

[2D BARCODE]	<b>Maryland State Department of Education/Office of Child Care          Child Care Subsidy Program          INFORMAL PROVIDER CONSENT FORM</b>	<b>Return To:</b> CCS Central PO Box 17015 Baltimore, MD 21297
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*Child Care Subsidy Regulations (COMAR 13A.14.06.06D) and the Informal Child Care Provider Agreement require that all informal child care providers, and any adult with a regular presence in the informal provider's home when a child is in care, sign a release of information form. The form must be attested to by a notary public. By signing this form, I consent to a review and evaluation of child abuse and neglect records by the local department. The following consent form must be read and signed to comply with the regulations.*

**Part 1 A To be read and signed by the potential provider.**  
*The potential informal provider's name should be entered in the blank.*

I, \_\_\_\_\_, authorize the Maryland State Department of Education to review child abuse and neglect records to determine if I am responsible for child abuse or neglect whether the finding was substantiated or unsubstantiated. My signature below states that:

1. I WILL NOT BE CONSIDERED FOR PAYMENT AS AN INFORMAL PROVIDER UNLESS THIS FORM IS COMPLETED.
2. I UNDERSTAND THAT MY CONSENT AND RELEASE OF THIS INFORMATION MAY RESULT IN BEING DENIED PAYMENT BASED ON THE OUTCOME OF AN EVALUATION OF CHILD ABUSE AND NEGLECT RECORDS.
3. TO BE VALID, THIS CONSENT FORM MUST BE ATTESTED TO BY A NOTARY PUBLIC.
4. IF I AM NOT APPROVED AS AN INFORMAL PROVIDER BASED ON AN EVALUATION OF CHILD PROTECTIVE SERVICES RECORDS, THE CHILD CARE SUBSIDY PROGRAM MAY TELL THE PARENT THAT I HAVE NOT BEEN APPROVED AS AN INFORMAL PROVIDER BASED ON COMAR 13A.14.06.06D(13)(b) AND REFER THEM TO ME.

Provider's Signature (Full Name)	Date
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Provider's Printed Name: *(If your name has changed in the past 7 years, list any prior name(s) by which you were known.)*

Phone Number:	Date of Birth (DOB): <i>MM/DD/YYYY</i>	Social Security Number (SSN) <i>(optional)</i> :
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Address:

City:	State:	ZIP Code:
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**Part 1 B To be read and signed by a notary public.**

I, \_\_\_\_\_, attest that the above signature was made before me on \_\_\_\_\_  
 The individual named above presented valid identification. *Date*

Sworn and subscribed before me on this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Day* *Month* *Year*

Signature of Notary Public:

Printed Name of Notary Public:

Notary Seal	My Commission Expires: <i>MM/DD/YYYY</i>
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<b>Part 2 A</b>	<b>To be read by any adult regularly present in the potential provider's home when a child is in care.</b> <i>This adult's name should be entered in the blank. Complete a separate sheet for each adult.</i>
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I, \_\_\_\_\_, consent to have the Maryland State Department of Education review child abuse and neglect records to determine whether I have been named as a person responsible for child abuse or neglect, whether the finding was substantiated or unsubstantiated.

TO BE VALID, THIS CONSENT FORM MUST BE ATTESTED TO BY A NOTARY PUBLIC.

Signature (Full Name)	Date
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Printed Name: *(If your name has changed in the past 7 years, list any prior name(s) by which you were known.)*

Phone Number:	Date of Birth (DOB): <i>MM/DD/YYYY</i>	Social Security Number (SSN) <i>(optional)</i> :
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Address:

City:	State:	ZIP Code:
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<b>Part 2 B</b>	<b>To be read and signed by a notary public.</b>
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I, \_\_\_\_\_, attest that the above signature was made before me on \_\_\_\_\_  
The individual named above presented valid identification. *Date*

Sworn and subscribed before me on this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Day* *Month* *Year*

Signature of Notary Public:

Printed Name of Notary Public:

Notary Seal	My Commission Expires: <i>MM/DD/YYYY</i>
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