



CCS Central
PO Box 17015
Baltimore, MD 21297

RE: Child Care Subsidy Application

Dear Applicant:

You have asked for help paying for child care. Help is offered to customers who qualify based on income and need, as defined by the Code of Maryland Regulations (COMAR 13A.14.06).

Please complete the enclosed application and return it to us. Complete all items and include copies of the required documents. When we review the completed application, we will contact you.

A voucher is issued to you if you are eligible and funds are available. Maryland State Department of Education (MSDE) pays for center care, family child care, and informal care. CCS Central staff can explain the different types of care, voucher, subsidy and copayments, if you call 1-866-243-8796.

On the application, please make note of the **Date of Birth** and **Contact Phone Number** you enter in Section 2. You will use this information to access your case details on the automated phone menu at CCS Central.



To complete the application you **MUST** send in the information listed for all household members. This includes you, and your spouse or your child's other parent living in your household.

- Most recent four (4) weeks of consecutive pay stubs (4 weekly, 2 bi-weekly)*
- Proof of identity (i.e. driver's license, birth certificate, government issued identification)*
- Proof of approved activity on employer or school's letterhead (i.e. work, school or job training)*
- Proof of all other income*
- Proof of child support cooperation or payment*
- Proof of address (i.e. utility bill, lease)*
- Birth Certificate for each child within the household*
- Informal Relative Care Only – Proof of Relationship of Provider to Child*

Please note: You will need to define the Type of Provider Used for Care on the application:

- A "**Formal**" provider is a child care center or a family child care home that is licensed or regulated under Maryland law. Formal providers receiving CCS Program payments must participate in the Maryland EXCELS program.
- An "**Informal**" provider is not licensed under Maryland law and is limited to 1) relative care, 2) non-relative in-home care. If you choose relative care, eligible relationships are Great-grandparents, Grandparents, Aunts, Uncles or older siblings over the age of 18 not residing in the child's household. Proof of relationship must be submitted with the application. If you choose any type of informal provider, additional forms must be included with this packet and completed before the informal provider is approved. Informal vouchers will not be issued until the informal provider is approved. Call CCS Central at 1-866-243-8796 for the additional forms.

If you have questions about the application or documents, please call CCS Central at 1-866-243-8796.

Sincerely,
CCS Central
1-866-243-8796

**Maryland State Department of Education/Office of Child Care
Child Care Subsidy Program
APPLICATION/REDETERMINATION FOR CHILD CARE**

Return To:
CCS Central
PO Box 17015
Baltimore, MD 21297

**** Instructions for each section of this application are at the end of the application, on page 6. **
If you need assistance completing the application, call CCS Central at 1-866-243-8796**

Section 1 General Information

Type of Application: New Redetermination

Type of Provider Used for Care: Formal Informal Relative Care: *Relative Name and Relationship Required*
 Informal Non-Relative In Child's Home Care

Section 2 Applicant Information

Name (Last, First, Middle): _____ Social Security Number (SSN) (optional): _____

Date of Birth (DOB): *MM/DD/YYYY* Gender: Female Male Marital Status: Single/Never Married Married
 Divorced Separated
 Widowed

Race: *See choices below* Are you Hispanic/Latino?: Yes No Primary Language Spoken in Home: _____

US Citizen: Yes No Alien Status (if not a citizen): *See choices below* Do you have Active Military Status?: Yes No

- Choices for Race:**
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White

- Choices for Alien Status:**
- Permanent Resident
 - Asylee
 - Alien Granted Conditional Entry
 - Parolee (1 yr or more)
 - Alien Whose Deportation is Withheld

- Refugee
- Battered Alien Spouse, Child or Parent of Child
- Undocumented
- Child of Lawfully Admitted Alien

