RE: Child Care Scholarship Application

Dear Applicant:

A Child Care Scholarship is offered to children whose family qualify based on income and need, as defined by the Code of Maryland Regulations (COMAR 13A.14.06).

On the application, please make note of the **Date of Birth** and **Contact Phone Number** you enter in **Section 2**. You will use this information to access your case details on the automated phone menu at CCS Central 2

START GATHERING YOUR REQUIRED DOCUMENTS NOW: To successfully use the Family Portal and complete the online application, you **MUST** upload the documents listed below for all household members. This includes you, your spouse or your child's other parent living in your household, and all dependent children living in the home under the age 18 or up to age 22 attending college. You will need a valid email address to register on the portal. Start gathering the required documents outlined below, before you begin the process:

- ☐ **Proof of identity** for all household members
    - ○ Driver license, birth certificate, or government issued ID for adults
    - ○ Birth certificate for each child within your household
- ☐ **Proof of all income** proof of **last 4 weeks** of all income for you, your spouse, other parent in the home with one child in common, parents of minor parent, and adults or spouse with whom you share physical custody of minor child(ren).
    - ○ Most recent four (4) weeks of **consecutive paystubs** (4 weekly, 2 bi-weekly) or Employment Verification form
    - ○ Supplemental Security Income (SSI) Documentation for any household members (parent or child) who receives it (if applicable)
    - ○ Proof of all other income (bonuses, commissions, child support, etc.)
- ☐ **Proof of home address** (provide most recent utility bill, lease, rental agreement, or driver's license, if address on the driver's license is the same as on the Child Care Scholarship Application, etc.).
- ☐ **Proof of approved activity schedule**
    - ○ Must provide current paystubs and verification of days and hours worked on company letterhead, if hours are not on paystubs
    - ○ Must provide class schedule and verification of enrollment if participating in an educational or training program.
- ☐ **Proof of Immunization** required for non-school age children who are attending informal child care
- ☐ **Proof of US Citizenship or legal alien status** for all children in the household count. Parents do not have to be a US citizen or have legal alien status.
- ☐ **Informal Provider Relative Care Only** – Proof of relationship of family member to child. Only needed for great grandparent, grandparent, aunt, uncle or sibling 18 years or older how is not in the household count.

*NOTE: Do not submit your application until you gather all required documents that you must upload in order for your application to be processed successfully. When you provide all required documents, your application is processed without further requests for additional information.

Sincerely, CCS
Central 2
1-877-227-0125

Report suspected fraud of the Child Care Scholarship Program at Reportccsfraud.org

Reading these instructions will help you complete this application.

Answers to all questions are required.

Section 1	General Information

Type of Application:

- A **"Child Care Scholarship"** application is for someone who does not receive Child Care Scholarship (CCS) today; anyone re-applying for new scholarships within 45 days of the current scholarships ending; or anyone who was denied for missing information and they did not submit all missing documents within 90 days of the CCS Application being denied.

Type of Provider Used for Care:

- A **"Formal"** provider is a child care center or a family child care home that is licensed or regulated under Maryland law. Formal providers receiving CCS Program payments must participate in the Maryland EXCELS program.
- An "**Informal**" provider is not licensed under Maryland law and is limited to 1) relative care, 2) non-relative in-home care. If you choose relative care, eligible relationships are Great-grandparents, Grandparents, Aunts, Uncles, or older siblings over the age of18 not residing in the child's household. Proof of relationship must be submitted with the application. If you choose any type of informal provider, additional forms must be included with this packet and completed before the informal provider is approved. Informal scholarships will not be issued until the informal provider is approved. Call CCS Central 2 at 1-877-227-0125 for the additional forms.

Section 2	Applicant Information

County of your Home Address:

- **If you live in Baltimore City, enter "City"**

Please make a note of the Date of Birth and Contact Phone Number you enter on the form. This information will be needed to access your case information on the automated phone system. If determined eligible for a Child Care Scholarship, a Party ID will be assigned and mailed to you for future access to the automated phone system.

If you pay child support to a child not living in your house, provide proof of proof of payment so that the amount paid can be deducted from your gross household income.

