



# FAMILY RESOURCE SPECIALIST REFERRAL

TO:	CCS CENTRAL 2	FROM (FRS NAME):
EMAIL:	CCSCentral2@maryland.gov	EMAIL:
PHONE:	877-227-0125	OFFICE PHONE:
SUBJECT:	<b>Family Resource Specialist Assisted Application</b>	DATE:

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

The application contains ALL of the following:

- Complete application with a date and physical signature of the applicant, other parent in the home with one child in common, parents of minor parent, and adults or spouse with whom the applicant shares physical custody of the minor child(ren)
- Proof of identity for all household members
- Proof of last 4 weeks of all income for the applicant, other parent in the home with one child in common, parents of minor parent, and adults or spouse with whom the applicant shares physical custody of the minor child(ren)
- Proof of home address
- Proof of approved activity schedule
- Proof of immunization for non-school age children who are attending informal child care only
- Proof of US citizenship or legal alien status for all children in the household count. Parents do not have to be a US citizen or have legal alien status
- Informal provider relative care only- Proof of relationship of family member to child
- Other: \_\_\_\_\_

By signing this form, you acknowledge that you are a Family Resource Specialist and all documents needed to approve the CCS Application were submitted with the application. **DO NOT USE THIS FORM UNLESS ALL DOCUMENTS ARE SUBMITTED AT THE TIME OF CCS APPLICATION SUBMISSION.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**This form is only to be completed and submitted by Family Resource Specialists**