

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Flexible Funding Request for Children with Special Needs/Termination of Funding Form

PART 1: Request for Funding

Child's Name: _____ Parent/Guardian SS#¹ _____ - _____ - _____

Child's DOB ___/___/___ Signature of Parent/Guardian _____ Date _____

Provider Name : _____

Please Check Off: Income Eligible Contract _____ Teen Parent Contract _____ Program Type: _____

CCR&R (if applicable) _____
Name Address

- We request funds to provide an additional staff or approved assistant (if applicable) to work in the classroom or family child care home for a specific number of hours not to exceed 40 hours.
- We request funds to provide training to work with a child with a disability.
- We request funds to hire a consultant to assess the child's needs and to work with staff and/or family child care providers and approved assistants (if applicable) to address the child's needs.
- Other _____

Please submit the following with each funding request:

- Documentation of the child's special needs. Appropriate documentation includes:
 - ✓ Individual Family Service Plan (IFSP) written by early intervention program staff;
 - ✓ Copies of Individual Education Plan (IEP) and/or CORE evaluations written by local school authorities;
 - ✓ Medical reports written by an M.D.;
 - ✓ Psychological assessments and/or reports written by Ph.D., Psychologist or LICSW
- Documentation that sufficient supports are not currently available through the Early Intervention Regional Consultation Program and/or Early Intervention Services².
- If request is for additional staff, the number of children and classrooms (if applicable) who will benefit from the additional staff.³
- If request is for training or consultation services, name of person and/or program, with documented qualifications that support their ability to provide training or consultation services.
- Budget documenting costs of service(s), including hourly rate for each person to be paid through flex pool funds.⁴

Note: Funding will not be approved for more than six months, or beyond the end of the fiscal year.

Provider Authorized Signature Date

FOR CCR&R OR EEC USE ONLY	
_____ RECOMMENDED BY	_____ DATE
_____ APPROVED BY	_____ DATE

¹ A parent/guardian's social security number will not be used to determine the family's eligibility for flexible funds. This information will be used for Federal reporting purposes and will be kept confidential in accordance with Massachusetts law.
² The child care provider must speak with the Regional Consultation Program before submitting this request.
³ The child care provider must maximize the services of additional staff by utilizing their services in multiple classrooms, etc.
⁴ Funding requests for staff may not exceed the maximum regional rate for an assistant teacher based on the most recent Massachusetts Child Care Center & School Age Program Salary and Benefits Report.

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Flexible funding Request for Children with Special Needs/Termination of Funding Form

PART 2: Termination of Funding

The flexible pool funding will not be needed as of _____ because: _____
Date

- Training was completed on _____
Date(s)
- Consultation was completed on _____
Date(s)
- The child is able to function in a classroom setting without special assistance.
- The child's parent has terminated care.
- Other (please explain):

Provider Authorized Signature

Date

INSTRUCTIONS:

When the child is terminated from care, the child care provider should submit this form to:

- ✓ The CCR&R if the child was receiving child care voucher assistance;
- ✓ The EEC Regional Policy and Training Advisor if the child was enrolled in an income eligible child care slot.