If you are receiving **Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), Women, Infants & Children (WIC), Welfare Avoidance Grant (WAG), Guaranteed Basic Income (GBI), Housing Voucher, Social Security Supplemental Income (SSI), experiencing homelessness, a Minor Parent or a Migrant Worker**, your weekly assigned co-payment is $0.00 per week.

If none of the listed programs or categories apply to your household, your weekly assigned co-payment will be $3.00 per week for each 3 unit scholarship, $2.00 per week for each 2 unit scholarship and $1.00 per week for each 1 unit scholarship.

You will need to upload proof of enrollment or participation in the above programs, if applicable, with your CCS Application. You will need to show proof of enrollment or participation to your child care provider in order to be assessed a $0.00 assigned copayment per week.

If you do not show proof your assigned copay will be based upon the Unit of Care authorized on each scholarship.

If the weekly reimbursement of the child care scholarship and the assigned weekly copayment does not cover the child care providers weekly child care tuition, the parent is responsible for paying any difference owed.

Note: the assigned co-payments are paid to directly to the child care provider by the parent each week. Any difference owed is also paid by the parent to the child care provider

Section 3	Need for Care Information

Answer all the questions in this section to show why you need child care assistance.

Section 4	Child Information

- Answer questions in this section for each child in the household, under 13 years old, for whom child care is needed.
- If there are more than 3 children in the household, please make additional copies of this section to enter their information.
- *You must attach a birth certificate for each child listed within the household.*
- If you are receiving child support, you must upload verification of the amount received.
- If your child is attending Head Start or a State paid Pre-K Program, the child care scholarship will pay for care before and/or after Head Start or the State Paid Pre-K Program and will pay for Full-Time care during the summer. Use total hours to document the total number of hours your child needs before and/or after Head Start or State

Section 5	Other Household Members

Answer questions in this section for each household member that is not listed as a child in Section 4, Child Information. If there are more than 4 household members, please make additional copies of this section to enter their information.

Section 6	Activity Information

Answer questions in this section for each activity of each household member listed in Section 5, Other Household Members, where the answer to Question 1 is "Yes." The "activity type" selected is related to "Name of the Organization" entered in each activity box.

Total commute time must be calculated as the time needed to get from your provider to your activity and back. Any time exceeding 2 hours per day will require additional explanation. Commute time will not be granted unless the "Activity Hours" are provided.

Enter activity hours as the start time and end time:

Monday	Tuesday

If there are more than 4 household member activities, please make additional copies of this section to enter their information.

Proof of approved activity schedule
- Must provide current paystubs and verification of days and hours worked on company letterhead, if hours are not on paystubs
- Must provide class schedule and verification of enrollment if participating in an educational or training program.

Migrant workers must provide a statement of employment from the employer or contractor.

Section 7	Child Care Schedule

Answer questions in this section to show all the days and hours you will need child care based on your activity(s), as listed in Section 6,

Activity Information. Enter the child care hours needed as the start time and end time:

Monday	Tuesday

If your child is attending Head Start or a State paid Pre-K Program, the child care scholarship will pay for care before and/or after Head Start or the State Paid Pre-K Program and will pay for Full-Time care during the summer. Use total hours to document the total number of hours your child needs before and/or after Head Start or State paid Pre-K.

Section 8	Income Information

Answer questions in this section for each type of income of each household member listed in Section 5, Other Household Members. If there are more than 4 household member types of income, please make additional copies of this section to enter their information.

"Gross Income" is the total amount you earned or were paid before taxes are withheld.

You will need to attach proof of the last 4 weeks of all income for: applicant, spouse, other parent in home, parents of minor parent, adult, and spouse with physical custody of minor child (4 weekly or 2 bi-weekly paystubs).

Families without an active Child Care Scholarship (CCS) Application must have a gross family income that is equal to or less than the CCS Initial Income Eligibility Scale in order to be income eligible for CCS benefits. Families with active scholarships or that have a change in household must have a gross family income that is equal to or less than the Continuing Income Eligibility Scale in order to be eligible for CCS benefits. Families who are no longer income eligible must report changes within 10 business days to avoid having to repay funds. See income scale per family size on the last page of the CCS Application.

