



Sliding Scale Application

P.O. Box 1382
Westminster, MD 21158
410-848-0644 Center
410-861-0448 Finance
443-293-8787 Fax

Families reporting annual household income up to \$ 54,613 may apply for Sliding Scale (SS) tuition relief underwritten by charitable grantors. SS recipients must reapply each January. A change in eligibility between applications may disqualify the recipient. **Applicants currently receiving Child Care Subsidy (CCS), also called Purchase of Care (POC), are ineligible for SS support. Sliding Scale cannot be considered for applicants unless they have demonstrated a good-faith effort to apply for POC. For additional information, please visit <http://www.marylandfamilynetwork.org/child-care-subsidy-program-ccsp/>.**

If you believe you qualify and you wish to pursue an SS subsidy, **send this completed form with your W-2 for the prior calendar year and latest two pay stubs for each wage earner in the household** to P.O. Box 1382, Westminster, MD 21158. **Incomplete applications will not be considered.**

Children's Names (First/Middle/Last)

Date of Birth

_____	_____
_____	_____
_____	_____

Parents/Legal Guardians (Complete all areas for both; if not applicable, please put N/A)

Mother or Guardian (First, Middle, Last) _____ Marital Status: _____

Cell Phone: _____ Current Employer: _____

Hourly or Salary Wages: _____ Child Support: _____ Housing Subsidy: _____

Spousal Support: _____ **Checklist: W-2 and latest two pay stubs attached?** _____

Father or Guardian (First, Middle, Last) _____ Marital Status: _____

Cell Phone: _____ Current Employer: _____

Hourly or Salary Wages: _____ Child Support: _____ Housing Subsidy: _____

Spousal Support: _____ **Checklist: W-2 and latest two pay stubs attached?** _____

I certify that the information I have provided hereon and with this application is true and correct, and that I consent to an investigation of same by Carroll Child Care Centers, Inc. I also certify that I either do not qualify for or was denied POC.

_____	_____	____/____/____
Parent/Guardian Signature	Parent or Legal Guardian (print)	Date (xx/xx/xxxx)

Center Use Only

Total Income _____ Sliding Scale: _____ Eligible _____ Ineligible _____

Weekly tuition authorized _____ Starting ____/____/____

_____	____/____/____
Approved or Reviewed By	Date (xx/xx/xxxx)