

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program CIRCUMSTANCE CHANGE FORM	Email To: ccscentral.msde@maryland.gov
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Section 1 General Information			
First Name:	Last Name:		
Party ID:	Date of Birth (DOB): <i>MM/DD/YYYY</i>		
Social Security Number (SSN) (<i>optional</i>):	Contact Phone Number:		
Mailing Address:	Street	City	State Zip Code

Section 2 Type of Change Being Reported (<i>required, you must select at least one</i>)	
<input type="checkbox"/> Increase in Activity	Complete Section 3 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Child Added to the Household <input type="checkbox"/> Add/Remove Household Member	Complete Section 4 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Lost Income <input type="checkbox"/> Increase in Income (<i>see SMI chart in Section 5</i>)	Complete Section 5 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Supplemental Security Income (SSI) Opened <input type="checkbox"/> SSI Closed	Complete Section 6 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Pending TCA Approved <input type="checkbox"/> TCA Closed <input type="checkbox"/> Pending TCA Denied	Complete Section 7 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Change of Name	Complete Section 8 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Change in Child's Schedule (<i>example: child starts kindergarten, Head Start, State funded Pre- K, or needs new hours</i>)	Complete Section 9 Then sign, date, and attach supporting documentation
<input type="checkbox"/> Unreceipted Scholarships to be voided <i>Must acknowledge if you have unreceipted scholarships to process any changes on this form</i>	Complete Section 10 Then sign, and date
<input type="checkbox"/> Change of Email Address	Complete Section 11 Then sign, date, and attach supporting documentation

Section 3 Reporting an Increase in Activity							
Household Member Name (from Section 1):				Activity Type:			
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? Hours: Minutes:			
Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to
Required Documents for Section 3 – You must attach proof of activity hours (example: pay stubs, school schedule, FIA plan).							

Section 4 Change in Household Composition

Information on Child Added to the Household

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> White		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 	
Does this child need care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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. Do you receive child support for this child? If yes, enter income information in Section 5 <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. What is the name of this child's absent parent(s)?					
7. Is this child in Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the start date? <i>MM/DD/YYYY</i>					

Required Documents for Section 4 –

You must attach the **child's birth certificate**

and if applicable, attach **proof of guardianship**

and if applicable, attach **SSI verification** letter

and if applicable, attach other **Social Security benefits verification** letter(s)

Add/Remove Household Member

Name of Household Member		
Added to Household	Removed from Household	Date of Household Change

If household change results in a change in income, please refer to **Section 5** of this form for income change guidelines.

Section 5 Reporting a Change in Income

Information on Lost or Changed Income

Type of Change	Household Member Name	Type of Income <i>(see choices below)</i>	New Income Amount <i>(for income changes only)</i>
<input type="checkbox"/> Lost Income <input type="checkbox"/> Increase in Income, see the SMI chart below.		Other	
Choices for Type of Income: <ul style="list-style-type: none"> • 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 			

Reporting an Increase in Income:

Refer to the SMI table to the right for your family size.

- If your Combined Household Income is **above** 85% of SMI, then submit this form and attach the required documents.
- If your Combined Household Income is **less than** 85% of SMI, then do not submit this form. Report changes in income at time of redetermination.

85% of Maryland State Median Income (SMI)

Family Size	85% of SMI
2	\$73,899
3	\$91,287
4	\$108,675
5	\$126,063
6	\$143,451
7	\$146,712

Required Documents for Section 5

If **Lost Income** then you must attach a Separation Letter from each former employer since your last eligibility determination.
If an **increase in Combined Household Income** is above 85% of SMI chart above, attach proof of income.

Section 6 Change in Supplemental Security Income (SSI)

Child's Name (Last, First, Middle):

Date of Birth: *MM/DD/YYYY*

SSI Opened

SSI Closed

Required Documents for Section 6 – Attach the SSI Notification Letter.

Section 7 Change in Temporary Cash Assistance (TCA)

Pending TCA Approved

Pending TCA Denied

TCA Closed

Required Documents for Section 7

Pending TCA Approved: attach the TCA Award Notification Letter;

Pending TCA Denied: attach proof of activity hours (example: pay stubs, school schedule, FIA plan);

TCA Closed: attach proof of activity (example: pay stubs, school schedule, FIA plan) and the TCA Closing Notification Letter.

Section 8 Change of Name

Prior Name:

New Name:

Effective Date: *MM/DD/YYYY*

Required Documents for Section 8 – You must attach proof of your legal name change.

Section 9 Change in Child's Schedule (enter the new schedule for each child)

Child's Name (Last, First, Middle):

New Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to

If child is now school age, before & after school schedule is required to be entered here.

Effective Date: *MM/DD/YYYY*

Child's Name (Last, First, Middle):

New Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to

If child is now school age, before & after school schedule is required to be entered here.

Effective Date: *MM/DD/YYYY*

Child's Name (Last, First, Middle):

New Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to

If child is now school age, before & after school schedule is required to be entered here.

Effective Date: *MM/DD/YYYY*

Child's Name (Last, First, Middle):

New Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	to	to	to	to	to	to	to

If child is now school age, before & after school schedule is required to be entered here.

Effective Date: *MM/DD/YYYY***Section 10 Unreceipted Scholarships** Acknowledge any unreceipted scholarships to be voided**If you have any unreceipted scholarships, you must check the checkbox above for CCS Central to process the reported changes on this form****Section 11 Change of Email Address**

Prior Email Address:

New Email Address:

Effective Date: *MM/DD/YYYY***Required Documents for Section 8** – You must attach proof of your identity**Section 12 Signature & Date**Signature **(required)**Date **(required)**

Change requests must be signed and dated to be processed.
Electronic signatures are not acceptable. Date must be within 45 days of submission.

NOTICESupporting documentation is **required** for changes reported in Sections 1-8 & 11 **and** with this signed and dated Circumstance Change Form.

The reported change will take effect once all required documents have been received by CCS Central2