



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

**Office of Administrative Hearings  
Administrative Law Building  
11101 Gilroy Road  
Hunt Valley, MD 21031-1301**

## **Request for Hearing – Child Care Scholarship**

❖ **How do I request a hearing?**

*Complete the form on the back of this page. Send the form to the Child Care Scholarship (CCS) program at CCS Central.*



**If you need help in completing  
this form,  
Call CCS Central at 1-877-227-0125**



❖ **How long do I have to request a hearing?**

*You must ask for a hearing no later than **90 days** after the date of the notice.*

❖ **How can I still get my child care scholarship while I wait for my hearing?**

*If a hearing is requested no later than **10 days** after the date of the most recent notice and Child Care Scholarship services were being received, services can continue unless your eligibility ends.*

❖ **Will I owe any money if I get my child care scholarship while I wait?**

*Yes, if the judge agrees with us and you lose your appeal, the money spent on your child's care will need to be paid back.*

❖ **When and where will the hearing be?**

*The **Office of Administrative Hearings** will send a notice providing the time and place of the hearing.*

❖ **Do I have to come to the hearing?**

*Yes, you will lose if you do not come. If you can't come, call the **Office of Administrative Hearings** at 410-229-4100 and they will assist with rescheduling your hearing.*

❖ **Can I bring someone to help me or speak for me?**

*You can bring a lawyer, friend or relative. If you want free legal help, call Legal Aid at 1-800-999-8904.*

❖ **How can I prepare for the hearing?**

*You may contact CCS Central to speak to a representative who can review the eligibility decision with you and provide any documents needed.*

***Si necesita ayuda para llenar el formulario favor de llamar al 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>REQUEST FOR HEARING – CHILD CARE SCHOLARSHIP</b>	<b>Return To:</b> CCS Central 2 PO Box 346031 Bethesda, MD 20827
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*Fill out this form **ONLY** if you disagree with a decision concerning your services.  
 If you disagree with the action of the Child Care Scholarship program,  
 you are entitled to discuss your reason(s) with a supervisor.  
 We will help you fill out this form or you can ask for a hearing by calling 1-877-227-0125.*

<b>Section 1 Tell Us Who You Are</b> <i>Fill in the blanks in this box and complete boxes 2-4. Please print clearly.</i>		
Name:		Date of Birth (DOB): <i>MM/DD/YYYY</i>
Address:		County:
City:	State:	ZIP Code:
Contact Phone Number:	Social Security Number (SSN) <i>(optional)</i> :	

<b>Section 2 Do you want to appeal your Child Care Scholarship (CCS) program decision?</b> <i>Please check yes or no.</i>
<input type="checkbox"/> Yes, I want to appeal my CCS program decision.
<input type="checkbox"/> No, I do not want to appeal my CCS program decision.

<b>Section 3 What are the reasons you want a hearing?</b>
<input type="checkbox"/> I was not allowed to apply. <input type="checkbox"/> The amount of assistance I received was wrong.
<input type="checkbox"/> My application was turned down. <input type="checkbox"/> My assistance has been incorrectly suspended, reduced, or terminated.
<input type="checkbox"/> My application was not handled properly. <input type="checkbox"/> I do not agree that I should pay back assistance I received.
<input type="checkbox"/> I am not receiving the services I need.
<b>If you received a notice about this, what is the date on the notice?:</b> <i>MM/DD/YYYY</i>
<b>Why do you want a hearing? Please tell us what happened:</b>

<b>Section 4 Signature</b>
I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get those benefits while I wait for my hearing unless my service period ends. I may have to pay back the benefits, if I lose my appeal.
<input type="checkbox"/> Check here if you <b>do not</b> want benefits while you wait for your hearing.
Signature:
Date: