



Parent/Guardian,

Thank you for inquiring about our child care program! Attached is a MSDE Child Care Subsidy Application as well as the YMCA Financial Aid Application.

MSDE has recently increased its level of subsidy to families that qualify, meaning that you may qualify for subsidy that you were previously denied. In nearly every case, MSDE will provide you greater financial assistance than the YMCA's internal program.

Please fill out the MSDE application and send it directly to them. The sooner you do so, the sooner you may be qualified for aid. The YMCA will not award financial aid until this process has been completed. You will need to also complete the YMCA Financial Aid Application completely in case you are denied by MSDE.

YMCA staff cannot help you with the MSDE process, as that is administered by the state. However, the sooner you get the process started, the sooner your child can get child care at a reduced rate. Please note that the parent/guardian is responsible for all co-pays, regardless if the financial assistance is given by the state or the YMCA.

If you need assistance with the MSDE process, please contact the number on their application. For information on the YMCA's financial assistance application, please contact Jill Slaughter at jslaughter@frederickymca.org. If you do receive MSDE vouchers and need to register for our child care program, please contact Wendy McLean at wmclean@frederickymca.org.

Once you do receive your vouchers from the state, please contact Wendy McLean directly for assistance.

Sincerely,
YMCA Child Care

YMCA OF FREDERICK COUNTY

1000 N. Market Street, Frederick, MD 21701

P 301-663-5131 F 301-663-5363 www.frederickymca.org

Our Mission: "To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all."



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
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**** 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:	<input type="checkbox"/> New <input type="checkbox"/> Redetermination
Type of Provider Used for Care:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal Relative Care: <i>Example - Grandparent, Aunt, Uncle, etc.</i> <input type="checkbox"/> 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):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated		
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):	Do you have Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> 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 want Child Care Assistance for related children who are not your biological children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How many related children are in your custody?	Number: _____
8. Are you or anyone in your household receiving Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you responsible for any children with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you currently homeless?	<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): 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 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 <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): MM/DD/YYYY	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):	
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?</i>				
9. If using Informal Relative Care, what is the relationship of the provider to the child?				

Child 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>	
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):		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):		
	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:				
	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):		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):		
	Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant:				
	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):		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):			
Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant:					
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):		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):		
	Are you Active Military Status?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language:		Relationship to Applicant:				
	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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

Activity 2	Applicant/Household Member Name (from Section 2 or 5):				Activity Type:			
	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

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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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
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
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

Section 8 Income Information	
Income 1	Name of Household Member with Income: _____ Type of Income: _____
	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
	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: _____
	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: _____
	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: _____
	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 : 5	10 : 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 : 5	10 : 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).



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Frederick County Financial Assistance Application

Since 1858, the YMCA of Frederick County has lived its mission to build health of spirit, mind and body for all and to improve the quality of life children, teens, adults, seniors, and families throughout Frederick County and the surrounding region. At the Y, strengthening community is our cause. By encouraging youth development, promoting healthy living and fostering social responsibility the Y is positively impacting people and communities. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has an opportunity to learn, grow and thrive.

Deeply rooted in our community, it is the mission of the Y to make it affordable for all. Membership and programs are available to all regardless of age, income, ability, race or religion. Based on available resources and sliding scale eligibility, the Y will not turn anyone away due to an inability to pay our full fees. Our financial assistance program provides aid based on need through an easy application process. Much of the financial assistance dollars shared are made possible through the generosity of those who contribute to our Annual Campaign.

Financial Assistance Policy

The YMCA of Frederick County will provide aid to qualified applicants through our Financial Assistance program based on the following:

- Applicants qualify for assistance based on annual gross household income and the size of the family.
- Financial assistance is available up to 50% for membership, programs and camp and up to 40% for and Before and After School Enrichment and up to 40% for Early Learning Center. Branch Executives have the authority, based on extreme need, to make larger assistance grants.
- Financial Assistance is reviewed at least annually by the Y, from the date of the approved application, or as requested by the Y.
- The applicant is responsible to reapply with current income verification prior to the expiration date of his/her financial assistance or as requested by the Y. Membership Aid will be awarded for one year, Child Care aid will be effective until the end of the current school year and must be applied for before the start of the new school year. If the applicant does not re-apply for financial assistance, fees will be charged at the full-published rate.
- The amount of financial assistance being offered is limited only to the resources of the YMCA of Frederick County.
- All financial assistance information is confidential.
- All standard membership rules apply to financial assistance memberships. You must cancel your membership with 30 days written notice. If a membership is unpaid for 2 or more consecutive months it will be terminated.

Application Process

- Complete Financial Assistance application
- Household income from most recent tax return (**1040 not W2**) *social security numbers will be redacted AND*
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other Aid)
- Other proof of income verification may be required and/or accepted at the discretion of the Y, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.
- All those applying for B.A.S.E. scholarships must complete the Meal Benefit application and submit a letter of approval for free or reduced meals if applicable. **ALL** Childcare applications with qualifying income must apply for assistance at department of social services when funds are available.

Notification Process

- The Y will notify applicants via the contact information provided on the financial assistance application.
- Applicants are expected to update contact information as needed.
- Please expect to hear from us within 14 days of submitting your financial assistance application.

