

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program CHANGE OF ADDRESS FORM	Return To: CCS Central 2 PO Box 346031 Bethesda, MD 20827
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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, first page with your name and signature page of the 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. I declare that I remain a resident of the State of Maryland.	
Signature	Date
<i>This Change of Address Form must be signed in order to be processed.</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>Increase in your total household income equal to or above 85% of State Median Income</i> • <i>Changes in income that includes: SSI, TCA or Head Start</i> • <i>Changes in the total number of people in your household (addition of children. Report addition of spouse at redetermination)</i> • <i>New address, if you have moved</i> • <i>Changes in child care provider</i> • <i>Child care no longer needed</i> • <i>Family no longer resides in Maryland</i> • <i>Gain of assets in excess of one million dollars</i>
