



Military Fee Assistance Department
 1515 N. Courthouse Road, 2nd Floor
 Arlington, VA 22201
 1-800-424-2246

ARMY RESPITE CHILD CARE PARENT APPLICATION

Please complete this application and fax to 703-341-4169 or email to
ARMYRESPITECHILDCARE@usa.childcareaware.org

SECTION A-RESPITE CHILD CARE PROGRAM NEEDS

ENROLLMENT STATUS: (Check one)

1. I am already enrolled in a Child Care Aware® of America-operated fee assistance program (e.g., OMCC, MCCYN) and I want to register for Army Respite Child Care.
2. I am not currently enrolled in a Child Care Aware® of America-operated fee assistance program; I only want to register for Army Respite Child Care.
3. I am updating or renewing an earlier Army Respite Child Care application with a new provider.
4. I am not currently enrolled in a Child Care Aware® of America-operated fee assistance program; I want to register for full-time or part-time fee assistance and Respite Child Care.

ELIGIBILITY STATUS: (Proof of status required) (Check one)

1. I have military orders in support of a deployment.
2. I am a Wounded Warrior assigned to a Warrior Transition Unit (WTU) or Warrior Transition Battalion (WTB).
3. I am a Survivor of a Fallen Soldier.
4. I am an Army Recruiter.
5. I am assigned to a Cadet Command Cadre (May-Sept of tour only).

Effective date of military orders: FROM Month: _____ Year: _____ TO Month: _____ Year: _____

If you or your spouse is National Guard or Reserve, please check below:

- I am an Army National Guard Soldier I am an Army Reserve Soldier

CHECK ONE:

I am the Parent: I am the Non-Parent Legal Guardian:

SECTION B-HOUSEHOLD INFORMATION

SERVICE MEMBER'S CONTACT INFORMATION:

Mandatory Documents: Military Orders and Child(ren)'s Birth Certificate(s) (or Self-Certification)

Family ID# (If known) _____

_____/_____/_____

Sponsor Last Name Sponsor First Name M.I. Sponsor Date of Birth

_____ (_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

Grade Duty Telephone Home Telephone Cell Phone

Street Name and Number: _____

City State Zip Code

Valid Email Address: (Will be used for all communication) _____

Alternate email address: _____

SECTION C - SERVICE MEMBER'S SPOUSE/SECOND PARENT

SPOUSE/SECOND PARENT CONTACT INFORMATION:

Parent/Military Sponsor Name: _____

C1. SERVICE MEMBER SPOUSE CONTACT INFORMATION:

_____/_____/_____
Last Name First Name M.I. Date of Birth

(_____)_____-_____
Grade Telephone # Home Telephone #

Street Name and Number

City State Zip Code

City State Zip Code

Email Address: _____

C2. LEGAL GUARDIAN CONTACT INFORMATION (IF APPLICABLE):

_____/_____/_____
Last Name First Name M.I. Date of Birth

(_____)_____-_____
Duty Telephone # Home Telephone #

Street Name and Number

City State Zip Code

City State Zip Code

Email Address: _____

SECTION D-CHILD CARE PROVIDER INFORMATION^{SS}

CHILD CARE PROVIDER INFORMATION:

I am already enrolled in Army Fee Assistance and want to use my current provider. Provider ID# _____

Provider/Program Name: _____
 (As it appears on license/ registration)

Provider/Program Mailing Address: _____

 City State Zip Code

Provider Phone Number: _____ Provider Email: _____

SECOND PROVIDER (if needed):

Provider/Program Name: _____
 (As it appears on license/ registration)

Provider/Program Mailing Address: _____

 City State Zip Code

Provider Phone Number: _____ Provider Email: _____

THIRD PROVIDER (if needed):s

Provider/Program Name: _____
 (As it appears on license/ registration)

Provider/Program Mailing Address: _____

 City State Zip Code

Provider Phone Number: _____ Provider Email: _____

SECTION E- CHILDREN WHO WILL NEED RESPITE CHILD CARE

NAMES OF CHILD(REN) TO BE CARED FOR THROUGH THE ARMY RESPITE CARE PROGRAM:

Full Name of Child (First and Last Name)	Date of Birth	Gender (M/F)	Comment
1.			
2.			
3.			
4.			
5.			
6.			

SECTION F-PROGRAM ASSURANCES

PARENT/LEGAL GUARDIAN CERTIFICATION:

(Please read carefully; check all boxes, sign and date in designated area below)

I CERTIFY THAT:

- I am the parent or legal guardian of the child(ren) listed and I may be required to submit proof of such in order to receive Army Respite Child Care services.
- All information submitted in this application is true and correct.

I UNDERSTAND THAT:

- This information is being given in order to establish eligibility for the Respite Child Care program.
- This information is being provided in connection with military funds used to pay for the cost of Army Respite Care. Military and Child Care Aware® of America officials may verify any information on this application at any time they deem necessary.
- I may not claim reimbursement for more than my Eligibility Status (page 1) allows per child per month of the Army Respite Child Care Program from combined sources including Child Care Aware® of America, Army Garrisons, and YMCA-operated programs. Army Respite Child Care payments may be audited and violations reported. Failure to adhere to this program rule may result in negative action, including termination from the program and potential legal action.
- Deliberate misrepresentation of this information may result in prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.
- Any misrepresentation or falsification of information that is in any way related to child care fees may result in reclaiming any money paid for child care and may be punishable under criminal law.
- Child Care Aware® of America will not reimburse an ineligible child care provider.
- I may use more than one provider/program; however, Child Care Aware® of America will not reimburse more than one provider/program for the same period of time, for the same child.
- Child Care Aware® of America will make payments directly to the child care provider/programs based upon complete attendance sheets that are verified/signed by the parent/guardian and submitted by the child care provider.
- I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in the Child Care Aware® of America Respite Child Care program and that I may be required to re-pay any money paid on my behalf.

PARENT/LEGAL GUARDIAN RESPONSIBILITIES AND CERTIFICATION

I [parent or legal guardian] understand/agree (Please check all boxes):

- That my participation in the Army Respite Child Care Program is based on my stated eligibility; if there are any changes to my eligibility or enrollment status, I must notify Child Care Aware® of America MILITARY PROGRAMS within 15 days.
- That I must verify and sign attendance records on a timely basis to ensure the provider/program may receive timely reimbursement.
- That attendance sheets must be completed, signed by myself and my provider, and submitted to Child Care Aware® of America. **For Army families, attendance sheets must be submitted within 30 days of services provided.**
- That I must submit proof of my continued eligibility for this program when requested.
- That I understand the provider/program indicated on this form must meet all state requirements to provide child care services, and that Child Care Aware® of America MILITARY PROGRAMS will not begin reimbursements before the provider/program has been determined eligible.
- That I have read all of the above and understand its contents. I also understand that non-compliance with any of the above may result in termination with the Army Respite Child Care program.

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature

Date