

CCS Central 2
1-877-227-0125

Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
Provider Payment Extension Request – Child Turning 13

Email:
CCSCentral2@maryland.gov
Fax:
202-478-2102

Section 1 Customer Information	
Customer (Parent or Guardian) Name:	
Customer Party ID Number:	Contact Phone Number:
Customer Address:	Customer Email Address:
Section 2 Child's Information	
Child's Name:	Child's Date of Birth:
Child's Scholarship Number:	Eligibility End Date:
Customer must acknowledge each statement below with your initials:	
	Initials
• My child is turning 13 years old within 30 days of the date on this form.	_____
• I have existing eligibility and my child will remain in care until the end of my eligibility on ____/____/____.	_____
• I understand that if the payment extension is granted, it will only be valid until the end of my eligibility period.	_____
• I understand that if the payment extension is granted, I am still responsible for the copay until the end of the eligibility period.	_____
• I understand if I need to change providers, a Change of Provider form is needed.	_____
• I understand if my child no longer needs child care, a No Longer in Care Form is needed to stop the payment	_____
<i>By signing below, I am affirming my child will remain in care with my existing provider. I also understand that I am responsible for notifying CCS Central 2 in the event my child no longer needs care or plan to change providers.</i>	
Parent Signature:	Date:
Section 3 Provider Information	
Provider Name:	
Provider ID Number:	Contact Phone Number:
<i>By signing below, provider is affirming the child will remain in care and the attendance will be tracked as per COMAR requirements. The provider affirms licensure to care for children 13 years old and older. In addition, the provider will complete a Child No Longer in Care Form and submit to CCS Central 2 when the child no longer attends. Failure to notify CCS Central 2 of the child leaving care may result in an overpayment and recoupment of benefits.</i>	
Provider Note: When the child turns 13, the child will <u>no longer</u> appear on the invoices. Once this form is received and processed, a checkwriter payment will be issued effective the next full service-period and will continue until the end of the customer's eligibility.	
Provider Signature:	Date:

Electronic signatures are not accepted.

Forms without initials, signature and date will not be processed.

Submit one (1) form per child

Change of Provider Form, No Longer in Care Form and Attendance Sheet templates are available online at money4childcare.com.