

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 EMPLOYMENT VERIFICATION STATEMENT	Return To: CCS Central 2 PO Box 346031 Bethesda, MD 20827
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Section 1 General Information	
First Name: <First Name>	Last Name: <Last Name>
Date of Birth (DOB):	Contact Phone Number: <Phone Number>
Social Security Number (SSN) (optional):	

Section 2 New/Current Employment			
Job Title:		Job Start Date: <i>MM/DD/YYYY</i>	
Hourly Wage:	Tips:	Commission:	
Paid per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Period Ending	Gross Pay	Date Received	Hours Worked
Work Schedule: (If schedule varies, indicate number of days worked per week.)			
Number of Hours Worked Per Week:		Does Employee Work: <input type="checkbox"/> Evenings/Nights (7pm – 6am) <input type="checkbox"/> Weekends	

Section 3 Job Termination		
Last Day of Work: <i>MM/DD/YYYY</i>	Date Final Pay Received: <i>MM/DD/YYYY</i>	Gross Amount of Final Check:
Is Employee on Leave Without Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Expected Date of Return: <i>MM/DD/YYYY</i>

Section 4 Employer Information	
Company Name:	Phone Number:
Address:	
Name of Person Completing Form:	Signature:
Title:	Date: <i>MM/DD/YYYY</i>
Phone Number:	

Section 5 Signature	
Consent for Release of Information	
<i>I understand that this information will be verified and used by the Child Care Scholarship Program to determine my eligibility for child care scholarships.</i>	
Signature:	Date: