



**Town of Acton**  
Human Services Building  
30R Sudbury Rd.,  
Acton, MA 01720

**Telephone:** 978-929-6651  
[www.actonma.gov/community-resources](http://www.actonma.gov/community-resources)  
[lducharme@actonma.gov](mailto:lducharme@actonma.gov)

## **ARPA Childcare Subsidy Program Application**

1. This program provides Acton households with childcare assistance using grant funding from the American Rescue Plan Act (ARPA). The Community Services Office is available to answer any questions and help with completing the application
2. This program is intended to provide childcare subsidies for families to maintain employment, attend school or seek employment through a job search. The Town of Acton has dedicated **\$40,000** to fund this program for the **2023-2024 School Calendar**.
3. The **maximum subsidy per family** is not to exceed **\$3,000** for children age 13 and younger per program year or until funds are exhausted.
4. Subsidies can be used at any Department of Early Education and Care (DEEC) licensed program, Extended Day through Community Education, Acton Recreation and Boys and Girls Club of Assabet Valley.
5. Where this program has a rolling timeframe, assistance will be awarded on a first come first served basis. However, the Town reserves the right to alter that basis for exigent circumstances.
6. The Town reserves the right to withhold payment for excessive absenteeism (4 or more days per month) without prior communication with childcare program administration or the Community Services Office.
7. Once approved, the funds will be paid directly to the childcare provider and not the applicant.

**For more information, contact the Community Services Office at 978-929-6651  
or [lducharme@actonma.gov](mailto:lducharme@actonma.gov)**

### **APPLICANT INFORMATION**

Applicant's Name	.....	
Applicant's Address	.....	
Applicant's Telephone No.	.....	
Applicant's Email Address	.....	

## INCOME REQUIREMENTS

If your present gross household income falls within the **American Rescue Plan Act (ARPA)** income eligibility guidelines for low- and moderate-income households (see the following income eligibility chart), you may qualify for a grant. Those with incomes above ARPA limits will not qualify for funding under this program. Additional income documentation and proof of residency in Acton must accompany this application.

**Applicant DOB:** \_\_\_\_\_

**Number of adults:** \_\_\_\_\_

**Number of children:** \_\_\_\_\_

**Name of child(ren)** \_\_\_\_\_

Household Size	1	2	3	4	5	6	7
Maximum Income Limit	61,110	69,810	78,520	87,230	94,250	106,740	120,360

Is the current household below the annual income limit shown in the table above?  Yes

**Grant will be used to pay for:**

Childcare

Please describe the individual or household need for funding and how financial assistance will address severe economic hardship.

Lost a job or collected unemployment benefits

Had to miss work, or stop working, to take care of someone with health or medical need

Had higher bills/expenses than usual (Ex. medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, food, clothing)

Other financial problems

**Briefly explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUPPORTING DOCUMENTATION

### 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, provide 2022 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 \_\_\_\_\_ does not have any income as of today's date.

## TRUTH STATEMENT

I certify that all information given for the purpose of obtaining assistance under the Acton Emergency Assistance Program is true, and that I'm not receiving funding for the same purpose from another source. In addition, I give the Town of Acton permission to verify my family's income.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_