



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.**

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**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](http://MarylandEXCELS.org)
2. [Marylandchild.org](http://Marylandchild.org)
3. [Money4ChildCare.com](http://Money4ChildCare.com)

Sincerely,  
CCS Central 2  
1-877 227-0125



**CCS Central 2**  
**PO Box 346031**  
**Bethesda, MD 20827**

RE: Child Care Scholarship Application

Dear Applicant:

A Child Care Scholarship is offered to children whose family qualify based on income and need, as defined by the Code of Maryland Regulations (COMAR 13A.14.06).

Please complete the enclosed application and return it to us with all required documentation. Answer all questions and complete all spaces on the Application. Applications fully completed and submitted with all of the required documentation are processed faster. If your application is not complete and/or documents not submitted with the application, it may take up to 30 days to process the application and may cause your application to be denied.

On the application, please make note of the **Date of Birth** and **Contact Phone Number** you enter in Section 2. You will use this information to access your case details on the automated phone menu at CCS Central.



To complete the application, you **MUST** send in the information listed for all household members. This includes you, and your spouse or your child's other parent living in your household.

Please use this checklist to ensure your application is complete:

- Must provide email address*
- Most recent four (4) weeks of consecutive pay stubs (4 weekly, 2 bi-weekly)*
- Proof of identity (i.e. driver's license, birth certificate, government issued identification)*
- Proof of approved activity on employer or school's letterhead (i.e. work, school or job training)*
- Proof of all other income*
- Proof of child support cooperation or payment*
- Proof of address (i.e. utility bill, lease)*
- Birth Certificate for each child within the household*
- Informal Relative Care Only – Proof of Relationship of Provider to Child*

A scholarship is issued to you if you are eligible and funds are available. Maryland State Department of Education (MSDE) pays for center care, family child care, and informal care. CCS Central can explain the different types of care and answer all questions about the Child Care Scholarship Program, if you call 1-877-227-0125.

Sincerely,  
CCS Central  
1-877-227-0125

**Report suspected fraud of the Child Care Scholarship Program at Reportccsfraud.org**

**Reading these instruction will help you complete this application.**

**Answers to all questions are required.**

**Section 1 General Information**

Type of Application:

- A **“New”** application is for someone who does not receive Child Care Subsidy (CCS) today, or someone who was denied and is re-applying with current information.
- A **“Redetermination”** must be completed at least once every 12 months for customers currently receiving subsidy assistance.

Type of Provider Used for Care:

- A **“Formal”** provider is a child care center or a family child care home that is licensed or regulated under Maryland law. Formal providers receiving CCS Program payments must participate in the Maryland EXCELS program.
- An **“Informal”** provider is not licensed under Maryland law and is limited to 1) relative care, 2) non-relative in-home care. If you choose relative care, eligible relationships are Great-grandparents, Grandparents, Aunts, Uncles or older siblings over the age of 18 not residing in the child’s household. Proof of relationship must be submitted with the application. If you choose any type of informal provider, additional forms must be included with this packet and completed before the informal provider is approved. Informal scholarships will not be issued until the informal provider is approved. Call CCS Central at 1-877-227-0125 for the additional forms.

**Section 2 Applicant Information**

County of your Home Address:

- **If you live in Baltimore City, enter “City”**

**Please make a note of the Date of Birth and Contact Phone Number you enter on the form. This information will be needed to access your case information on the automated phone system. If determined eligible for a Child Care Subsidy, a Party ID will be assigned and mailed to you for future access to the automated phone system.**

**Section 3 Need for Care Information**

Answer all the questions in this section to show why you need child care assistance.

**Section 4 Child Information**

- Answer questions in this section for each child in the household, under 13 years old, for whom child care is needed.
- If there are more than 3 children in the household, please make additional copies of this section to enter their information.
- **You must attach a birth certificate for each child listed within the household.**

**“Good Cause”** for not applying for child support includes instances where applying may result in serious physical or emotional harm for the child or the customer living with the child, the child’s adoption is in question or in process, or the child was conceived through rape or incest. If you have not applied for child support for this child and have “good cause,” **call CCS Central at 1-877-227-0125** for the correct form.

**Section 5 Other Household Members**

Answer questions in this section for each household member that is not listed as a child in Section 4, Child Information. If there are more than 4 household members, please make additional copies of this section to enter their information.

**Section 6 Activity Information**

Answer questions in this section for each activity of each household member listed in Section 5, Other Household Members, where the answer to Question 1 is “Yes.” The “activity type” selected is related to “Name of the Organization” entered in each activity box.

Total commute time must be calculated as the time needed to get from your provider to your activity and back. Any time exceeding 2 hours per day will require additional explanation. Commute time will not be granted unless the “Activity Hours” are provided.

Enter activity hours as the start time and end time:

Monday	Tuesday
8 to 5	10 to 3

If there are more than 4 household member activities, please make additional copies of this section to enter their information.

**For all activities that are “Employment,” you must attach a letter from the employer on company letterhead verifying work hours. For all activities that are “Education” or “Training,” you must attach a copy of the current school/training schedule on school letterhead to verify days and hours of classes.**

**Section 7 Child Care Schedule**

Answer questions in this section to show all the days and hours you will need child care based on your activity(s), as listed in Section 6, Activity Information.

Enter the child care hours needed as the start time and end time:

Monday	Tuesday
8 to 5	10 to 3

**Section 8 Income Information**

Answer questions in this section for each type of income of each household member listed in Section 5, Other Household Members. If there are more than 4 household member types of income, please make additional copies of this section to enter their information.

“Gross Income” is the total amount you earned or were paid before taxes are withheld.

**You will need to attach proof of the 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 (4 weekly or 2 bi-weekly paystubs).**