Chatham
Childcare Voucher Program

A childcare financial assistance fund intended to help local, working families with their childcare expenses.

NOTICE:

Funding for the Chatham Childcare Voucher Program has received favorable recommendations by the Board of Selectmen and Finance Committee and is anticipated to be approved.

Chatham Annual Town Meeting has been postponed to June 22, 2020 due to COVID-19. When approved, funding will be available starting July 1, 2020.

In an effort to get funds to families in need of childcare assistance as quickly as possible when the funds are approved, we encourage applicants to complete and submit the application as soon as possible.
Chatham Childcare Voucher Program

A childcare financial assistance fund intended to help local, working families with their childcare expenses.

This Chatham community resource offers temporary, short-term assistance with child care costs for qualifying families, 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.

- Open to year-round Chatham residents or individuals employed in the town of Chatham.
- Awards vary upon need and availability of funds.
- Applications are accepted on a rolling basis.
- Awards may be used only with MA licensed childcare providers.

Application packets for 2020-21 funds will be available beginning June 15 at www.chatham-ma.gov or by contacting the Monomoy Community Services office (508)945-1501. Completed application packets will be accepted, beginning June 19, 2020.

Need more Info?
Contact Monomoy Community Services 508-945-1501.

**The program is managed by Monomoy Community Services and is made available through the Chatham Human Services Advisory Committee and the Town of Chatham.**
What does this program offer?

Helps local working families meet the expenses associated with childcare by offering 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. 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) or MA DHCD Childcare Award (Bailey Boyd- Harwich) 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, 2020**, childcare provider receives payment for invoiced payment request.
- Awards range from $100-$1500 per child.

How to apply…

Secure a copy of the application via [www.chatham-ma.gov](http://www.chatham-ma.gov) 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.
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 #2__________________________________
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.

<table>
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<tr>
<th>Name</th>
<th>Relationship to child(ren)</th>
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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.

<table>
<thead>
<tr>
<th>Name and Address of Business/Employer</th>
<th>Business Phone</th>
<th># Hours weekly</th>
<th>Days and hours of work schedule. (i.e. M-W-F 9-5) If this varies or changes often, provide typical schedule</th>
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**If currently unemployed:**

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

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<tr>
<th>Type of support</th>
<th>Monthly $ amount</th>
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<tr>
<td><strong>Check if you have applied</strong></td>
<td><strong>Name of Award</strong></td>
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<tr>
<td><strong>MA EEC Childcare Voucher</strong> (from Childcare Network of Cape Cod-Hyannis)</td>
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<td><strong>MA DHCD Award through Bailey-Boyd (Harwich)</strong></td>
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<td><strong>Lower Cape Outreach</strong></td>
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<td><strong>Shaw Mariners’ Fund</strong></td>
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<td><strong>Cape Cod Children’s Place Emergency Childcare Award</strong></td>
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<td><strong>St Vincent DePaul</strong></td>
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<td><strong>Cape Cod Needy Fund</strong></td>
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<td><strong>Town of Chatham Summer Rec or PARK Childcare Program</strong></td>
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<td><strong>Other (please provide name of fund)</strong></td>
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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.**
Childcare Provider Information

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

<table>
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<tr>
<th>Provider’s Name</th>
<th>Provider Mailing Address, Phone and email</th>
<th>MA Childcare License #</th>
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Indicate days and time each day that your child attends for each provider. List each child’s providers separately.

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<tr>
<th>Provider</th>
<th>Usage</th>
<th>Mon Hours</th>
<th>Tues hours</th>
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<th>Thurs hours</th>
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<th># hours Weekly Total</th>
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______________ 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.).
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 childcare 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.