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| | Maryland State Department of Education/Office of Child Care Child Care Subsidy Program PROVIDER CHANGE FORM | Return To: CCS Central PO Box 17015 Baltimore, MD 21297 |
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| Section 1 General Information | |
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| 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 | |
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| <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> |
| Remember: <ul style="list-style-type: none"> • You must give at least 5 days' notice • You must not owe your former provider any money | |
| By signing this document both parties agree no money 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 provider is paid in full. | |
| Parent Signature Date | Leaving Provider Signature Date |

| Section 3 New Provider Information | |
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| <i>You will need to complete a separate Provider Change Form for each new provider.</i> | |
| New Provider is: <input type="checkbox"/> Formal (Licensed) <input type="checkbox"/> Informal <i>(Please call CCS Central at 1-866-243-8796 to obtain the forms required for informal care.)</i> | |
| Child's Name | First Day of Care |
| | <i>MM/DD/YYYY</i> |

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| Section 4 Voucher 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 Voucher | 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 at 1-866-243-8796 to obtain the forms required for informal care.</i>) | | |

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| 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 will owe the agency the value of any child care payments made.</i> | |
| <i>You must report the following within 10 days:</i> <ul style="list-style-type: none"> <i>• Changes in your total household income</i> <i>• Changes in the source of your household income</i> <i>• Changes in the total number of people in your household</i> <i>• New address, if you have moved</i> <i>• Changes in daycare provider</i> | |