

Food and child care prices keep going up?

Wish you had more money to buy good food for your kids?

Your child care costs count when you apply for the Food Supplement Program (FSP, "food stamps") if you're: working, going to school, or looking for work.

This could help you get a bigger food benefit.



Apply online:
www.marylandsail.org

OR

Call 1-800-332-6347
to get started

Child care costs include:

- Payments for child care services
- Co-pays for subsidized child care
- Before and after school care costs
- Transportation costs to and from care

The FSP now has higher income limits, so more working families may qualify for benefits.



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Maryland Hunger Solutions
Ending hunger and promoting well-being

Declaration of Child and Dependent Care Costs for Food Stamp/FSP Benefits

About

You can declare child care expenses on your food stamp/FSP application or recertification form, or you can use this form to declare costs. You have a right to claim these costs if you need child care to go to work, a training program or look for work. You do not need to provide a statement from your child care provider unless the information you provide is questionable.

You can also claim the cost of care needed for a disabled adult while you work, look for work or go to school. This includes adult day care services and transportation costs, or paying someone to provide care in your home for a disabled adult household member.

Basic Information

Your Name: _____ Agency ID: _____ (if known)

Address where you live:

Children or disabled adults needing child care

- | | | | |
|----------|-------|----------|-------|
| 1. _____ | _____ | 2. _____ | _____ |
| Name | Age | Name | Age |
| 3. _____ | _____ | 4. _____ | _____ |
| Name | Age | Name | Age |

(List additional children and dependent adults in care on another paper.)

My care costs: This includes direct care, co-pays, other payments for care

I pay \$ _____ / day OR \$ _____ / week

My transportation costs: This includes travel to and from the child care or school programs

1. By car (deduction of 55.5 cents per mile if you use your car)

I drive _____ miles round trip, for _____ days per week

2. By public transportation (Please mark one)

I pay \$ _____ / day OR \$ _____ / week

Signature:

I swear that the above information about my monthly child/dependent care costs is true to the fullest of my knowledge and belief:

Signature: _____ Date: _____



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