

	Maryland State Department of Education/Office of Child Care Child Care Subsidy Program CIRCUMSTANCE CHANGE 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:
Is this a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If this is a name change only, complete Section 1 and sign Section 5. You must attach proof of the legal name change.</i>	

Section 2 Reporting Someone Who Has Left or Joined Household			
Information on Child(ren)/Household Member to Leave the Household			
Name	Date of Birth (DOB)	Social Security Number (SSN) <i>(Optional)</i>	Relationship to Applicant <i>See Choices Below</i>
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
	<i>MM/DD/YYYY</i>		
Choices for Relationship to Applicant: <ul style="list-style-type: none"> <li style="width: 25%;"><ul style="list-style-type: none">• Adopted Child• Biological Child• Sibling• Stepchild <li style="width: 25%;"><ul style="list-style-type: none">• Cousin• Foster Care Child• Grand/Great Grandchild• Niece/Nephew <li style="width: 25%;"><ul style="list-style-type: none">• Ward• Other (Related)• Other (Not Related) 			

Information on Child(ren) Added to the Household					
<i>You must take child support action against any parent who is not living in the home.</i>					
Child 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): <i>MM/DD/YYYY</i>	SSN <i>(optional)</i> :
	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	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, and you have 'good cause', please call 1-866-243-8796 for the correct form.		
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? <i>MM/DD/YYYY</i>		

Child 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): <i>MM/DD/YYYY</i>	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, and you have 'good cause', please call 1-866-243-8796 for the correct form.	
	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? <i>MM/DD/YYYY</i>		

Child 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): <i>MM/DD/YYYY</i>	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, and you have 'good cause', please call 1-866-243-8796 for the correct form.	
	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? <i>MM/DD/YYYY</i>		

Information on Other Household Members Added to the Household

Household Member 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): <i>MM/DD/YYYY</i>	SSN (optional):	
	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	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 	
	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 	<ul style="list-style-type: none"> • Ward • Other (Related) • Other (Not Related) 		
	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 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB): <i>MM/DD/YYYY</i>	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>	
	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 3 Reporting a Change in Income			
Information on Lost or Changed Income			
Type of Change	Household Member Name	Type of Income <i>(See Choices Below)</i>	New Income Amount <i>(For Change Only)</i>
<input type="checkbox"/> Lost			
<input type="checkbox"/> Change			
<input type="checkbox"/> Lost			
<input type="checkbox"/> Change			
<input type="checkbox"/> Lost			
<input type="checkbox"/> Change			
<input type="checkbox"/> Lost			
<input type="checkbox"/> Change			
<input type="checkbox"/> Lost			
<input type="checkbox"/> Change			
Choices for Type of Income: <ul style="list-style-type: none"> • 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 			
Information on Added Income			
Income 1	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	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?:		
Income 2	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	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?:		
Income 3	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	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.			

Section 4 Reporting a Change in Schedule or Activity <i>Only report a new schedule or activity. Do not report a difference in hours to an already reported Activity.</i>								
Activity 1	Household Member Name (from Section 2):				Activity Type: <i>See choices below</i>			
	Choices for Activity Type:							
	<ul style="list-style-type: none"> • Job Search • Community Service • Education 				<ul style="list-style-type: none"> • Employment • Training • 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 :				How long is your total commute (to and from) activity each week?:			
Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	to	to	to	to	to	to	to	
Activity 2	Household Member Name (from Section 2):				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 :				How long is your total commute (to and from) activity each week?:			
	Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		to	to	to	to	to	to	to
Activity 3	Household Member Name (from Section 2):				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 :				How long is your total commute (to and from) activity each week?:			
	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 verifying work hours and salary. For all activities that are "Education" or "Training", you must attach a copy of the current school/training schedule to verify days and hours of classes.								

Section 5 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

If you purposely hold back information about changes in your household, you will owe the agency the value of any child care payments made.

You must report the following within 10 days:

- *Changes in your total household income*
- *Changes in the source of your household income*
- *Changes in the total number of people in your household*
- *New address, if you have moved*
- *Changes in daycare provider*