



Massachusetts Department of Transitional Assistance

TAO Address

Authorization Number

① Date ____/____/____

③ Name _____

② SSN _____

Address _____

City _____

ZIP _____

Dear _____

Present this authorization to your Child Care Resource & Referral agency (CCR&R) to obtain a child care voucher. No provider will receive payment without a voucher from the CCR&R.

You must report changes in your income or activity within 10 days.

CCR&R Name _____

CCR&R Address, City & ZIP _____

RECIPIENT INFORMATION

Program **TAFDC**

Recipient Telephone Number (____) ④ _____

Recipient Current Monthly Grant \$ _____ ⑤

Other Income Received by Recipient yes no ⑥

Transitional Assistance Office _____

Child Care Service Reason _____ ⑦

⑫ F=Full H=Half
Sun Mon Tue Wed Thu Fri Sat

ESP Component _____ ⑧

Child Care Start Date ____/____/____ ⑨

Child Care End Date ____/____/____ ⑩

TAFDC Case Closing Date ____/____/____ ⑪

⑬ Child(ren) Name	Child(ren) Date of Birth	Child(ren) Dependent Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recipient Signature ⑭ _____ Date ____/____/____

TAO Worker Signature ⑮ _____ Date ____/____/____

TAO Supervisor Signature ⑯ _____

_____ Date ____/____/____

CHILD CARE AUTHORIZATION INSTRUCTIONS

Enter

- 1) Today's Date
- 2) Recipient's Social Security Number
- 3) Recipient's Name, Address, City and ZIP
- 4) Recipient's Telephone Number
- 5) Recipient's Current Monthly Grant
- 6) Recipient's Other Income
- 7) Child Care Code
- 8) ESP Component
- 9) Child Care Start Date
- 10) Child Care End Date
- 11) TAFDC Closing Date
- 12) For each day's Child Care, enter F for full-time, H for half-time, or X for none
- 13) List eligible child(ren)'s Name, DOB, and PACES dependent number
- 14) Recipient Signature and Date
- 15) TAO Worker Signature and Date
- 16) TAO Supervisor Signature and Date