

CCS - Head Start

MSDE
Child Care Scholarship/Head Start
REFERRAL

Return to:
ccs.headstart@maryland.gov

Section 1 Head of Household Information

Name (Last, First, Middle):

Date of Birth (DOB):

Gender: Female
 Male

Social Security Number (SSN) (optional):

Head Start Mailing Address

Street

City

State

Zip Code

Section 2 Child Information

Child 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):	
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Choices for Race: • American Indian or Alaskan Native • Asian		• Black or African American • Native Hawaiian or Pacific Islander • White	
	1. What is the child's relationship to parent?		4. Does the child need a Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Is the child a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	3. Is this child in Head Start?		If yes, what is the start date? MM/DD/YYYY			
	Enter total hours needed per week for before/after Head Start:		Enter total hours needed for Summer extended hours :			

Section 2 Child Information

Child 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):	
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Choices for Race: • American Indian or Alaskan Native • Asian		• Black or African American • Native Hawaiian or Pacific Islander • White	
	1. What is the child's relationship to parent?		4. Does the child need a Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Is the child a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	3. Is this child in Head Start?		If yes, what is the start date? MM/DD/YYYY			
	Enter total hours needed per week for before/after Head Start:		Enter total hours needed for Summer extended hours :			

Section 2 Child Information

Child 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):	
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Choices for Race: • American Indian or Alaskan Native • Asian		• Black or African American • Native Hawaiian or Pacific Islander • White	
	1. What is the child's relationship to parent?		4. Does the child need a Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Is the child a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	3. Is this child in Head Start?		If yes, what is the start date? MM/DD/YYYY			
	Enter total hours needed per week for before/after Head Start:		Enter total hours needed for Summer extended hours :			

Section 2 Child Information - If the family has more than three children in the household count, copy section 2 and attach to completed referral

Child 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):	
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Choices for Race: • American Indian or Alaskan Native • Asian		• Black or African American • Native Hawaiian or Pacific Islander • White	
	1. What is the child's relationship to parent?		4. Does the child need a Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2. Is the child a US Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	3. Is this child in Head Start?		If yes, what is the start date? MM/DD/YYYY			
	Enter total hours needed per week for before/after Head Start:		Enter total hours needed for Summer extended hours :			

Completion of the Child Care Scholarship/Head Start Extended Day Partnership Referral authorizes the Maryland Office of Child Care to issue a Child Care Scholarship for extended day services based upon a child being enrolled within Head Start. Child Care Scholarship benefits are provided at public expense and the information contained on the Referral and the Head Start application is true. Enrollment and verification that the child/family issued a Child Care Scholarship met the eligibility requirements for Head Start may be verified for federal and state auditing purposes. Once Head Start enrollment ends or terminates, the Head Start Program must notify CCS Central. CCS Central will make contact with the family to determine if they are interested in continued assists with the cost of child care and remain eligible to receive Program benefits.

Section 8-504 of the Criminal Law Article of the Maryland Annotated Code states that:

- (a) Any person who fraudulently obtains, attempts to obtain, or aides another person in fraudulently obtaining or attempting to obtain money, property, food stamps, medical care, or other assistance to which he is not entitled, under a social, health, or nutritional program based on need, financed in whole or in part by the State of Maryland, and administered by the state or its political subdivisions is guilty of a misdemeanor. For purpose of this section, fraud shall include:
 - (1) willfully making a false statement or representation; or
 - (2) willfully failing to disclose a material change in household or financial condition; or
 - (3) impersonating another person.
- (b) Upon conviction, after notice and the opportunity to be heard as to the amount of payment and how the payment is to be made, the person shall make full restitution of the money, property, food stamps, medical care or other assistance unlawfully received, or the value thereof, and shall be fined not more than \$1,000 or imprisoned for not more than three years, or both fined and imprisoned.

Consent to Release Information:

By signing below, I hereby authorize the Maryland State Department of Education Child Care Scholarship Unit (MSDE/CCS), the Maryland State Department of Human Resources Office of Inspector General (DHR/OIG) or any entities authorized by MDSE to contact, review and obtain records maintained by any person, partnership, corporation, association, or governmental agency for the purpose of establishing proof of my eligibility for CCS benefits. This includes but is not limited to: employment, financial (including bank records), school/educational, rental/housing and Maryland State Income Tax records. By signing below, I certify that I am the undersigned, and that I am competent to consent to this release of information between the Maryland Office of Child Care and the Head Start Program requesting services on behalf of the Head of Household enrolled in a Maryland Head Start Program. A photocopy of this form is as valid as the original.

The signature and date of the below Head Start Staff Member authorizes that the child being issued a Child Care Scholarship meets Head Start eligibility and is currently enrolled in Head Start.

Signature:

Date:

APPLICATIONS NOT SIGNED AND DATED WILL NOT BE RETURNED AND CANNOT BE PROCESSED.

Electronic signatures are not acceptable on the Head Start team. Date of referral must be within 45 days of submission

INSTRUCTIONS:

1. All families participating in the Child Care Scholarship Program must register and use the Child Care Scholarship Family Portal (CCSF Portal) to access the child care scholarship.
 - a. Have parents register for the CCSF Portal
 - b. Have parents to contact Head Start after they have submitted the CCS Application
 - c. Head Start will email the Head Start referral after the CCS Applicant submits their CCS Application via the CCSF Portal
2. Provide the completed Head Start Referral to the family enrolled in the CCS Program
 - a. Families that have at least one child enrolled in Head Start and have children that are not US citizens, must upload the Head Start Referral
 - b. Children enrolled in Head Start will only receive FT care, if applicable, during the Summer and will receive Before and/or After Head Start Care during the Head Start school term.
3. Once Authorized for CCS benefits the family will remain eligible throughout the entire CCS eligibility authorization period.