



CCS Central 2
PO Box 346031
Bethesda, MD 20827

<Parent Name>
<Parent Address>
<Parent City, State Zip Code>

PARTY ID: <XXXXXX>

**HELP US TO PROCESS YOUR APPLICATION FASTER
BY COMPLETING THE FOLLOWING:**

1. On all documents submitted to CCS Central 2:
 - write your **PARTY ID**;
 - your first and last name; AND
 - the first and last name of the other parent in your household count, if applicable.
2. ONLY SUBMIT YOUR CCS APPLICATION WHEN YOU HAVE ALL DOCUMENTS. Submitting with all documents, allows us to process your application much faster.

USE YOUR POWER AS A PARENT WISELY!

ALWAYS SELECT THE VERY BEST QUALITY CHILD CARE THAT YOU CAN AFFORD FOR YOUR CHILD(REN).

The love, care and educational experiences that you and the child care provider give daily, especially between the ages 0-8, prepare the child for school and life! If you need more information about what quality child care is, what it looks like and the questions you should ask the child care provider before enrolling your child, please contact LOCATE: Child Care at 877-261-0060 or visit the following websites:

For more information, visit:

1. MarylandEXCELS.org
2. Marylandchild.org
3. Money4ChildCare.com

Sincerely,
CCS Central 2
1-877 227-0125

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program CIRCUMSTANCE CHANGE 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) (optional):	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: 33%;">• Spouse <li style="width: 33%;">• Foster Care Child <li style="width: 33%;">• Niece/Nephew <li style="width: 33%;">• Adopted Child <li style="width: 33%;">• Grand/Great Grandchild <li style="width: 33%;">• Ward <li style="width: 33%;">• Biological Child <li style="width: 33%;">• Sibling <li style="width: 33%;">• Other (Related) <li style="width: 33%;">• Stepchild <li style="width: 33%;">• Cousin <li style="width: 33%;">• 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): MM/DD/YYYY	
			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 • 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 1-877-227-0125 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): MM/DD/YYYY		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): See choices above		
	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 1-877-227-0125 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): MM/DD/YYYY		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): See choices above		
	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 1-877-227-0125 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): MM/DD/YYYY		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): See choices below		
	Choices for Race:		Choices for Alien Status:						
	<ul style="list-style-type: none"> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White 		<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 				
	Does this Household Member have 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 this household member have an activity that makes them unavailable to care for the child?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Does this household member have earned or unearned income?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there a circumstance that makes this 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): MM/DD/YYYY	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): See choices above	
	Does this Household Member have Active Military Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language:	Relationship to Applicant: <i>See choices above</i>		
	1. Does this household member have an activity that makes them unavailable to care for the child?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Does this household member have earned or unearned income?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Is there a circumstance that makes this 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 (See Choices Below)	New Income Amount (For Change Only)
<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"> <li style="width: 33%;">• Alimony <li style="width: 33%;">• SSI <li style="width: 33%;">• Veterans Assistance/Benefit <li style="width: 33%;">• Armed Services Pay <li style="width: 33%;">• Self-Employment Gross <li style="width: 33%;">• Wage/Salary <li style="width: 33%;">• Child Support – Court Ordered <li style="width: 33%;">• TCA <li style="width: 33%;">• Workers Compensation <li style="width: 33%;">• Child Support – Voluntary <li style="width: 33%;">• Tips/Commission Pay <li style="width: 33%;">• Other <li style="width: 33%;">• SS Benefits <li style="width: 33%;">• Unemployment 			
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>
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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
<p><i>For all activities that are "Employment," you must attach a letter from the employer verifying work hours and salary.</i></p> <p><i>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.</i></p>								

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

<p><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></p> <p>You must report the following within 10 days:</p> <ul style="list-style-type: none"> • Increase in your total household income above 85% of State Median Income • Decrease in your total household income • Addition of SSI, TCA or Head Start • Changes in the total number of people in your household (report addition of children. Report addition of adults at redetermination) • New address, if you have moved • Changes in child care provider • No longer a resident of Maryland • Child no longer attending or needing child care • Gain of assets equal to or in excess of one million dollars
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