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

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	Section 4	Child Information

Child 1

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:
Race: *See choices below*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices below*

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*

1. Is this child receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No	
2. What is the child's relationship to you?	
3. Does this child have a disability? ☐ Yes ☐ No	
4. Does this child receive benefits from Social Security? ☐ Yes ☐ 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? ☐ Yes ☐ 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? *MM/DD/YYYY*	
9. If using Informal Relative Care, what is the relationship of the provider to the child? *Relationship*	

Child 2

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:
Race: *See choices above*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No	
2. What is the child's relationship to you?	
3. Does this child have a disability? ☐ Yes ☐ No	
4. Does this child receive benefits from Social Security? ☐ Yes ☐ 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? ☐ Yes ☐ 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? *MM/DD/YYYY*	
9. If using Informal Relative Care, what is the relationship of the provider to the child? *Relationship*	

Child 3

Name (Last, First, Middle):	Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:
Race: *See choices above*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

1. Is this child receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No	
2. What is the child's relationship to you?	
3. Does this child have a disability? ☐ Yes ☐ No	
4. Does this child receive benefits from Social Security? ☐ Yes ☐ 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? ☐ Yes ☐ 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? *MM/DD/YYYY*	
9. If using Informal Relative Care, what is the relationship of the provider to the child? *Relationship*	

Section 5   Other Household Members

Household Member 1

Name (Last, First, Middle):		Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices below*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices below*

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*

Are you Active Military Status?: ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices below*

Choices for Relationship to Applicant:	• *Adopted Child* • *Biological Child* • *Sibling* • *Stepchild*	• *Cousin* • *Foster Care Child* • *Grand/Great Grandchild* • *Niece/Nephew*	• *Ward* • *Other (Related)* • *Other (Not Related)*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes ☐ No
2. Does household member have earned or unearned income?	☐ Yes ☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes ☐ No

Household Member 2

Name (Last, First, Middle):		Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status?: ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes ☐ No
2. Does household member have earned or unearned income?	☐ Yes ☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes ☐ No

Household Member 3

Name (Last, First, Middle):		Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status?: ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes ☐ No
2. Does household member have earned or unearned income?	☐ Yes ☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes ☐ No

Household Member 4

Name (Last, First, Middle):		Gender: ☐ Female ☐ Male	Date of Birth (DOB): *MM/DD/YYYY*	SSN *(optional)*:

Race: *See choices above*	Are you Hispanic/Latino?: ☐ Yes ☐ No	US Citizen: ☐ Yes ☐ No	Alien Status (if not a citizen): *See choices above*

Are you Active Military Status?: ☐ Yes ☐ No	Primary Language:	Relationship to Applicant: *See choices above*

1. Does household member have an activity that makes them unavailable to care for the child?	☐ Yes ☐ No
2. Does household member have earned or unearned income?	☐ Yes ☐ No
3. Is there a circumstance that makes the household member unable to care for the child?	☐ Yes ☐ No

	Section 6	Activity Information					

Activity 1

Applicant/Household Member Name (from Section 2 or 5):	Activity Type: *See choices below*

Choices for Activity Type:	• *Job Search* • *Community Service* • *Education*	• *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	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: *See choices above*

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	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: *See choices above*

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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to

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					

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

Income 1

Name of Household Member with Income:	Type of Income: *See choices below*

Choices for Type of Income:	• Alimony • Armed Services Pay • Child Support – Court Ordered • Child Support – Voluntary • SS Benefits	• 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: *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?:

Income 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?:

Income 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.

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).