



*Co-Payment Agreement Child Care Scholarship Program

All scholarships will have **\$0.00*** for the Assigned Co-payment amount. To determine the copay per scholarship, complete the following:

1. The parent must complete each question on this chart;
2. For any question answered “yes”, the parent must show proof to the child care program in order to receive a \$0.00 Assigned Co-payment per week;
3. Both the parent and the child care program must complete and sign the bottom of the Co-Payment Agreement; and
4. The child care provider must return the completed form to CCS Central 2 by email at CCSScholarships@maryland.gov

My Status or child's status	Yes or No	Action Required	Assigned Co-payment per week* (If you answered yes & provided proof)
Go to Question 7, Section 3 of the CCS Application. If you answered “Yes” to any of those questions, mark “Yes” for this question**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
Receives Federal Housing Act Housing Choice Voucher Program**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
Receives Federal Supplemental Nutrition Assistance Program (SNAP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show document to child care program.	\$0.00
My household receives Supplemental Security Income (SSI) benefits**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show document to child care program.	\$0.00
Receives Temporary Cash Assistance (TCA)?**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show document to child care program.	\$0.00
I am a Migrant Worker or the other adult in my household is a Migrant Worker**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
I am a Minor Parent with a child who needs child care**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
My household participates in the Montgomery County Guaranteed Basic Income (GBI) Program**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
My household receives Federal Special Supplemental Food Program for Women, Infants & Children & (WIC)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
My household receives a Welfare Avoidance Grant (WAG)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
A child in my household count is enrolled in Head Start or State Funded Pre-K**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Show proof to your child care program.	\$0.00
Does any of the above apply to my household**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Assigned Co-payment directly to your child care provider.	\$3.00 per week - 3 unit scholarship \$2.00 per week - 2 unit scholarship \$1.00 per week - 1 unit scholarship

****Note: If you answered “yes” to any of the above, but you cannot or decided not to show proof of receipt or enrollment to your child care program, your assigned co-payment per scholarship will be based upon the Unit of Care authorized on each scholarship (\$1.00 - \$3.00 per week per child).**

If the total of the child care scholarship and the Assigned Co-payment **does not cover** the child care program’s weekly tuition, **the parent is responsible for paying the difference owed** to the child care program in addition to the weekly Assigned Co-payment.

We acknowledge that parents participating in the above programs and who have shown proof to their child care provider are eligible for a \$0.00 Assigned Co-payment per week. All other families must pay an Assigned Co-payment per week that is equal to the Unit of Care authorized each Child Care Scholarship. **Child care providers must email a completed Co-Payment Agreement for each child with a scholarship to CCS Central 2. Effective May 23, 2022, child care providers must email both the completed Child Care Scholarship and the completed Co-Payment Agreement to CCSScholarships@maryland.gov**

Parent Signature _____

Voucher Number _____

Date _____

Provider Signature _____

Provider ID _____

Date _____