

**Section 1 Head of Household Information**

Is family approved for TCA \_\_\_\_\_ Yes *MM/DD/YYYY* No \_\_\_\_\_

**SELECT THE PRIORITY 1 TYPE:** \_\_\_\_\_ Approved TCA \_\_\_\_\_ MORA/TCA \_\_\_\_\_ TCA Pending

**Care Type Selected:** \_\_\_\_\_ Formal \_\_\_\_\_ Informal (Notify parent 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

- |  |   |
|--|---|
| 1. Is the parent in an approved TCA activity? Yes No   | 5. Is the parent's approved activity between 7pm and 6am, Monday - Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the approved activity at the child care center where the child is enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Is the parent's approved activity any time on Saturday or Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 3. What days per week does the parent attend the approved activity? Circle days attended: S M T W TH F Sat                                 | 7. How many hours per week does it take the parent to go from the Child Care Center to the approved activity, one way? _____        |
| 4. What hours per day does the parent attend the approved activity? _____  |   |

**Section 2 Other Head of Household Information**

Is family approved for TCA \_\_\_\_\_ Yes *MM/DD/YYYY* No \_\_\_\_\_

**SELECT THE PRIORITY 1 TYPE:** \_\_\_\_\_ Approved TCA \_\_\_\_\_ MORA/TCA \_\_\_\_\_ TCA Pending

**Care Type Selected:** \_\_\_\_\_ Formal \_\_\_\_\_ Informal (Notify parent 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:

- |  |   |
|--|---|
| 1. Is the parent in an approved TCA activity? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | 5. Is the parent's approved activity between 7pm and 6am, Monday - Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the approved activity at the child care center where the child is enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Is the parent's approved activity any time on Saturday or Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 3. What days per week does the parent attend the approved activity? Circle days attended: S M T W TH F Sat                                 | 7. How many hours per week does it take the parent to go from the Child Care Center to the approved activity, one way? _____        |
| 4. What hours per day does the parent attend the approved activity? _____  |   |

**Child Information – Provide Names of Children in TCA/DHS Household Count**

|                             |                        |                      |                 |
|-----------------------------|------------------------|----------------------|-----------------|
| Name (Last, First, Middle): | Gender:<br>Female Male | Date of Birth (DOB): | SSN (optional): |
| Name (Last, First, Middle): | Gender:<br>Female Male | Date of Birth (DOB): | SSN (optional): |
| Name (Last, First, Middle): | Gender:<br>Female Male | Date of Birth (DOB): | SSN (optional): |

## DHS/MORA Child Care Scholarship Signature of Authorization Page

**Completion of the Child Care Scholarship DHS/MORA Referral authorizes the Maryland Office of Child Care to issue a Child Care Scholarship for a parent approved for TCA and participating in a TCA/MORA approved activity.** Child Care Scholarship benefits are provided at public expense and the information contained on the Referral and the supporting TCA or MORA information is true. **CCS Central 2 will verify TCA approved status at the time of the referral and will deny any case not in active TCA Status or where a pending TCA applicant did not submit all documents required for CCS Central 2 to approve or deny CCS benefits. For TCA approved cases, CCS Central 2 will only provide scholarships to eligible children listed in Section 4 of the referral and will base the unit of care on the hours requested and documented by the DHS/MORA Case manager.** Hours should be based upon the TCA Approved Activities and travel time from the Child Care Program to the approved activity. If the TCA customer's approved activity is in a child care program, travel time shall not be authorized. Enrollment and verification that the child/family issued a Child Care Scholarship met the eligibility requirements for TCA and an approved activity may be verified for federal and state auditing purposes. At redetermination, if the parent is no longer eligible for TCA, 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/MORA submitting the DHS/MORA referral.

**Section 8-504 of the Criminal Law Article of the Maryland Code states that:**

- (a) Any person who fraudulently obtains, attempts to obtain, or aides another person in fraudulently obtaining or attempting to obtain money, property, food stamps, medical care, or other assistance to which he is not entitled, under a social, health, or nutritional program based on need, financed in whole or in part by the State of Maryland, and administered by the state or its political subdivisions is guilty of a misdemeanor. For purpose of this section, fraud shall include:
  - (1) willfully making a false statement or representation; or
  - (2) willfully failing to disclose a material change in household or financial condition; or
  - (3) impersonating another person.
- (b) Upon conviction, after notice and the opportunity to be heard as to the amount of payment and how the payment is to be made, the person shall make full restitution of the money, property, food stamps, medical care or other assistance unlawfully received, or the value thereof, and shall be fined not more than \$1,000 or imprisoned for not more than three years, or both fined and imprisoned.

**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 Resources Office of Inspector General (DHR/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. This includes but is not limited to: proof of TCA Activity, employment, financial (including bank records), school/educational, rental/housing, Maryland State Income Tax records, **and documents uploaded via the Child Care Scholarship Family or Child Care Provider Portal.** 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, **DHR, MORA or any other federal/state partnering agencies.** A photocopy of this form is as valid as the original.

|   |  |
|---|--|
| <b>ADDRESS FOR TCA APPROVED ACTIVITY:</b> | <b>Type of Approved Activity:</b><br>Work<br>Training<br>Educational<br>Other: _____ |
|---|--|

|  |  |
|--|--|
| <b>Name &amp; Title of Contact Person for Approved Activity:</b> | <b>Contact Phone Number for Approved Activity:</b> |
|--|--|

**The signature and date of the below DHS/MORA staff authorizes CCS Central 2 to issue a child care scholarship to child or children in the household count of a family that has been approved for TCA or where the family has submitted a pending TCA application.**

|                                 |                                    |
|---------------------------------|------------------------------------|
| _____                           | Date: <i>MM/DD/YYYY</i>            |
| <b>DHS/MORA STAFF SIGNATURE</b> | <b>DHS/MORA STAFF PRINTED NAME</b> |

|   |   |
|---|---|
| <b>DHS/MORA CONTACT INFORMATION</b><br>EMAIL ADDRESS: _____ | <b>DHS/MORA CONTACT PHONE NUMBER</b><br>_____ |
|---|---|

**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 TCA Activity start date must be within 10 days of the TCA/MORA Referral submission.**

**All families must be registered for the Child Care Scholarship Portal to obtain scholarships and CCS Program information.**