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
### Section 1  Applicant (Custodial Party) General Information

<table>
<thead>
<tr>
<th>First Name: &lt;First Name&gt;</th>
<th>Last Name: &lt;Last Name&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (DOB):</td>
<td>Contact Phone Number: &lt;Phone Number&gt;</td>
</tr>
<tr>
<td>Social Security Number (SSN) (Optional):</td>
<td></td>
</tr>
</tbody>
</table>

### Section 2  Non-Custodial Party

<table>
<thead>
<tr>
<th>First Name: &lt;First Name&gt;</th>
<th>Last Name: &lt;Last Name&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number (SSN) (Optional):</td>
<td></td>
</tr>
<tr>
<td>Home Address: Street Apt # City State Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

### Section 3  Payment Amount

<table>
<thead>
<tr>
<th>Amount Paid:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

### Section 4  Children

<table>
<thead>
<tr>
<th>Child 1 Name:</th>
<th>Child 2 Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 3 Name:</td>
<td>Child 4 Name:</td>
</tr>
</tbody>
</table>

### Section 5  Signature

By signing, I declare that I pay the amount populated above to the Custodial Party and that I am presently not a member of the household. Upon rejoining the family, I will sign the CCS Application at Redetermination and report my income and activity.

Non-Custodial Party Signature Date

By signing, I declare that I receive the amount populated above from the Non-Custodial Party and that the absent parent is currently not a part of the household. If the absent parent rejoins the family, at Redetermination: the absent parent will sign the CCS Application and report income and activity.

Custodial Party Signature Date

*The Voluntary Child Support Agreement Form must be signed by both parents in order for this form to be processed.*