Family Size	CCS INITIAL INCOME SCALE Maximum Annual Income (This scale applies for customers **without active** child care scholarships)	CCS CONTINUATION INCOME SCALE Maximum Annual Income (This scale only applies for customers with **active** child care scholarships)
2	$ 61,222	$73,899
3	$ 75,627	$91,287
4	$ 90,033	$108,675
5	$ 104,438	$126,063
6	$ 118,843	$143,451

If your initial gross annual income is above the CCS Initial or Continuing Income Eligibility scale: your CCS application will be denied or the CCS Scholarship will be ended at the point of discovery. If you indicate you that you **do not know** whether or not your gross household income is above the CCS Program limits: the vendor will request information necessary to calculate your family's gross household income before authorizing CCS services.

	Maryland State Department of Education/Office of Child Care **Child Care Scholarship Program** **NEW & REDETERMINATION APPLICATION**	**Submit online at:** CCSCentral.msde@maryland.gov

If you need assistance completing the application, call CCS Central 2 at 1-877-227-0125

Section 1	General Information

Type of Application: ☐ New ☐ Redetermination

Type of Provider Used for Care: ☐ Formal(Licensed, Registered, Letter of Compliance or Military child care program
☐ Informal Relative Care ☐ Informal Non-Relative In Child's Home Care

Section 2	Applicant Information

Name (Last, First, Middle): | Social Security Number (SSN) *(optional)*:

Date of Birth (DOB): *MM/DD/YYYY* | Gender: ☐ Female ☐ Male | Marital Status: ☐ Single/Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Race: | Are you Hispanic/Latino? ☐ Yes ☐ No | Primary Language Spoken in Home:

US Citizen: ☐ Yes ☐ No | Alien Status (if not a citizen): *See choices below* | Do you have Active Military Status? ☐ Yes ☐ No

Choices for Race:
- Native American or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Choices for Alien Status:
- Permanent Resident
- Asylee
- Alien Granted Conditional Entry
- Parolee (1 yr. or more)
- Alien Whose Deportation is Withheld
- Refugee
- Battered Alien Spouse, Child or Parent of Child
- Undocumented
- Child of Lawfully Admitted Alien

Home Address: Street   Apt Number   City   State   Zip Code   County

Mailing Address, if different: Street   City   State   Zip Code

Contact Phone Number: | Alternate Contact Phone: | Email Address:

Do you pay Child Support to children outside of the home? If yes, attach current proof	☐ Yes ☐ No
Are you a single parent?	☐ Yes ☐ No
Are you a minor parent (under 18)?	☐ Yes ☐ No
Do you receive SNAP (food stamps)? If yes, attach current proof	☐ Yes ☐ No
Do you receive a Welfare Avoidance Grant (WAG)? If yes, attach current proof	☐ Yes ☐ No
Do you receive Montgomery County Guaranteed Basic Income (GBI)? If yes, attach current proof	☐ Yes ☐ No
Do you receive a Housing Voucher? If yes, attach current proof	☐ Yes ☐ No
Do you receive WIC? If yes, attach current proof	☐ Yes ☐ No
Do you receive SSI? If yes, attach current proof	☐ Yes ☐ No
Are you a migrant worker? If yes, attach current proof	☐ Yes ☐ No

Section 3	Need for Care Information				
1.	Do you receive Temporary Cash Assistance (TCA)?		Yes	No	Never If yes, Start Date:
2.	Is TCA for the children in your care only?	☐ Yes	☐ No		
3.	How many people are in your household?	Number:			
4.	What is your annual gross income?	Dollar Amount:			

5. What is your activity?		☐ Work ☐ TCA Approved Activity ☐ Education (Public School) ☐ Education (College) ☐ Training ☐ No Activity

6. Do you have assets of one million dollars?		Yes	No

7. Which of the below describes your family's current living or housing situation? **Check all that apply**

a) Do you lack a fixed, regular, and adequate nighttime residence?	☐
b) Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up)?	☐
c) Are you living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations?	☐
d) Are you living in emergency or transitional shelters?	☐
e) Are you caring for a child abandoned in hospitals or awaiting foster care placement?	☐
f) Is your primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings?	☐
g) Are you living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings?	☐
h) Are you and your children migratory?	☐
i) None of the above	☐

