



CCS Central 2
PO Box 346031
Bethesda, MD 20827

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).

Please complete the enclosed application and return it to us with all required documentation. Answer all questions and complete all spaces on the Application. **Applications fully completed and submitted with all the required documentation are processed faster.** If your application is not complete and/or documents not submitted with the application, it may take up to 30 days to process the application and may cause your application to be denied.

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.



To complete the application, you **MUST** send in the information listed for all household members. This includes you, and your spouse or your child's other parent living in your household.

Please use this checklist to verify your application is complete:

- ☐ *Must provide email address*
- ☐ *Most recent four (4) weeks of consecutive pay stubs (4 weekly, 2 bi-weekly)*
- ☐ *Proof of identity (i.e. driver's license, birth certificate, government issued identification)*
- ☐ *Proof of approved activity on employer or school's letterhead (i.e., work, school or job training)*
- ☐ *Proof of all other income*
- ☐ *Proof of child support cooperation or payment*
- ☐ *Proof of address (i.e., utility bill, lease)*
- ☐ *Birth Certificate for each child within the household*
- ☐ *Informal Relative Care Only – Proof of Relationship of Provider to Child*

A scholarship is issued to you if you are eligible, and funds are available. Maryland State Department of Education (MSDE) pays for center care, family child care, and informal care. CCS Central 2 can explain the different types of care and answer all questions about the Child Care Scholarship Program if you call 1-877-227-0125.

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

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

Need documents in another language or help completing this application? Go to Money4ChildCare.com

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 of 18 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.

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.**

"Good Cause" for not applying for child support includes instances where applying may result in serious physical or emotional harm for the child or the customer living with the child, the child's adoption is in question or in process, or the child was conceived through rape or incest. If you have not applied for child support for this child and have "good cause," call **CCS Central 2 at 1-877-227-0125** for the correct form.

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
8 to 5	10 to 3

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

For all activities that are "Employment," you must attach each of the 4 paystubs received immediately before submitting the CCS Application. If you do not have enough paystubs because you just started employment, go to Money4ChildCare.com and ask your employer to complete the Employment Verification Statement or you can submit a letter from the employer on company letterhead verifying work hours, wage per hours and number of hours worked per week.

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

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
8 to 5	10 to 3

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).

USE YOUR POWER AS A PARENT WISELY!

ALWAYS SELECT THE VERY BEST QUALITY CHILD CARE THAT YOU CAN AFFORD FOR YOUR CHILD(REN).

The love, care and educational experiences that you and the child care provider give daily, especially between the ages 0-8, prepare the child for school and life! If you need more information about what quality child care is, what it looks like and the questions you should ask the child care provider before enrolling your child, please contact LOCATE: Child Care at 877-261-0060 or visit the following websites:

For more information, visit:

1. MarylandEXCELS.org
2. Marylandchild.org
3. Money4ChildCare.com

Submit online at: CCSCentral2@maryland.gov	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program CHILD CARE SCHOLARSHIP APPLICATION	Submit by mail to: CCS Central 2 PO Box 346031 Bethesda, MD 20827
--	--	---

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

Section 2 Applicant Information					
Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security Number (SSN) (optional):	
Date of Birth (DOB): MM/DD/YYYY		Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Married <input type="checkbox"/> Separated	
Race:		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language Spoken in Home:	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices below</i>		Do you have Active Military Status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Choices for Race: <ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White 		Choices for Alien Status: <ul style="list-style-type: none"> Permanent Resident Asylee Alien Granted Conditional Entry Parolee (1 yr. or more) Alien Whose Deportation is Withheld 		<ul style="list-style-type: none"> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a single parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a minor parent (under 18)?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you receive SNAP (food stamps)?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you receive a Housing Subsidy?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 1 General Information					
CCS Scholarship Status: No current child care scholarships <input type="checkbox"/> My child's child care scholarships will expire within 45 days <input type="checkbox"/>					
Type of Provider Used for Care: <input type="checkbox"/> Formal <input type="checkbox"/> Informal Relative Care: <input type="checkbox"/> Informal Non-Relative In Child's Home Care					

Section 3 Need for Care Information	
1. Do you receive Temporary Cash Assistance (TCA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Never If yes, Start Date:
2. Is TCA for the children in your care only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many people are in your household?	Number:
4. What is your annual gross income?	Dollar Amount:
5. What is your activity?	<input type="checkbox"/> Job Search/Work <input type="checkbox"/> Community Service <input type="checkbox"/> Public School (Elementary, Middle or High School) <input type="checkbox"/> College (Undergraduate)

6. Do you have assets of one million dollars?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Are you living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Are you living in emergency or transitional shelters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Are you caring for a child abandoned in hospitals or awaiting foster care placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) Are you living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Are you and your children migratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i) None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are you responsible for any children with a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you want Child Care Assistance for a child that is not your child by birth or marriage, but is related to you and lives in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How many children that are not yours by birth or marriage, are you caring for (relative)? See the above question		Number: _____
11. Are you or anyone in your household receiving Supplemental Security Income (SSI)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 Child Information					
CHILD 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race:	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Status (if not a citizen): <i>See choices below</i>	
	Choices for Race:	<ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White 	Choices for Alien Status:	<ul style="list-style-type: none"> Permanent Resident Asylee Alien Granted Conditional Entry Parolee (1 yr. or more) Alien Whose Deportation is Withheld 	<ul style="list-style-type: none"> Refugee Battered Alien Spouse, Child, or Parent of Child Undocumented Child of Lawfully Admitted Alien
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. What is the child's relationship to you?				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5. Have you applied for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please see instructions on page 6.				
	6. Do you receive child support for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	7. What is the name of this child's absent parent(s)?				
8. Is this child in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the start date?					
9. If using Informal Relative Care, what is the relationship of the provider to the child?					
CHILD 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race: <i>See choices above</i>	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Status (if not a citizen): <i>See choices above</i>	
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. What is the child's relationship to you?				
3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					