Home Address: Street Apt Number City State Zip Code County

Mailing Address, if different: Street City State Zip Code

Contact Phone Number: _____ Alternate Contact Phone: _____ Email Address: _____

Do you pay Child Support to children outside of the home? Yes No

Are you a single parent? Yes No

Are you a minor parent (under 18)? Yes No

Do you receive SNAP (food stamps)? Yes No

Do you receive a Housing Subsidy? Yes No

Section 3 Need for Care Information

1. Do you receive Temporary Cash Assistance (TCA)? Yes No Never If yes, Start Date: *MM/DD/YYYY*

2. Is TCA for the children in your care only? Yes No

3. How many people are in your household? Number: _____

4. What is your annual gross income? Dollar Amount: _____

5. What is your activity?
 Job Search/Work
 Community Service
 Public School (Elementary, Middle or High School)
 College (Undergraduate)

6. Do you want Child Care Assistance for related children who are not your biological children? Yes No

7. How many related children are in your custody? Number: _____

8. Are you or anyone in your household receiving Supplemental Security Income (SSI)? Yes No

9. Are you responsible for any children with a disability? Yes No

10. Are you currently homeless? Yes No

Section 4 Child Information

Child 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):		
	Race: <i>See choices below</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices below</i>		
	Choices for Race: <ul style="list-style-type: none"> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White 		Choices for Alien Status: <ul style="list-style-type: none"> • Permanent Resident • Asylee • Alien Granted Conditional Entry • Parolee (1 yr or more) • Alien Whose Deportation is Withheld 		<ul style="list-style-type: none"> • Refugee • Battered Alien Spouse, Child or Parent of Child • Undocumented • Child of Lawfully Admitted Alien 				
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2. What is the child's relationship to you?								
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	5. Have you applied for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please see instructions on page 6.</i>								
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	7. What is the name of this child's absent parent(s)?								
8. 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>									
9. If using Informal Relative Care, what is the relationship of the provider to the child? <i>Relationship</i>									
Child 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):		
	Race: <i>See choices above</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices above</i>		
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2. What is the child's relationship to you?								
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	5. Have you applied for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please see instructions on page 6.</i>								
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	7. What is the name of this child's absent parent(s)?								
	8. 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>								
9. If using Informal Relative Care, what is the relationship of the provider to the child? <i>Relationship</i>									
Child 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):		
	Race: <i>See choices above</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices above</i>		
	1. Is this child receiving Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2. What is the child's relationship to you?								
	3. Does this child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	4. Does this child receive benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	5. Have you applied for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please see instructions on page 6.</i>								
	6. Do you receive child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	7. What is the name of this child's absent parent(s)?								
	8. 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>								
9. If using Informal Relative Care, what is the relationship of the provider to the child? <i>Relationship</i>									

Section 5 Other Household Members

Household Member 1	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):		
	Race: <i>See choices below</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices below</i>		
	Choices for Race: <ul style="list-style-type: none"> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White 		Choices for Alien Status: <ul style="list-style-type: none"> • Permanent Resident • Asylee • Alien Granted Conditional Entry • Parolee (1 yr or more) • Alien Whose Deportation is Withheld 		<ul style="list-style-type: none"> • Refugee • Battered Alien Spouse, Child or Parent of Child • Undocumented • Child of Lawfully Admitted Alien 				
	Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant: <i>See choices below</i>				
	Choices for Relationship to Applicant: <ul style="list-style-type: none"> • Adopted Child • Biological Child • Sibling • Stepchild 		<ul style="list-style-type: none"> • Cousin • Foster Care Child • Grand/Great Grandchild • Niece/Nephew 		<ul style="list-style-type: none"> • Ward • Other (Related) • Other (Not Related) 				
	1. Does household member have an activity that makes them unavailable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Is there a circumstance that makes the household member unable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household Member 2	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):		
	Race: <i>See choices above</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices above</i>		
	Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant: <i>See choices above</i>				
	1. Does household member have an activity that makes them unavailable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Is there a circumstance that makes the household member unable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Member 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):	
Race: <i>See choices above</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices above</i>			
Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant: <i>See choices above</i>					
1. Does household member have an activity that makes them unavailable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Does household member have earned or unearned income?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there a circumstance that makes the household member unable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household Member 4		Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (DOB): <i>MM/DD/YYYY</i>		SSN (optional):	
	Race: <i>See choices above</i>		Are you Hispanic/Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices above</i>		
	Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant: <i>See choices above</i>				
	1. Does household member have an activity that makes them unavailable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2. Does household member have earned or unearned income?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Is there a circumstance that makes the household member unable to care for the child?						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 6 Activity Information

