



# TOWN OF DENNIS

## CHILDCARE SUBSIDY PROGRAM OVERVIEW

**Program Purpose:** To provide childcare subsidies to Dennis residents whose children ages 0-5 attend State-licensed childcare programs, as defined by the *Program Eligibility Requirements*.

**Background:** The Childcare Subsidy Program was approved by Dennis voters at the May 2, 2023 Annual Town Meeting (Article 42). The subsidy program is designed to provide financial assistance in the form of direct payment to State licensed childcare providers for residents of Dennis.

### **Program Eligibility Requirements:**

**Applicant Eligibility:** A subsidy in the form of direct payment of \$200 per month to State licensed childcare providers for up to 50 full time, year-round residents of Dennis (maximum of \$2,400 per household) will be provided for one eligible child who is not five years or older as of August 31, 2025 and meets a threshold of 81% to 150% Average Median Income parameter. Child must be enrolled a minimum of two days per week for eligibility.

A completed application with all required documentation must be submitted for eligibility.

**Provider Eligibility:** Eligible providers must hold a valid State-license from the Department of Early Education and Care or the similar and the license must allow them to care for children 0-5 years old. Documentation is required for eligibility.

### **Copies of the Following Documents are Required:**

- Application – completed and signed
- Child's birth certificate (certified copy not required)
- Proof of legal guardianship, if applicable
- Driver's License (or MA ID Card) of parent (or guardian) with Dennis address
- Dennis Real Estate Tax Bill in the name of parent (or guardian) OR Lease for a Dennis property in the name of the parent (or guardian)
- Utility bill in parent (or guardian) name with Dennis property address
- Income Verification Documents

All applicants will be notified of receipt of documents and application status via email. Applicants will not be considered eligible for the subsidy until all required documents are completed, submitted, and approved. Additional documents may be required.

**Application Process:** Applications and complete instructions will be available August 15, 2025 for Funding Period September 1, 2025 – August 31, 2026.

**Funding Allocation:** Total subsidy for each eligible child shall not exceed \$2,400 per funding period.

**The income guidelines, based on household size are:**

FY 2026	HOUSEHOLD SIZE							
INCOME CATEGORY	1	2	3	4	5	6	7	8
LOW 80% Income Limit	\$76,550	\$87,500	\$98,450	\$109,350	\$118,100	\$126,850	\$135,600	\$144,350
81% Income Limit (DENNIS MINIMUM)	\$77,507	\$88,594	\$99,680	\$110,717	\$119,576	\$128,436	\$137,295	\$146,154
AVERAGE MEDIAN 100% Income Limit	\$95,700	\$109,400	\$123,050	\$136,700	\$147,650	\$158,600	\$169,550	\$180,450
150% AVERAGE MEDIAN 150 % Income limit (DENNIS MAXIMUM)	\$143,550	\$164,100	\$184,575	\$205,050	\$221,475	\$237,900	\$254,325	\$270,675

\* [https://www.mhp.net/assets/resources/documents/one\\_\\_income\\_limits.pdf](https://www.mhp.net/assets/resources/documents/one__income_limits.pdf)

150% of the area median income for a household means three times the income limit for very low-income families, for the relevant household size, as published by HUD in accordance with 42 U.S.C. 1437a(b)(2) for purposes of the HAF Program.



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## CHILDCARE SUBSIDY PROGRAM REQUIRED DOCUMENTS

### COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED:

- Application – completed and signed
- Child's birth certificate
- Proof of legal guardianship, if applicable
- Driver's License (or MA ID Card) of parent (or guardian) with Dennis address
- Dennis Real Estate Tax Bill in the name of parent (or guardian) **OR** Lease for a Dennis property in the name of the parent (or guardian)
- Utility bill in parent (or guardian) name with Dennis property address
- Income Verification Documents  
(for every member of household age 18 or older)
  - Tax Return from most recent year
  - Current pay stub
  - Alimony/Child Support
  - Other income/benefits



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## CHILDCARE SUBSIDY PROGRAM APPLICATION

### APPLICATION FOR CHILDCARE VOUCHER PROGRAM

Please complete one application per household  
Applications must be completed fully and returned to  
Dennis Town Hall, Attn: Childcare Voucher Program, 685 Route 134 South Dennis, MA 02660  
or to [DennisCSP@town.dennis.ma.us](mailto:DennisCSP@town.dennis.ma.us) with the subject line "CSP"

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s): 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PROVIDER INFORMATION

List all licensed childcare programs attended by this child

Name of Program Provider 1: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Program Schedule (Days): \_\_\_\_\_

Program Phone Number: \_\_\_\_\_ Program Email: \_\_\_\_\_

Name of Program Provider 2: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_ Program Hours: \_\_\_\_\_

Program Phone Number: \_\_\_\_\_ Program Email: \_\_\_\_\_

### ELIGIBILITY INFORMATION

Answer the following questions to determine eligibility and funding allocations.  
Parents/Guardians are eligible if meet a threshold of 81 % to 150% Average Median Income

Total Annual Household Income: \_\_\_\_\_

Household Size (Number of Persons per age group): 18 and Over \_\_\_\_\_ Under 18 \_\_\_\_\_

Estimated Monthly Childcare Cost for This Child: \_\_\_\_\_

Do you receive other Childcare Subsidy for This Child?  Yes  No



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## CHILDCARE SUBSIDY PROGRAM APPLICATION

### EMPLOYMENT INFORMATION

Provide current annual employment information for each parent/ guardian

<b>PARENT/GUARDIAN #1</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<b>PARENT/GUARDIAN #2</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
<b>PARENT/GUARDIAN #3</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employer: _____	Position: _____	
Annual Salary: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

### AUTHORIZATION/SIGNATURE

I verify that all information provided is accurate, signed under penalty of perjury.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Completed applications should be signed and returned to  
Dennis Town Hall, Attn: Childcare Voucher Program, 685 Route 134 South Dennis, MA 02660  
or to [DennisCSP@town.dennis.ma.us](mailto:DennisCSP@town.dennis.ma.us) with the subject line "CSP"