



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.

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**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](http://MarylandEXCELS.org)
2. [Marylandchild.org](http://Marylandchild.org)
3. [Money4ChildCare.com](http://Money4ChildCare.com)

Sincerely,  
CCS Central 2  
1-877 227-0125

<b>[2D BARCODE]</b>	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>VOLUNTARY CHILD SUPPORT AGREEMENT</b>	<b>Return To:</b> CCS Central 2 PO Box 346031 Bethesda, MD 20827
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<b>Section 1 Applicant (Custodial Party) General Information</b>	
First Name: <First Name>	Last Name: <Last Name>
Date of Birth (DOB):	Contact Phone Number: <Phone Number>
Social Security Number (SSN) (Optional):	

<b>Section 2 Non-Custodial Party</b>	
First Name: <First Name>	Last Name: <Last Name>
Social Security Number (SSN) (Optional):	
Home Address:    Street                      Apt #                      City                      State                      Zip Code	

<b>Section 3 Payment Amount</b>	
Amount Paid:	Frequency:

<b>Section 4 Children</b>	
Child 1 Name:	Child 2 Name:
Child 3 Name:	Child 4 Name:

<b>Section 5 Signature</b>	
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
<i>The Voluntary Child Support Agreement Form must be signed by both parents in order for this form to be processed.</i>	