

Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Hunt Valley, MD 21031-1301

Request for Hearing – Child Care Subsidy

❖ **How do I request a hearing?**

Complete the form on the back of this page. Send the form to the Child Care Subsidy (CCS) program at CCS Central.



**If you need help in completing
this form,
Call CCS Central at 1-866-243-8796**



❖ **How long do I have to request a hearing?**

*You must ask for a hearing no later than **90 days** after the date of the notice.*

❖ **How can I still get my CCS while I wait for my hearing?**

*If a hearing is requested no later than **10 days** after the date of the most recent notice and CCS was being received, services can continue unless your eligibility ends.*

❖ **Will I owe any money if I get my CCS while I wait?**

Yes, if the judge agrees with us and you lose your appeal, the money spent on your child's care will need to be paid back.

❖ **When and where will the hearing be?**

*The **Office of Administrative Hearings** will send a notice providing the time and place of the hearing.*

❖ **Do I have to come to the hearing?**

*Yes, you will lose if you do not come. If you can't come, call the **Office of Administrative Hearings** at 410-229-4100 and they will assist with rescheduling your hearing.*

❖ **Can I bring someone to help me or speak for me?**

You can bring a lawyer, friend or relative. If you want free legal help, call Legal Aid at 1-800-999-8904.

❖ **How can I prepare for the hearing?**

You may contact CCS Central to speak to a representative who can review the eligibility decision with you and provide any documents needed.

Si necesita ayuda para llenar el formulario favor de llamar al 1-866-243-8796

[2D BARCODE]	Maryland State Department of Education/Office of Child Care Child Care Subsidy Program REQUEST FOR HEARING – CHILD CARE SUBSIDY	Return To: CCS Central PO Box 17015 Baltimore, MD 21297
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**Fill out this form ONLY if you disagree with a decision concerning your services.
 If you disagree with the action of the Child Care Subsidy program, you are entitled to discuss it with a supervisor.
 We will help you fill out this form or you can ask for a hearing by calling 1-866-243-8796.**

Section 1 Tell Us Who You Are <i>Fill in the blanks in this box and complete boxes 2-4. Please print clearly.</i>		
Name:		Date of Birth (DOB): <i>MM/DD/YYYY</i>
Address:		County:
City:	State:	ZIP Code:
Contact Phone Number:	Social Security Number (SSN) <i>(optional)</i> :	

Section 2 Do you want to appeal your Child Care Subsidy (CCS) program decision? <i>Please check yes or no.</i>
<input type="checkbox"/> Yes, I want to appeal my CCS program decision.
<input type="checkbox"/> No, I do not want to appeal my CCS program decision.

Section 3 What are the reasons you want a hearing?
<input type="checkbox"/> I was not allowed to apply. <input type="checkbox"/> The amount of assistance I received was wrong. <input type="checkbox"/> My application was turned down. <input type="checkbox"/> My assistance has been incorrectly suspended, reduced, or terminated. <input type="checkbox"/> My application was not handled properly. <input type="checkbox"/> I do not agree that I should pay back assistance I received. <input type="checkbox"/> I am not receiving the services I need.
If you received a notice about this, what is the date on the notice?: <i>MM/DD/YYYY</i>
Why do you want a hearing? Please tell us what happened:

Section 4 Signature	
I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get those benefits while I wait for my hearing unless my service period ends. I may have to pay back the benefits if I lose my appeal.	
<input type="checkbox"/> Check here if you do not want benefits while you wait for your hearing.	
Signature:	Date: