

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program PROVIDER CHANGE OF ADDRESS FORM	Return To: CCS Central 2 PO Box 346031 Bethesda, MD 20827
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Section 1 General Information	
Provider Name: <input type="checkbox"/> Formal Provider <input type="checkbox"/> Informal Provider	
Provider ID Number:	Contact Phone Number:

Section 2 Current Payment Address						
Payment Address:	Street	Apt #	City	State	Zip Code	County

Section 3 New Payment Address						
Payment Address:	Street	Apt #	City	State	Zip Code	County
Effective Date of Change: <i>MM/DD/YYYY</i>						
<i>You must attach copies of supporting documents such as a utility bill, first page and signature page of the lease agreement or mortgage statement as proof this is your new address.</i>						

Section 4 Signature	
Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.	
Provider Signature:	Date:
<i>This Provider Change of Address Form must be signed in order for this formed to be processed.</i>	

Note: If you need to change your mailing address for other documents such as invoices and letters or your facility's location has changed, please contact the following:

- Licensed – contact your regional licensing office. (Ensure your licensing specialist has your current email address)
- Registered Family Child Care Provider - contact your regional licensing office. (Ensure your licensing specialist has your current email address)
- Informal providers - contact Child Care Scholarship Central. (Ensure CCS Central 2 has your current email address)