

CCS2 – DHS HB1121	Maryland State Department of Education/Office of Child Child Care Scholarship Program		Return to:
	HB1121 OUT-OF-HOME CARE REFERRAL FORM TO BE COMPLETED BY DHS REPRESENTATIVE ONLY		ccscentral2dhsreferral.msde@maryland.gov

Section 1 Head of Household Information			
Care Type Selected: _____ Formal _____ Informal (Notify parent that this process could take up to or longer than 60 days)			
Name (Last, First, Middle):			
Date of Birth (DOB)	Gender: Female Male	Social Security Number (SSN) optional	
Customer's Email address:			
Mailing Address for Customer:			
Street	City	State	Zip Code

Section 2 Child Information –		IF YOU HAVE MORE THAN THREE CHILDREN. COPY FORM AND PROVIDE NAMES OF ALL CHILDREN IN HOUSEHOLD COUNT	
Child 1	Name (Last, First, Middle):	Gender: Female Male	Date of Birth (DOB): SSN (optional):
	Are you Hispanic/Latino?: Yes No	Race:	Choices for Race: • American Indian or Alaskan Native • Native Hawaiian or Pacific Islander • Asian • Black or African American • White
	1. What is the child's relationship to parent?		
	2. DOES THE CHILD NEED A CHILD CARE SCHOLARSHIP? Yes No		
	3. What hours will the child attend child care during the school year:_____		
	4. Does the child only attend before or after school child care during the school year? Yes No		
	5. Select days the child will attend child care: S M T W TH F Sat		
	6. Will child attend child care for at least one hour Monday – Friday from 7pm – 6am Yes No		

Section 3 Child Information			
Child 2	Name (Last, First, Middle):	Gender: Female Male	Date of Birth (DOB): SSN (optional):
	Are you Hispanic/Latino?: Yes No	Race:	Choices for Race: • American Indian or Alaskan Native • Native Hawaiian or Pacific Islander • Asian • Black or African American • White
	1. What is the child's relationship to parent?		
	2. DOES THE CHILD NEED A CHILD CARE SCHOLARSHIP? Yes No		
	3. What hours will the child attend child care during the school year:_____		
	4. Does the child only attend before or after school child care during the school year? Yes No		
	5. Select days the child will attend child care: S M T W TH F Sat		
	6. Will child attend child care for at least one hour Monday – Friday from 7pm – 6am Yes No		

Section 4 Child Information --				
Child 3	Name (Last, First, Middle):		Gender: Female Male	Date of Birth (DOB):
	SSN (optional):			
	Are you Hispanic/Latino?: Yes No	Race:	Choices for Race: • American Indian or Alaskan Native • Native Hawaiian or Pacific Islander • Asian • White • Black or African American	
	1. What is the child's relationship to parent?			
	2. DOES THE CHILD NEED A CHILD CARE SCHOLARSHIP? Yes No			
	3. What hours will the child attend child care during the school year:_____			
	4. Does the child only attend before or after school child are during the school year? Yes No			
	5. Select days the child will attend child care: S M T W TH F Sat			
	6. Will child attend child care for at least one hour Monday – Friday from 7pm – 6am Yes No			

DHS Child Care Scholarship Signature of Authorization

Completion of the Child Care Scholarship DHS Out-of-Home Care Referral authorizes the Maryland Office of Child Care to issue a Child Care Scholarship for a parenting youth in Out-of-Home (OOH) care.

Child Care Scholarship benefits are provided at public expense, and the information contained on the Referral and the supporting information is true. CCS Central 2 will verify OOH care status at the time of referral. At redetermination, if the parent is above the age of 22 years and either no longer in out-of-home care, or was not in out-of-home care on their 18th birthday, the family must meet all eligibility requirements for the Child Care Scholarship (CCS) Program, complete a CCS Application and provide supporting documentation in order for the CCS Application to be approved or denied. All parents must complete the Fast-Track and Full Application prior to DHS submitting the OOH referral.

Consent to Release Information: By signing below, I hereby authorize the Maryland State Department of Education, Office of Child Care, Child Care Scholarship Branch (MSDE/CCS), the Maryland State Department of Human Services Office of Inspector General (DHS/OIG) or any entities authorized by MDSE to contact, review and obtain records maintained by any person, partnership, corporation, association, or governmental agency for the purpose of establishing proof of my eligibility for CCS benefits. By signing below, I certify that I am the undersigned, and that I am competent to consent to this release of information between the Maryland Office of Child Care, DHS, or any other federal/state partnering agencies. A photocopy of this form is as valid as the original.

The signature and date of the below DHS staff authorizes CCS Central 2 to issue a child care scholarship to child or children in the household count of a parenting youth in HB1121 Out-of-Home care.

DHS Staff Signature

DHS STAFF PRINTED NAME

DHS CONTACT INFORMATION

EMAIL ADDRESS:_____

REFERRALS NOT SIGNED AND DATED

WILL NOT BE RETURNED AND CANNOT BE PROCESSED.

Electronic signatures from the DHS Case Manager **are not** acceptable. Child Care Scholarship begin date and OOH Activity start date must be within 10 days of the OOH Referral submission.