8. Are you responsible for any children with a disability?	☐ Yes ☐ No
9. Do you want Child Care Assistance for a child that is not your child by birth or marriage, and lives in your home?	☐ Yes ☐ No
10. How many children that are not yours by birth or marriage, are you caring for? See the above question	Number:
11. Are you or anyone in your household receiving Supplemental Security Income (SSI)?	☐ Yes ☐ No

Section 4   Child Information

CHILD 1	
Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB):	SSN *(optional)*:

Race:	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices below*

Choices for Race:	● Native American or Alaskan Native ● Asian ● Black or African American ● Native Hawaiian or Pacific Islander ● White	**Choices for Alien Status:**	● Permanent Resident ● Asylee ● Alien Granted Conditional Entry ● Parolee (1 yr. or more) ● Alien Whose Deportation is Withheld	● Refugee ● Battered Alien Spouse, Child, or Parent of Child ● Undocumented ● Child of Lawfully Admitted Alien

1. Is this child receiving Supplemental Security Income (SSI)?	☐ Yes ☐ No
2. What is the child's relationship to you?	
3. Does this child have a disability?	☐ Yes ☐ No
4. Does this child receive benefits from Social Security?	☐ Yes ☐ No
5. Do you receive child support for this child?	☐ Yes ☐ No
6. What is the name of this child's absent parent(s)?	
7. Is this child in Head Start?	☐ Yes ☐ No If yes, what is the start date?
8. If using Informal Relative Care, what is the relationship of the provider to the child?	
9. Is this child attending State Funded Pre-K that is paid for by the state? ☐ Yes ☐ No If yes, what is the start date?	

CH	
Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB):	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)?	☐ Yes ☐ No

CHILD 2					
2. What is the child's relationship to you?					
3. Does this child have a disability?		☐ Yes	☐ No		
4. Does this child receive benefits from Social Security?		☐ Yes	☐ No		
5. Do you receive child support for this child?		☐ Yes	☐ No		
6. What is the name of this child's absent parent(s)?					
7. Is this child in Head Start?		☐ Yes	☐ No	If yes, what is the start date?	
8. If using Informal Relative Care, what is the relationship of the provider to the child?					

9. Is this child attending State Funded Pre-K that is paid for by the state?	☐ Yes	☐ No	If yes, what is the start date?

CHILD 3

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB):	SSN *(optional)*:
Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)?	☐ Yes	☐ No	
2. What is the child's relationship to you?			
3. Does this child have a disability?	☐ Yes	☐ No	
4. Does this child receive benefits from Social Security?	☐ Yes	☐ No	
5. Do you receive child support for this child?	☐ Yes	☐ No	
6. What is the name of this child's absent parent(s)?			
7. Is this child in Head Start?	Yes	No	If yes, what is the start date?
8. If using Informal Relative Care, what is the relationship of the provider to the child?			
9. Is this child attending State Funded Pre-K that is paid for by the state?	Yes	No	If yes, what is the start date?

CHILD 4

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB):	SSN *(optional)*:
Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)?	☐ Yes	☐ No	
2. What is the child's relationship to you?			
3. Does this child have a disability?	☐ Yes	☐ No	
4. Does this child receive benefits from Social Security?	☐ Yes	☐ No	
5. Do you receive child support for this child?	☐ Yes	☐ No	
6. What is the name of this child's absent parent(s)?			
7. Is this child in Head Start?	Yes	No	If yes, what is the start date?
8. If using Informal Relative Care, what is the relationship of the provider to the child?			
9. Is this child attending State Funded Pre-K that is paid for by the state?	☐ Yes	☐ No	If yes, what is the start date?

CHILD 5

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB):	SSN *(optional)*:
Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)?	☐ Yes	☐ No	
2. What is the child's relationship to you?			
3. Does this child have a disability?	☐ Yes	☐ No	
4. Does this child receive benefits from Social Security?	☐ Yes	☐ No	
5. Do you receive child support for this child?	☐ Yes	☐ No	
6. What is the name of this child's absent parent(s)?			
7. Is this child in Head Start?	Yes	No	If yes, what is the start date?
8. If using Informal Relative Care, what is the relationship of the provider to the child?			
9. Is this child attending State Funded Pre-K that is paid for by the state?	Yes	No	If yes, what is the start date?

