

Submit online at: CCSCentral2@maryland.gov	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program CHILD CARE SCHOLARSHIP APPLICATION	Submit by mail to: CCS Central 2 PO Box 346031 Bethesda, MD 20827
--	--	---

If you need assistance completing the application, call CCS Central 2 at 1-877-227-0125

Section 1 General Information						
CCS Scholarship Status: <input type="checkbox"/> No current child care scholarships <input type="checkbox"/> My child's child care scholarships will expire within 45 days						
Type of Provider Used for Care: <input type="checkbox"/> Formal <input type="checkbox"/> Informal Relative Care: <input type="checkbox"/> Informal Non-Relative In Child's Home Care						
Section 2 Applicant Information						
Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security Number (SSN) (optional):		
Date of Birth (DOB): <i>MM/DD/YYYY</i>			Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Race:		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language Spoken in Home:		
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Status (if not a citizen): <i>See choices below</i>		Do you have Active Military Status? Yes No		
Choices for Race:		Choices for Alien Status:				
<ul style="list-style-type: none"> • American Indian or Alaskan Native • Asian • Black or African American • Native Hawaiian or Pacific Islander • White 		<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 		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a single parent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you a minor parent (under 18)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you receive SNAP (food stamps)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you receive a Housing Subsidy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Section 3 Need for Care Information	
1. Do you receive Temporary Cash Assistance (TCA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never If yes, Start Date:
2. Is TCA for the children in your care only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many people are in your household?	Number:
4. What is your annual gross income?	Dollar Amount:
5. What is your activity?	<input type="checkbox"/> Job Search/Work <input type="checkbox"/> Community Service <input type="checkbox"/> Public School (Elementary, Middle or High School) <input type="checkbox"/> College (Undergraduate)

6. Do you have assets of one million dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Which of the below describes your family's current living or housing situation?	Check all that apply
a) Do you lack a fixed, regular, and adequate nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are you living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are you living in emergency or transitional shelters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Are you caring for a child abandoned in hospitals or awaiting foster care placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Is your primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Are you living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Are you and your children migratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you responsible for any children with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you want Child Care Assistance for a child that is not your child by birth or marriage, but is related to you and lives in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How many children that are not yours by birth or marriage, are you caring for (relative)? See the above question	Number: _____
11. Are you or anyone in your household receiving Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 Child Information

CHILD 1	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	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 • 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	If no, please see instructions on page 6.		
	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	If yes, what is the start date?			
9. If using Informal Relative Care, what is the relationship of the provider to the child?					
CHILD	Name (Last, First, Middle):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	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				

L D 2	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 If no, please see instructions on page 6.
	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 If yes, what is the start date?
	9. If using Informal Relative Care, what is the relationship of the provider to the child?		

C H I L D 3	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	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?	Yes	No	If no, please see instructions on page 6.		
	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	If yes, what is the start date?			
9. If using Informal Relative Care, what is the relationship of the provider to the child?						

C H I L D 4	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	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?	Yes	No	If no, please see instructions on page 6.		
	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	If yes, what is the start date?			
9. If using Informal Relative Care, what is the relationship of the provider to the child?						

C H I L D 5	Name (Last, First, Middle):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (DOB):	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?	Yes	No	If no, please see instructions on page 6.		
	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?	Yes	No	If yes, what is the start date?			
9. If using Informal Relative Care, what is the relationship of the provider to the child?						

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): MM/DD/YYYY	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): MM/DD/YYYY	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): MM/DD/YYYY	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): MM/DD/YYYY	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:		• Job Search	• Employment				
			• Community Service	• Training				
			• Education	• 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 :				Enter daily commute time from provider to activity (to and from):				
Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	To	to	to	to	to	to	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 :				Enter daily commute time from provider to activity (to and from):			
	Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	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 :				Enter daily commute time from provider to activity (to and from):			
	Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	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

School Aged Children: If care schedule is not provided, the child will be issued a one unit scholarship (15 hours per week)							
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	To	to	to	to	to	to	to

Section 8 Income Information

I N C O M E 1	Name of Household Member with Income:		Type of Income: See choices below	
	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 	<ul style="list-style-type: none"> • 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?			
I N C O M E 2	Name of Household Member with Income:		Type of Income: See choices above	
	How often does Household Member receive the income?		Gross income on Household Member pay stub (\$):	
	If the income is Child Support, what is the name of the absent parent paying it?			
I N C O M E 3	Name of Household Member with Income:		Type of Income: See choices above	
	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?			
I N C O M E 4	Name of Household Member with Income:		Type of Income: See choices above	
	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 Scholarship 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, I am competent to consent to this release of information and that I give MSDE/CCS permission to provide program information by email and/or text message. A photocopy of this form is as valid as the original.

Parent Name Printed	Date
Parent Signature	Date
Other Parent Name (Parent/Spouse in the Household or Parent of Minor Child) Printed	Date
Signature of Other Parent (Parent /Spouse in the Household or Parent of Minor Child)	Date

APPLICATIONS NOT SIGNED AND DATED WILL BE RETURNED.

Electronic signatures are **NOT** accepted.

Date of application must be within 45 days of submission.

Report suspected fraud of the Child Care Scholarship Program at Reportccsfraud.org