

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
RESIDENCY CERTIFICATION FORM**

The Department of Early Education and Care (EEC) requires that subsidized Child Care recipients be residents of the Commonwealth of Massachusetts. **THIS FORM MAY ONLY BE USED FOR REAUTHORIZATION OF SUBSIDIZED CHILD CARE IF THE PARENT IS UNABLE TO PROVIDE AN EEC APPROVED DOCUMENT CONFIRMING ADDRESS.**

I, _____, attest that:
PARENT'S NAME

Please check appropriate box:

I am currently a resident of the Commonwealth of Massachusetts and reside at the same address as my last reauthorization located at:

OR

I have moved and still currently reside in the Commonwealth of Massachusetts and now live at:

Physical Address: _____

Mailing Address: _____

Home Number: _____ Work Number: _____

Mobile Number: _____ E-Mail Address: _____

- I understand I must maintain updated contact information, which includes: physical address, mailing address, phone number(s), and e-mail addresses. If my contact information changes during this Authorization period, I must contact my Subsidy Administrator to update my information and complete a Parent Contact Information Form. These changes are expected to be reported immediately, but no later than 30 days from the date of the change.
- I understand that I must be a resident of the Commonwealth of Massachusetts to be eligible for a child care subsidy. Any out of state changes in address may result in termination or denial of my subsidized care.

I certify under the pains and penalties of perjury that the information provided is correct and complete to the best of my knowledge.

Signature of Parent: _____ Date: _____

Print Parent Name: _____

Subsidy Administrator Agency Name: _____

Subsidy Administrator Staff Member: _____

Received on: _____
DATE