

**Town of Acton
ARPA
Childcare Subsidy
Program**

APPLICATION

Thank you for your interest in applying for the ARPA Childcare Subsidy Program. This program has been created by the Town of Acton, and funded through the **American Rescue Plan Act (ARPA)** to defray the cost of childcare as families return to employment, school or seek employment post COVID-19.

The Town of Acton has dedicated **\$40,000** to fund this program beginning **7/1/22** through **6/30/23**. Eligibility for this program is based on income, qualifying need and residency in Acton.

The following application will help us ensure that your family qualifies.

- **Applications will be funded on a first come, first served basis. Complete applications with all necessary documentation included, will be prioritized. Incomplete applications that are received may be delayed.**
- Along with income qualification families must also require childcare services to maintain employment, attend school or seek employment through a job search.
- Childcare subsidies begin on **7/1/22** and can be used at any DEEC licensed program, Acton Boxborough Extended Day through Community Education or Acton Recreation Department. The subsidies are unable to be used towards the cost of All Day Kindergarten (ADK).
- The **maximum subsidy per family** is not to exceed **\$3,000** for children age 13 and younger per program year or until all funds are used.
- **Subsidies are unable to be combined with other financial assistance for childcare. If you're currently receiving or plan to receive a Department of Early Education and Care (DEEC) voucher or private scholarship you must notify the Town.**
- The Town will preserve the confidentiality of this application to the extent permissible under public record laws. The Town will only use the information in this application to determine your family's eligibility for childcare subsidy funds.

If you have any questions, please don't hesitate to get in touch.

可根据要求提供

Kě gēnjù yāoqiú tígōng

Una transacción de este documento está disponible a pedido

इस दस्तावेज़ का एक लेनदेन अनुरोध पर उपलब्ध है

is dastaavez ka ek lenaden anurodh par upalabdh hai

Uma transação deste documento está disponível mediante solicitação

Транзакция этого документа доступна по запросу.

Program Contact:

Community Services Office

Town of Acton

30R Sudbury Rd.

Acton, MA 01720

lducharme@actonma.gov or (978) 929-6651

PART 2: PLEASE CHECK ALL THAT APPLY

I, or someone in my household

- Lost a job or collected unemployment benefits
- Had to miss work, or stop working, to take care of someone with health or medical needs
- Had to miss work, or stop working, or work fewer hours because my child's school or daycare was closed, or my child had online school
- Had higher bills than usual (Ex. medical bills, transportation costs, childcare costs, funeral costs, rent, utilities)
- Had income that was too low to pay for basic household expenses (Ex. food, clothing, rent, utilities, cleaning supplies)
- Other financial problems

Please explain: _____

INCOME ELIGIBLE CATEGORY: If your present gross household income falls within the **American Rescue Plan Act (ARPA)** income eligibility guidelines for low- and moderate-income households at or below 300% Federal Poverty Level (FPL), you may qualify as an **INCOME ELIGIBLE** family, and receive the subsidy. Additional income documentation must accompany this application.

Income Eligibility Chart

Household Size	Income Limit for Residents of Acton
1	\$61,100
2	\$69,810
3	\$78,520
4	\$87,230
5	\$94,250
6	\$106,740
7	\$120,360
8	\$133,980

PART 3: EMPLOYMENT INCOME INFORMATION. Complete whether an employee or self-employed.

- Are you a full-time resident at the address you entered on page 1? Yes No
- Parent/Guardian Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

- Parent/Guardian #2 Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

PART 4: ANNUAL INCOME TOTALS: *What is your household's gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support etc for **everyone over the age of 18** in the household.)*

ANNUAL INCOME

Source	Parent/Guardian	Parent/Guardian	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Pension Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other (describe)				
Zero Income				
TOTALS	\$	\$	\$	\$

PART 5: CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If so:

1. Position Title: _____
2. Department: _____
3. How did you hear about this program? _____
4. Note any potential conflict of interest & describe/attach resolution: _____

PART 6: VOLUNTARY INFORMATION REQUESTED *Make additional copies of this form or use back of page if needed*

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against program applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Decline to provide

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below. Income information must be compiled for every household member over 18 years of age.

Proof of Address:

Recent bank statement with applicant's name and residential address

OR

Recent utility bill with applicant's name and residential address

Income Verification: Please check all that apply

2 paystubs within the past 60 days per person, per job. If self-employed 2021 tax return (1040 or 1040EZ)

A letter from your employer, on company letterhead, stating annual gross wages

Documentation of child support (court order, DOR printout, bank statement)

If receiving benefits, such as unemployment, social security, or disability: documentation of benefit amount

I certify that _____ has zero income as of the date of this application.
Name

PART 7: TRUTH STATEMENT

I / We certify that all information given for the purpose of obtaining assistance under The ARPA Childcare Subsidy Program is true to the best of my/our knowledge. In addition, I give the Town of Acton ARPA Childcare Subsidy Program permission to verify my income.

Parent/Guardian

Date

Parent/Guardian
(If Applicable)

Date