

Maryland State Department of Education/Office of Child Care
Child Care Scholarship Program
VOLUNTARY CHILD SUPPORT AGREEMENT

Return To:
CCS Central 2
PO Box 346031
Bethesda, MD 20827

Section 1 Applicant (Custodial Party) General Information

First Name:	Last Name:
Date of Birth (DOB):	Contact Phone Number:
Social Security Number (SSN) (Optional):	

Section 2 Non-Custodial Party

First Name:	Last Name:			
Social Security Number (SSN) (Optional):				
Home Address: Street	Apt #	City	State	Zip Code

Section 3 Payment Amount

Amount Paid:	Frequency:
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Section 4 Children

Child 1 Name:	Child 2 Name:
Child 3 Name:	Child 4 Name:

Section 5 Signature

By signing, I declare that I pay the amount populated above to the Custodial Party and that I am presently not a member of the household. Upon rejoining the family, I will sign the CCS Application at Redetermination and report my income and activity.

Non-Custodial Party Signature	Date
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By signing, I declare that I receive the amount populated above from the Non-Custodial Party and that the absent parent is currently not a part of the household. If the absent parent rejoins the family, at Redetermination: the absent parent will sign the CCS Application and report income and activity.

Custodial Party Signature	Date
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The Voluntary Child Support Agreement Form must be signed by both parents in order for this form to be processed.