



Massachusetts Department of Transitional Assistance  
Child Care Referral Notice

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ TAO \_\_\_\_\_  
 City/Town, ZIP \_\_\_\_\_ Date \_\_\_\_\_

Dear

To get child care you must contact the Child Care Resource and Referral Agency (CCR&R) listed below to obtain a voucher for child care services.

Please be advised that your child care provider **will not** receive payment for child care that began prior to the CCR&R issuing your voucher.

Please be advised that you must report changes in your income or component activity to your AU Manager within 10 days of the change.

If your TAFDC case is closed and you are receiving Transitional Child Care benefits, you must report changes in your income to the CCR&R counselor within 10 days of the change.

CCR&R Name, Address and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECIPIENT INFORMATION**

Program: \_\_\_\_\_ Current Monthly Grant: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Other Income Received: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ TAFDC Case Closing Date: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Child Care Service Reason: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

**Enter the activity(ies), the start and end dates of the activity(ies), and the start and end times per day for each activity.**

Component Activity	Start Date	End Date	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
<b>Total Hours*</b>									

\* Total Hours shown above do not include the recipient's travel time to and from the activity when van services are not provided by the child care vendor. Therefore, additional hours must be added to the Total Hours.

The Total Hours may, on rare occasions, fluctuate based on an unanticipated change in the component activity. Accommodations should be made to the extent possible.

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If you have any questions or you disagree with the information on this child care referral, call your worker at the phone number listed below. If you disagree with the information on this referral, you have the right to request a hearing before a Department of Transitional Assistance hearing officer. If you disagree with the actions taken by the CCR&R or the child care provider, you have the right to request a hearing before a hearing officer from the Department of Early Education and Care.

Child(ren) Name(s)

Child(ren) Date(s) of Birth

\_\_\_\_\_  
Print AU Manager Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
TAO Fax Number

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**If one of these situations applies, please check the appropriate box, sign and return referral to DTA.**

All CC Referrals Refused by Recipient

CC Not Available at this time

\_\_\_\_\_  
Signature of CCR&R Counselor

\_\_\_\_\_  
Date