	Maryland State Department of Education/Office of Child Care Scholarship Program **PROVIDER CHANGE FORM**	Return to: https://family.childcareportals.org/

Section 1 General Information	
First Name:	Last Name:
Party ID:	Date of Birth (DOB): *MM/DD/YYYY*
Social Security Number (SSN) *(optional)*:	Contact Phone Number:

Section 2 Reason for Ending or Changing Your Child Care Provider

Child's Name	**Reason**
	☐ No longer Maryland resident – No new scholarship issued ☐ Summer- No new scholarship issued ☐ Provider license suspension or emergency closure ☐ Provider Suspended Care ☐ Cost ☐ Provider Expelled Child from Program ☐ Other
	☐ No longer Maryland resident – No new scholarship issued ☐ Summer- No new scholarship issued ☐ Provider license suspension or emergency closure ☐ Provider Suspended Care ☐ Cost ☐ Provider Expelled Child from Program ☐ Other
	☐ No longer Maryland resident – No new scholarship issued ☐ Summer- No new scholarship issued ☐ Provider license suspension or emergency closure ☐ Provider Suspended Care ☐ Cost ☐ Provider Expelled Child from Program ☐ Other
	☐ No longer Maryland resident – No new scholarship issued ☐ Summer- No new scholarship issued ☐ Provider license suspension or emergency closure ☐ Provider Suspended Care ☐ Cost ☐ Provider Expelled Child from Program ☐ Other

☐ I have provided a minimum of five days' advanced notice to my current provider of my desire to discontinue child care.

Section 3 Provider's Information – Currently Enrolled Provider
You will need to complete a separate Provider Change Form for each provider you are leaving.

Effective Date of Change: *MM/DD/YYYY*

Name of Provider You are Leaving:	Provider's Phone Number:

Provider's Address: Street Apt # City State Zip Code

Child's Name	**Date Leaving Care**
	MM/DD/YYYY
	MM/DD/YYYY

	MM/DD/YYYY
	MM/DD/YYYY

If your child <u>will not</u> attend a new child care facility, sign below and complete Section 6. If your child will attend a new child care facility, sign below and complete Sections 4 and 6.

By signing this document both parties agree no assigned copayment is owed to the provider. If the provider is unwilling to sign this document, the parent must attach the most recent receipt indicating that the assigned copayment for child care is current. If provider does not sign the form, scholarships will automatically be ended and new scholarships issued after 5 business days of receipt of this request. Providers are encouraged to collect all fees owed weekly. If the receipt is at least $3, the child will be permitted to change providers.

Parent's Signature	Date	Provider's Signature	Date

Section 4 New Provider Information

You will need to complete a separate Provider Change Form for each new child care provider.
Note: The new scholarship will take effect, whichever is later, the first day of care or when this form is received by CCS Central 2.

Child's Name	Provider Type
	☐ Formal (Licensed) ☐ Informal *(Informal provider candidates must be approved by CCS 2)*
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	☐ Formal (Licensed) ☐ Informal *(Informal provider candidates must be approved by CCS 2)*

Section 5 Request for a Temporary Scholarship

This request is to be used when your provider has voluntarily closed for 1-14 days.

Temporary Scholarship	Start Date: MM/DD/YYYY	End Date: MM/DD/YYYY

Provider is: ☐ Formal (Licensed)
☐ Informal *(Informal provider candidates must be approved by CCS 2)*

Section 6 Parent's Signature

Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.

Parent's Signature	Date

This request will not be processed if the form is not signed.

Remember:

- ***Customers must provide at least 5 days advanced notice to the child care provider you are leaving***
- ***Providers must provide at least 5 days advanced notice to the customer if removing child from care***
- ***You must not have a CCS assigned copayment balance with the child care provider you are leaving***
- ***If you purposely hold back information about changes in your household, you may owe the agency the value of any child care payments made.***

You must report the following within 10 days:

- *Increase in your total household income equal to or above 85% of State Median Income*
- *Changes in income that includes SSI, TCA or Head Start*
- *Changes in the total number of people in your household (addition of children. Report addition of spouse at redetermination)*
- *New address, if you have moved*
- *Changes in child care provider*
- *Child care no longer needed*
- *Family no longer resides in Maryland*
- *Gain of assets in excess of one million dollars*