

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program PROVIDER CHANGE FORM	Return To: ccscentral.msde@maryland.gov
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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) <i>(optional)</i> :	Contact Phone Number:

Section 2 Leaving Provider Information	
<i>You will need to complete a separate Provider Change Form for each provider you are leaving.</i>	
Effective Date of Change: <i>MM/DD/YYYY</i>	
Name of Provider You are Leaving:	Provider Phone Number:
Provider's Address:	Street Apt # City State Zip Code
Child's Name	Date Leaving Care
	<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>
Remember:	
<ul style="list-style-type: none"> • You must give at least 5 days prior notice to the child care provider you are leaving • You must not have a CCS assigned copayment balance with the child care provider you are leaving 	
By signing this document both parties agree no copayment is owed to the provider. If the provider is unwilling to sign this document, the parent must attach the most recent copayment receipt indicating that the child care provider is paid in full.	
Parent Signature	Date
Leaving Provider Signature	Date

Section 3 New Provider Information	
<i>You will need to complete a separate Provider Change Form for each new child care provider.</i>	
Note: The new scholarship will take effect, whichever is later, the first day of care or when this form is received by CCS Central 2.	
New Provider is: <input type="checkbox"/> Formal (Licensed) <input type="checkbox"/> Informal <i>(Please call CCS Central 2 at 1-877-227-0125 to obtain the forms required for informal care.)</i>	
Child's Name	First Day of Care
	<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>

Section 4 Scholarship Request for Temporary Care <i>This request is to be used when your provider has voluntarily closed for 1 day to 2 weeks.</i>		
Temporary Scholarship	Start Date: <i>MM/DD/YYYY</i>	End Date: <i>MM/DD/YYYY</i>
Provider is: <input type="checkbox"/> Formal (Licensed) <input type="checkbox"/> Informal (<i>Please call CCS Central 2 at 1-877-227-0125 to obtain the forms required for informal care.</i>)		

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
<i>This request will not be processed if the form is not signed.</i>	
<i>If you purposely hold back information about changes in your household, you may owe the agency the value of any child care payments made.</i>	
You must report the following within 10 days: <ul style="list-style-type: none"> • Increase in your total household income equal to or above 85% of State Median Income • Changes in income that includes SSI, TCA or Head Start • Changes in the total number of people in your household (addition of children. Report addition of spouse at redetermination) • New address, if you have moved • Changes in child care provider • Child care no longer needed • Family no longer resides in Maryland • Gain of assets in excess of one million dollars 	