Activity 1	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices below</i>			
	Choices for Activity Type: <ul style="list-style-type: none"> • Job Search • Community Service • Education 				<ul style="list-style-type: none"> • Employment • Training • FIA Personal Responsibility Plan 			
	Name of Organization:				Organization Phone Number:			
	Organization Address: Street		City		State		Zip Code	
	If you do not have a standard activity schedule, enter total hours per week :				How long is your total commute (to and from) activity each week?:			
	Activity Hours	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to
Activity 2	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices above</i>			
	Name of Organization:				Organization Phone Number:			
	Organization Address: Street		City		State		Zip Code	
	If you don't have a standard activity schedule, enter total hours per week :				How long is your total commute (to and from) activity each week?:			
	Activity Hours	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to
	Activity 3	Applicant/Household Member Name (from Section 2 or 5):				Activity Type: <i>See choices above</i>		
Name of Organization:				Organization Phone Number:				
Organization Address: Street		City		State		Zip Code		
If you do not have a standard activity schedule, enter total hours per week :				How long is your total commute (to and from) activity each week?:				
Activity Hours		Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to
<p>For all activities that are "Employment," you must attach a letter from the employer on company letterhead verifying work hours. For all activities that are "Education" or "Training," you must attach a copy of the current school/training schedule on school letterhead to verify days and hours of classes.</p>								

Section 7 Child Care Schedule

If you do not have a standard child care schedule, enter total hours per week :							
What are the specific days and hours you need child care each day based on your activity?							
Child One	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to
If you do not have a standard child care schedule, enter total hours per week :							
What are the specific days and hours you need child care each day based on your activity?							
Child Two	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to
If you do not have a standard child care schedule, enter total hours per week :							
What are the specific days and hours you need child care each day based on your activity?							
Child Three	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to

Section 8 Income Information

Income 1	Name of Household Member with Income:		Type of Income: <i>See choices below</i>
	Choices for Type of Income: <ul style="list-style-type: none"> • Alimony • Armed Services Pay • Child Support – Court Ordered • Child Support – Voluntary • SS Benefits 		<ul style="list-style-type: none"> • SSI • Self-Employment Gross • TCA • Tips/Commission Pay • Unemployment • Veterans Assistance/Benefit • Wage/Salary • Workers Compensation • Other
	How often does Household Member receive the income?:		Gross income each time Household Member is paid (\$):
	If the income is Child Support, what is the name of the absent parent paying it?:		
Income 2	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	How often does Household Member receive the income?:		Gross income each time Household Member is paid (\$):
	If the income is Child Support, what is the name of the absent parent paying it?:		
Income 3	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	How often does Household Member receive the income?:		Gross income each time Household Member is paid (\$):
	If the income is Child Support, what is the name of the absent parent paying it?:		
Income 4	Name of Household Member with Income:		Type of Income: <i>See choices above</i>
	How often does Household Member receive the income?:		Gross income each time Household Member is paid (\$):
	If the income is Child Support, what is the name of the absent parent paying it?:		

Attach proof of last 4 weeks of all income for: applicant, spouse, other parent in home, parents of minor parent, adult and spouse with physical custody of minor child.

Your application gives us information about whether you are eligible for benefits and services. These benefits are provided at public expense and you must give true information. It may be verified with public and private agencies and businesses. You must report any changes to the information provided on this form within 10 days of the change. If you knowingly give false information or willfully fail to report changes you may be subject to disqualification and to the penalties listed below.

