committee and funded by the Town of Chatham, MA.

The Chatham Childcare Voucher Program shall be managed by Monomoy Community Services through contractual agreement with the Town of Chatham.

The Chatham Childcare Voucher Program is intended to financially assist local working families with the expenses associated with childcare, by offering temporary, short-term assistance with child care costs, especially for those families experiencing unexpected or extraordinary situations that are impacting their ability to pay for their MA licensed childcare arrangements.

Local working families whose legal, year-round residence is the Town of Chatham or who are employed in the town of Chatham with children ages Birth – 13 years or up to age 22 for dependents with special needs, are eligible to apply. Eligibility is not based on income; however income and employment verification are required.

This program defines grievance as any complaint, problem or concern brought forth by an applicant, regarding the review, determination and award or non-award of financial assistance for childcare expenses incurred with a MA licensed childcare provider.

Grievances should be submitted to the Administrative Director of Monomoy Community Services, in writing within ten (10) business days. Individuals interested in filing a grievance may contact the Administrative Director for assistance in doing so. Please submit to:

Ms. Theresa Malone, Administrative Director, Monomoy Community Services
166 Depot Road
Chatham MA, 20633
508-945-1501
tmalone@monomoy.org

The Administrative Director has ten (10) (business days to investigate the grievance and respond in writing to the party filing the grievance. If the Administrative Director determines sufficient cause, he/she may elect to convene an alternative review committee to undertake a second review of the application in question.

The Administrative Director will initiate a file that includes the original grievance, and a copy of the initial and subsequent determinations and date of notification.

If the applicant does not agree with the outcome, an appeal may be filed. The Human Services Committee Liaison will conduct an investigation and report the findings to the filer of the grievance within ten (10) business days. Please submit to:

Ms. Mandi Speakman, Director, Council on Aging & Human Services Committee Liaison
193 Stony Hill Road
Chatham, MA 02633
508-945-5190
aspeakman@chatham-ma.gov

If the person or group filing the grievance does not agree with the outcome of the Human Services Committee Liaison an appeal may be filed. The Chatham Town Manager will conduct an investigation and report his/her findings to the filer of the grievance within ten (10) business days. The findings of the Town Manager are final. Please submit to:

Ms. Jill Goldsmith, Chatham Town Manager
549 Main Street
Chatham, MA 02633
508-945-5105
jgoldsmith@chatham-ma.gov

All grievances must be submitted in writing within ten (10) business days of the most recent determination.