L D 2	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5. Have you applied for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please see instructions on page 6.				
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	7. What is the name of this child's absent parent(s)?				
	8. Is this child in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the start date?				
9. If using Informal Relative Care, what is the relationship of the provider to the child?					
C H I L D 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race: <i>See choices above</i>	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Status (if not a citizen): <i>See choices above</i>	
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. What is the child's relationship to you?				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5. Have you applied for child support for this child? Yes No If no, please see instructions on page 6.				
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	7. What is the name of this child's absent parent(s)?				
	8. Is this child in Head Start? Yes No If yes, what is the start date?				
9. If using Informal Relative Care, what is the relationship of the provider to the child?					
C H I L D 4	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race: <i>See choices above</i>	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Status (if not a citizen): <i>See choices above</i>	
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. What is the child's relationship to you?				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5. Have you applied for child support for this child? Yes No If no, please see instructions on page 6.				
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	7. What is the name of this child's absent parent(s)?				
	8. Is this child in Head Start? Yes No If yes, what is the start date?				
9. If using Informal Relative Care, what is the relationship of the provider to the child?					
C H I L D 5	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race: <i>See choices above</i>	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Status (if not a citizen): <i>See choices above</i>	
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. What is the child's relationship to you?				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	5. Have you applied for child support for this child? Yes No If no, please see instructions on page 6.				
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	7. What is the name of this child's absent parent(s)?				
8. Is this child in Head Start? Yes No If yes, what is the start date?					
9. If using Informal Relative Care, what is the relationship of the provider to the child?					

Section 5 Other Household Members

Section 5 Other Household Members					
HOUSEHOLD MEMBER 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): MM/DD/YYYY	
	Race: <i>See choices below</i>		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Choices for Race: <ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White 		Choices for Alien Status: <ul style="list-style-type: none"> Permanent Resident Asylee Alien Granted Conditional Entry Parolee (1 yr. or more) Alien Whose Deportation is Withheld 		
	Alien Status (if not a citizen): <i>See choices below</i> <ul style="list-style-type: none"> Refugee Battered Alien Spouse, Child or Parent of Child Undocumented Child of Lawfully Admitted Alien 				
	Are you Active Military Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language:		Relationship to Applicant: <i>See choices below</i>	
	Choices for Relationship to Applicant: <ul style="list-style-type: none"> Adopted Child Biological Child Sibling Stepchild 		<ul style="list-style-type: none"> 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 <input type="checkbox"/> No <input type="checkbox"/>		
2. Does household member have earned or unearned income?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Is there a circumstance that makes the household member unable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
HOUSEHOLD MEMBER 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): MM/DD/YYYY	
	Race: <i>See choices above</i>		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you Active Military Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		
	Relationship to Applicant: <i>See choices above</i>				
	1. Does household member have an activity that makes them unavailable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Is there a circumstance that makes the household member unable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
HOUSEHOLD MEMBER 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): MM/DD/YYYY	
	Race: <i>See choices above</i>		Are you Hispanic/Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you Active Military Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		
	Relationship to Applicant: <i>See choices above</i>				
	1. Does household member have an activity that makes them unavailable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Is there a circumstance that makes the household member unable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
HOUSEHOLD MEMBER 4	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): MM/DD/YYYY	
	Race: <i>See choices above</i>		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you Active Military Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		
	Relationship to Applicant: <i>See choices above</i>				
	1. Does household member have an activity that makes them unavailable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Is there a circumstance that makes the household member unable to care for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 6 Activity Information

A C T I V I T Y 1	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices below</i>			
	Choices for Activity Type:		• Job Search	• Employment				
			• Community Service	• Training				
			• Education	• FIA Personal Responsibility Plan				
	Name of Organization:				Organization Phone Number:			
Organization Address: Street				City	State	Zip Code		
If you do not have a standard activity schedule, enter total hours per week :				Enter daily commute time from provider to activity (to and from):				
Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	To	to	to	to	to	to	to	
A C T I V I T Y 2	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices above</i>			
	Name of Organization:				Organization Phone Number:			
	Organization Address: Street				City	State	Zip Code	
	If you don't have a standard activity schedule, enter total hours per week :				Enter daily commute time from provider to activity (to and from):			
	Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to	
A C T I V I T Y 3	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices above</i>			
	Name of Organization:				Organization Phone Number:			
	Organization Address: Street				City	State	Zip Code	
	If you do not have a standard activity schedule, enter total hours per week :				Enter daily commute time from provider to activity (to and from):			
	Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to	
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:	<ul style="list-style-type: none"> Alimony Armed Services Pay Child Support – Court Ordered Child Support – Voluntary SS Benefits 	<ul style="list-style-type: none"> SSI Self-Employment Gross TCA Tips/Commission Pay Unemployment 	<ul style="list-style-type: none"> 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.

Consent to Release Information:

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), 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 and that I give MSDE/CCS permission to provide program information by email and/or text message. A photocopy of this form is as valid as the original.

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

APPLICATIONS NOT SIGNED AND DATED WILL BE RETURNED.

Electronic signatures are **NOT** accepted.

Date of application must be within 45 days of submission.

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