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:

I hereby authorize the Maryland State Department of Education Child Care Subsidy Unit (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: 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. A photocopy of this form is as valid as the original.

Parent Signature	Date
Signature of Other Parent/Spouse in the Household/Parent of Minor Child	Date

Instructions for the Application/Redetermination for Child Care

Answers to all questions are required.

Section 1 General Information

Type of Application:

- A **“New”** application is for someone who does not receive Child Care Subsidy (CCS) today, or someone who was denied and is re-applying with current information.
- A **“Redetermination”** must be completed at least once every 12 months for customers currently receiving subsidy assistance.

Type of Provider Used for Care:

- A **“Formal”** provider is a child care center or a family child care home that is licensed or regulated under Maryland law. Formal providers receiving CCS Program payments must participate in the Maryland EXCELS program.
- An **“Informal”** provider is not licensed under Maryland law and is limited to 1) relative care, 2) non-relative in-home care. If you choose relative care, eligible relationships are Great-grandparents, Grandparents, Aunts, Uncles or older siblings over the age of 18 not residing in the child’s household. Proof of relationship must be submitted with the application. If you choose any type of informal provider, additional forms must be included with this packet and completed before the informal provider is approved. Informal vouchers will not be issued until the informal provider is approved. Call CCS Central at 1-866-243-8796 for the additional forms.

Section 2 Applicant Information

County of your Home Address:

- **If you live in Baltimore City, enter “City”**

Please make a note of the Date of Birth and Contact Phone Number you enter on the form. This information will be needed to access your case information on the automated phone system. If determined eligible for a Child Care Subsidy, a Party ID will be assigned and mailed to you for future access to the automated phone system.

Section 3 Need for Care Information

Answer all the questions in this section to show why you need child care assistance.

Section 4 Child Information

Answer questions in this section for each child in the household, under 13 years old, for whom child care is needed. If there are more than 3 children in the household, please make additional copies of this section to enter their information.

“Good Cause” for not applying for child support includes instances where applying may result in serious physical or emotional harm for the child or the customer living with the child, the child’s adoption is in question or in process, or the child was conceived through rape or incest. If you have not applied for child support for this child and have “good cause,” **call CCS Central at 1-866-243-8796** for the correct form.

You must attach a birth certificate for each child listed within the household.

Section 5 Other Household Members

Answer questions in this section for each household member that is not listed as a child in Section 4, Child Information. If there are more than 4 household members, please make additional copies of this section to enter their information.

Section 6 Activity Information

Answer questions in this section for each activity of each household member listed in Section 5, Other Household Members, where the answer to Question 1 is “Yes.” The “activity type” selected is related to “Name of the Organization” entered in each activity box.

Enter activity hours as the start time and end time:

Monday	Tuesday
8 to 5	10 to 3

If there are more than 4 household member activities, please make additional copies of this section to enter their information.

For all activities that are “Employment,” you must attach a letter from the employer on company letterhead verifying work hours. For all activities that are “Education” or “Training,” you must attach a copy of the current school/training schedule on school letterhead to verify days and hours of classes.

Section 7 Child Care Schedule

Answer questions in this section to show all the days and hours you will need child care based on your activity(s), as listed in Section 6, Activity Information.

Enter the child care hours needed as the start time and end time:

Monday	Tuesday
8 to 5	10 to 3

Section 8 Income Information

Answer questions in this section for each type of income of each household member listed in Section 5, Other Household Members. If there are more than 4 household member types of income, please make additional copies of this section to enter their information.

“Gross Income” is the total amount you earned or were paid before taxes are withheld.

You will need to attach proof of the last 4 weeks of all income for: applicant, spouse, other parent in home, parents of minor parent, adult and spouse with physical custody of minor child (4 weekly or 2 bi-weekly paystubs).