Section 5   Other Household Members

HOUSEHOLD MEMBER 1

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices below*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices below*

Choices for Race:	• Native American or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White	**Choices for Alien Status:**	• Permanent Resident • Asylee • Alien Granted Conditional Entry • Parolee (1 yr. or more) • Alien Whose Deportation is Withheld	• Refugee • Battered Alien Spouse, Child or Parent of Child • Undocumented • Child of Lawfully Admitted Alien

Are you Active Military Status? ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices below*

Choices for Relationship to Applicant:	• Adopted Child • Biological Child • Sibling • Stepchild	• Cousin • Foster Care Child • Grand/Great Grandchild • Niece/Nephew	• Ward • Other (Related) • Other (Not Related)

1. Does household member have an activity that makes them unavailable to care for the child?	Yes	No
2. Does household member have earned or unearned income?	Yes	No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes	☐ No

HOUSEHOLD MEMBER 2

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status? ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes	☐ No
2. Does household member have earned or unearned income?	☐ Yes	☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes	☐ No

HOUSEHOLD MEMBER 3

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status? Yes No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	Yes	No
2. Does household member have earned or unearned income?	☐ Yes	☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes	☐ No

HOUSEHOLD MEMBER 4

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino? ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status? ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes	☐ No
2. Does household member have earned or unearned income?	☐ Yes	☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes	☐ No

Section 6 — Activity Information

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1</td><td colspan="3">Applicant/Household Member Name (from Section 2 or 5):</td><td colspan="5">Activity Type: See choices below</td></tr>
<tr><td colspan="8">Choices for Activity Type: • Work   • Education (College)   • TCA Approved Activity   • Training   • Education (Public)   • No Activity</td></tr>
<tr><td colspan="4">Name of Organization:</td><td colspan="4">Organization Phone Number:</td></tr>
<tr><td colspan="8">Organization Address: Street   City   State   Zip Code</td></tr>
<tr><td colspan="4">If you do not have a standard activity schedule, enter total hours per week:</td><td colspan="4">Enter daily commute time from provider to activity (to and from):</td></tr>
<tr><td>Activity Hours</td><td>Sunday</td><td>Monday</td><td>Tuesday</td><td>Wednesday</td><td>Thursday</td><td>Friday</td><td>Saturday</td></tr>
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2</td><td colspan="3">Applicant/Household Member Name (from Section 2 or 5):</td><td colspan="5">Activity Type: See choices above</td></tr>
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3</td><td colspan="3">Applicant/Household Member Name (from Section 2 or 5):</td><td colspan="5">Activity Type: See choices above</td></tr>
<tr><td colspan="4">Name of Organization:</td><td colspan="4">Organization Phone Number:</td></tr>
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For all activities that are "Employment," you must attach a letter from the employer on company letterhead verifying work hours. For all activities that are "Education" or "Training," you must attach a copy of the current school/training schedule on school letterhead to verify days and hours of classes.

Section 7 — Child Care Schedule

School Aged Children: If care schedule is not provided, the child will be issued a one unit scholarship (15 hours per week)

If you do not have a standard child care schedule, enter **total hours per week**:

What are the specific days and hours you need child care each day based on your activity?

Child One	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to

If you do not have a standard child care schedule, enter **total hours per week**:

What are the specific days and hours you need child care each day based on your activity?

Child Two	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to

If you do not have a standard child care schedule, enter **total hours per week**:

What are the specific days and hours you need child care each day based on your activity?

Child Three	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to

	Section 8	Income Information

I N C O M E 1	Name of Household Member with Income:	Type of Income: See choices below
	Choices for Type of Income:	• Alimony • Armed Services Pay • Child Support – Court Ordered • Child Support – Voluntary • SS Benefits	• SSI • Self-Employment Gross • TCA • Tips/Commission Pay • Unemployment	• Veterans Assistance/Benefit • Wage/Salary • Workers Compensation • Other
	How often does Household Member receive the income?	Gross income each time Household Member is paid ($):
	If the income is Child Support, what is the name of the absent parent paying it?	

I N C O M E 2	Name of Household Member with Income:	Type of Income: See choices above
	How often does Household Member receive the income?	Gross income on Household Member pay stub ($):
	If the income is Child Support, what is the name of the absent parent paying it?	

