

MARYLAND STATE DEPARTMENT OF EDUCATION
 DIVISION OF EARLY CHILDHOOD DEVELOPMENT • OFFICE OF CHILD CARE
 200 West Baltimore Street, 10TH Floor, Baltimore, Maryland 21201
FAMILY CHILD CARE PROVIDER GRANT PROGRAM APPLICATION

INSTRUCTIONS: Complete this application form and mail it with a COMPLETED VERIFICATION FORM from your Licensing Specialist and all documentation to the Office of Child Care (OCC) at the above address. Complete all information with **BLUE INK ONLY** in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications will be returned.

Applicant's Name: _____
 (Please print or type) Last First Middle Maiden

Social Security #(required): _____ County: _____

Mailing Address: _____
 Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone # : (_____) _____ Alternate Phone # : (_____) _____

E-mail: _____ Fax #: _____

Address of Registered Family Child Care Home if different than above:

Family Child Care Provider, registration #: _____ (attach copy of current registration)

Are you a provider or co-provider?

I am a Provider I am a Co-Provider

Please check which one or more of the Priority groups you will care for:

Special Needs Purchase of Care Infants Toddlers

Please include a copy of your MOST RECENT TAX FORM (S) for proof of COMBINED ANNUAL FAMILY INCOME of all persons residing in your home: _____

NUMBER OF PERSONS RESIDING IN YOUR HOME: # of Adults: _____ # of Children: _____

APPLICATION TYPE (check only one)		<input type="checkbox"/> FIRST APPLICATION	<input type="checkbox"/> RE-APPLICATION
REQUIREMENT	CLARIFICATION:		
Receipts for all items you are requesting reimbursement for.	<ul style="list-style-type: none"> • Receipts must include: vendor name, date of purchase, item description and amount paid. • Copies of the receipts are preferred as long as they are still readable. • Unreadable receipts will not be reimbursed. • Canceled checks will be accepted if both sides of the check are copied. • RECEIPTS MUST BE LISTED ON THE REVERSE SIDE OF THIS FORM. 		
Current Family Child Care License	<ul style="list-style-type: none"> • Copy of <u>current</u> Maryland Child Care Registration. 		
Verification Form from your Licensing Specialist	<ul style="list-style-type: none"> • Form is provided by your Licensing Specialist 		

APPLICATION CONTINUED ON THE OTHER SIDE. **REMINDER:** INCOMPLETE APPLICATIONS WILL BE RETURNED.