**YMCA of Frederick County
Financial Assistance Application**

Name: _____ Single Married Separated Divorced
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Email: _____
 Phone Day: _____ Evening: _____ Cell: _____
 Your Employer's Name and Address: _____

Financial Asst. requested(Please circle one) B.A.S.E., ELC, STARS, Membership, SUMMER CAMP
(school age) (preschool)

2nd Adult Name: _____ Date of Birth: _____ Phone: _____
 2nd Adult Employer's Name and Address: _____

Your Annual Gross Income \$ _____ 2nd Adult Annual Gross Income \$ _____
 Child Support Income \$ _____ Other Income (source & amount) \$ _____

Number of Household Members: _____ (proof of Household size may be required)
 1. _____ Date of Birth ___/___/___ 4. _____ Date of Birth ___/___/___
 2. _____ Date of Birth ___/___/___ 5. _____ Date of Birth ___/___/___
 3. _____ Date of Birth ___/___/___ 6. _____ Date of Birth ___/___/___

List any special circumstances highlighting your reason for need: _____

Yes, I am willing to share my Y story with the YMCA to help support the Annual Campaign.

- To qualify for Financial Assistance you must submit the following documents:
- Complete Financial Assistance application and return to the Y Attn: Jill Slaughter, FA Processor.
 - Household income from most recent tax return (**1040 not W2**) social security numbers will be redacted **AND**
 - One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other Aid)
 - Other proof of income verification may be required and/or accepted at the discretion of the Y, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.
 - All those applying for B.A.S.E. scholarships must complete the Meal Benefit application. **ALL** Childcare applications with qualifying income must apply for assistance at department of social services when funds are available.

The information listed on this form is correct to the best of my knowledge. I understand that the financial assistance is granted to me by the YMCA of Frederick County and must be re-applied for annually, from the date of this application, or as requested by the Y. I understand that it is my responsibility to reapply and that the Y will send out a financial assistance expiration notice 30 days prior to expiration. If I do not re-apply for financial assistance my fees will be charged at the full-published rate.

Applicant Signature: _____ Date: _____

*****FOR OFFICE USE ONLY***** revised 020118

Camp / Program / Membership: _____	Subsidy % _____	ELC / B.A.S.E.: _____	Subsidy % _____
Start Date _____	Review Date _____	Meals: Reduced Free	Review Date _____

SUMMER CAMP 2019 – FINANCIAL AID APPLICATION ADDITIONAL INFORMATION

1. Camp Programs being requested:
 Summer Camp: Ages vary for each camp but between 5-15 years old.
 B.A.S.E.: Ages 6-11 years old.
 Preschool Adventure Camp: Ages 4-5 years old.
 Camp West Mar – Day Camp
 Summer Kids Unlimited: Campers with Special Needs

Number of Weeks Requested (Up to 4 per child)

Eligible Summer Camps	Campers Name / # of weeks	Campers Name / # of weeks	Campers Name / # of weeks
Downtown Y Summer Camp Sports Unlimited Dance Gymnastics Imagination Station Market Street Teen Trek			
Kids Unlimited			
Camp West Mar			
CIT			

***Must apply for POC and provide a copy of the denial letter with Y financial aid application.**

Check box for BASE or Preschool

<input type="checkbox"/>	BASE Camp (@ Elementary Schools)	All weeks eligible for aid
<input type="checkbox"/>	Preschool Adventure Camp	All weeks eligible for aid

**** 10% discount for payment in full is not available for Financial Aid recipients.**

Meal Benefit Application for Child Care Centers

July 1, 2018 - June 30, 2019

For more information, read **Instructions for Completing** or call: 301-663-5131 ext. 1270

Step 1 List all enrolled children (If more spaces are required for additional names, attach another sheet of paper).

Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If ALL children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

Step 2 Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle One:
Yes No

If you answered NO, complete Step 3.

If you answered YES, provide a case number then go to Step 4

Case Number:

Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if No SSN:

Step 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:	Signature:
Street Address:	
Date:	Phone #:

Step 5 OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Ethnicity (Check One): Hispanic or Latino Not Hispanic or Latino

Race (Check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$ _____

Weekly Every 2 Weeks Twice a Month Monthly Yearly

Eligibility: Free Categorically Eligible Reduced Paid

Determining Official's Signature: _____ Date: _____

Date Withdrawn: _____

INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION – Child Care Center

Complete the application using the instructions below. Sign the form and return it to the center. If you need help, call 301-663-5131 ext. 1270.

STEP 1 – CHILDREN'S INFORMATION - ALL HOUSEHOLDS COMPLETE

List the first and last name of all enrolled children. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If ALL children listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start, skip to Step 4.

STEP 2 – CASE NUMBER

If any member of your household receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number and skip to Step 4.

STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). **If a household member has no income—write '0' in the income box.**
- Report all income as gross income. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker's Compensation, Supplemental Security Income and Veteran's benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as **net income**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does not have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a FSP or TCA case number, or if you are only applying for foster children.

STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE

All forms must have the signature of an adult household member.

STEP 5 – RACIAL/ETHNIC IDENTITY

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional family member add:	\$7,992	\$666	\$154

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you are only applying for foster children, or you list a Food Supplement Program or Temporary Cash Assistance case number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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