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|  | **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: |

|  |  |  |
| --- | --- | --- |
| **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 |
| 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 |
| ***The Voluntary Child Support Agreement Form must be signed by both parents in order for this form to be processed.*** | |

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