I N C O M E 3	Name of Household Member with Income:	Type of Income: See choices above
	How often does Household Member receive the income?	Gross income each time Household Member is paid ($):
	If the income is Child Support, what is the name of the absent parent paying it?	

I N C O M E 4	Name of Household Member with Income:	Type of Income: See choices above
	How often does Household Member receive the income?	Gross income each time Household Member is paid ($):
	If the income is Child Support, what is the name of the absent parent paying it?	

Attach proof of last 4 weeks of all income for: applicant, spouse, other parent in home, parents of minor parent, adult, and spouse with physical custody of minor child.

Your application gives us information about whether you are eligible for benefits and services. These benefits are provided at public expense and you must give true information. It may be verified with public and private agencies and businesses. You must report any changes to the information provided on this form within 10 days of the change. If you knowingly give false information or willfully fail to report changes you may be subject to disqualification and to the penalties listed below.

Section 8-504 of the Criminal Law Article of the Maryland Annotated Code states that:
   (a)   Any person who fraudulently obtains, attempts to obtain, or aides another person in fraudulently obtaining or attempting to obtain money, property, food stamps, medical care, or other assistance to which he is not entitled, under a social, health, or nutritional program based on need, financed in whole or in part by the State of Maryland, and administered by the state or its political subdivisions is guilty of a misdemeanor. For purpose of this section, fraud shall include:
   (1)   willfully making a false statement or representation; or
   (2)   willfully failing to disclose a material change in household or financial condition; or
   (3)   impersonating another person.
   (b)   Upon conviction, after notice and the opportunity to be heard as to the amount of payment and how the payment is to be made, the person shall make full restitution of the money, property, food stamps, medical care or other assistance unlawfully received, or the value thereof, and shall be fined not more than $1,000 or imprisoned for not more than three years, or both fined and imprisoned.

Declaration of Annual Income and Consent to Release Information:

I understand that I must report within 10 business days the following changes that will result in the termination of CCS benefits: (1) Gross Household Income equals or exceeds the income of the CCS Continuation Income Scale (2) No longer a resident of Maryland, (3) my child no longer needs a child care scholarship, (4) Assets exceed 1 Million dollars.

I hereby authorize the Maryland State Department of Education Child Care Scholarship Unit (MSDE/CCS), the Maryland State Department of Human Resources Office of Inspector General (DHR/OIG) or any entities authorized by MDSE to contact, review, and obtain records maintained by any person, partnership, corporation, association, or governmental agency for the purpose of establishing proof of my eligibility for CCS benefits. This includes but is not limited to employment, financial (including bank records and Equifax Work Number), school/educational, rental/housing and Maryland State Income Tax records. By signing below, I certify that I am the undersigned, I am competent to consent to this release of information, all information contained within this application is true and complete and that I give MSDE/CCS permission to provide program information by email and/or text message. A photocopy of this form and e-signature is as valid as the original.

I understand that I will pay an Assigned Copay of $3.00 per week for each 3 Unit Scholarship, $2.00 per week for each 2 Unit Scholarship, and $1.00 per week for each 1 Unit Scholarship. Exceptions to this will be if I am receiving SNAP, TCA, WIC, WAG, GBI, Housing Voucher, SSI or I am a Minor Parent, Migrant Worker or experiencing homelessness. I must attach current proof to the application and show proof to the child care provider. I am responsible for paying directly to the child care provider the assigned weekly copay and any difference owed in child care tuition that is not covered by the child care scholarship and the assigned copay.

I declare that I do not have any and active child scholarships, that my total gross household income is below the CCS Initial Income Scale, or while having an active child scholarship, that my gross household income is below the CCS Continuation Income Scale for my household size. See Section 8 on the CCS Application Instruction page for the income Eligibility Scale per family size.

I declare all head of household(s) are in an approved activity upon application submission .

Parent Name Printed	Date
Parent Signature	Date
Other Parent Name (Parent/Spouse in the Household or Parent of Minor Child) Printed	Date
Signature of Other Parent (Parent /Spouse in the Household or Parent of Minor Child)	Date

Report suspected fraud of the Child Care Scholarship Program at Reportccsfraud.org