

	Maryland State Department of Education/Office of Child Care Child Care Subsidy Program CHANGE OF ADDRESS FORM	Return To: CCS Central PO Box 17015 Baltimore, MD 21297
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Section 1 General Information	
First Name:	Last Name:
Party ID:	Date of Birth (DOB): <i>MM/DD/YYYY</i>
Social Security Number (SSN) <i>(optional)</i> :	Contact Phone Number:

Section 2 New Address Information						
Home Address:	Street	Apt #	City	State	Zip Code	County
Date of Move:	<i>MM/DD/YYYY</i>					
Mailing Address, if different:	Street	Apt #	City	State	Zip Code	
Date of Move:	<i>MM/DD/YYYY</i>					
<i>You must attach copies of supporting documents such as a utility bill, lease agreement or mortgage statement as proof this is your new address.</i>						

Section 3 Signature	
Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.	
Signature	Date
<i>This address change request will not be processed if the form is not signed.</i>	

<i>If you purposely hold back information about changes in your household, you will owe the agency the value of any child care payments made.</i>
<i>You must report the following within 10 days:</i> <ul style="list-style-type: none"> • <i>Changes in your total household income</i> • <i>Changes in the source of your household income</i> • <i>Changes in the total number of people in your household</i> • <i>New address, if you have moved</i> • <i>Changes in daycare provider</i>