

**Section 1 Head of Household Information (THIS REFERRAL IS FOR TCA APPROVED APPLICANTS ONLY)**

Is family approved for TCA \_\_\_\_\_  Yes  No (If no, stop. Use TCA Pending Referral) APPROVAL DATE: MM/DD/YYYY

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

**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: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number (SSN) (optional):
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Customer's Email address:

**Mailing Address for Customer:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Is this person approved for SSI?  Yes  No
2. Is family experiencing Homelessness?  Yes  No
3. Is the Head of Household a veteran?  Yes  No
4. Is this person in an approved TCA activity?
5. Is the approved activity at the child care center where the child is enrolled?  Yes  No
6. **How many hours per week is the approved activity:** \_\_\_\_\_
7. What days per week does the parent attend the approved activity, Circle days per week: **S M T W T H F S**
8. What hours per day does the parent attend the approved activity: \_\_\_\_\_
9. Is the parent's approved activity between 7pm and 6am, Monday – Friday?  Yes  No
10. Is the parent's approved activity any time on Saturday or Sunday?  Yes  No
11. How many minutes PER DAY does it take the parent to go from the Child Care Center to the approved activity, **one way:** \_\_\_\_\_

**Section 2 Head of Household Information (other parent or guardian)**

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

Name (Last, First, Middle):

Date of Birth (DOB):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number (SSN) (optional):
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Customer's Email Address:

**Mailing Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Is this person approved for SSI?  Yes  No
2. Is family experiencing Homelessness?  Yes  No
3. Is this person a veteran?  Yes  No
4. Is this person in an approved TCA activity?
5. Is the approved activity at the child care center where the child is enrolled?  Yes  No
6. How many hours per week is the approved activity: \_\_\_\_\_
7. What days per week does the parent attend the approved activity, Circle days per week: **S M T W T H F S**
8. What hours per day does the parent attend the approved activity: \_\_\_\_\_
9. Is the parent's approved activity between 7pm and 6am, Monday – Friday?  Yes  No
10. Is the parent's approved activity any time on Saturday or Sunday?  Yes  No
11. How many minutes PER DAY does it take the parent to go from the Child Care Center to the approved activity, **one way:** \_\_\_\_\_

**Section 3 Child Information --**

<b>Child 1</b>	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Choices for Race:</b> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White		
	1. What is the child's relationship to parent?				
	2. DOES THE CHILD NEED A CHILD CARE SCHOLARSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does child currently receive SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide award amount from SSI Letter:\$ _____</i>				
	5. Is this child in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the start date? MM/DD/YYYY</i>				
	6. Is this child in <b>State Funded</b> Pre-K <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the start date? MM/DD/YYYY</i>				
	7. Does child attend public school <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what grade have they completed: _____</i>				
	8. What hours will the child attend child care during the school year: _____				
	9. Does the child only attend before or after school child care during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Circle days the child will attend child care:    S    M    T    W    TH    F    Sat					
11. Will child attend child care for at least one hour Monday – Friday from 7pm – 6am <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Section 3 Child Information --**

<b>Child 2</b>	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	SSN (optional):
	Race:	Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Choices for Race:</b> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White		
	1. What is the child's relationship to parent?				
	2. DOES THE CHILD NEED A CHILD CARE SCHOLARSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. Does child currently receive SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide award amount from SSI Letter \$ _____</i>				
	5. Is this child in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the start date? MM/DD/YYYY</i>				
	6. Is this child in State Funded Pre-K <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the start date? MM/DD/YYYY</i>				
	7. Does child attend public school <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what grade have they completed: _____</i>				
	8. What hours will the child attend child care during the school year: _____				
	9. Does the child only attend before or after school child care during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Circle days the child will attend child care:    S    M    T    W    TH    F    Sat					
11. Will child attend child care for at least one hour Monday – Friday from 7pm – 6am <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Section 4**

Initial

Initial Section 5, affirming the applicant is TCA approved and:

1. **Customer is in or has been approved for a TCA Approved Activity that begins within 10 business days of the TCA Referral submission**
2. **DHS TCA/MORA Case Manager has included hours, days per week and the location for each head of household's approved activity**
3. **Only children listed on this referral will receive a child care scholarship**
4. **If TCA is active and the customer wants to add another child to the household that needs a Scholarship, the customer must contact the TCA/MORA Case Manager and have them to complete Change of Circumstance Form**

**Completion of the Child Care Scholarship DHS 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. CCS Central 2 will only provide scholarships to children listed in Section 4 of the referral and will base the unit of care on the hours requested by the DHS Case. 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.

**Section 8-504 of the Criminal Law Article of the Maryland Annotated 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 and Maryland State Income Tax records. 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 and the Head Start Program requesting services on behalf of the Head of Household enrolled in a Maryland Head Start Program. A photocopy of this form is as valid as the original.

<b>ADDRESS FOR TCA APPROVED ACTIVITY:</b>	<b>Type of Approved Activity:</b> <input type="checkbox"/> Work <input type="checkbox"/> Training <input type="checkbox"/> Educational <input type="checkbox"/> Other: _____
<b>Name &amp; Title of Contact Person for Approved Activity:</b>	Contact Phone Number for Approved Activity:
<b>The signature and date of the below DHS/MORA staff</b> 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.  _____ <b>DHS/MORA Staff Signature</b>	Date: <i>MM/DD/YYYY</i>
<b>DHS/MORA CONTACT INFORMATION</b>  <b>EMAIL ADDRESS:</b> _____	_____ DHS/MORA Contact phone number

**REFERRALS NOT SIGNED AND DATED  
 WILL NOT BE RETURNED AND CANNOT BE PROCESSED.**

Electronic signatures from the DHS Case Manager is **not** acceptable. Date must be within 45 days of submission. Begin date of Scholarship **cannot** be before the date received by CCS Central 2 **and** cannot begin more than 10 business days of the TCA Activity begin date.