

Name of Parent/Military Sponsor:

Child Care Aware® of America Email: msp@usa.childcareaware.org

Toll-free: 1-800-424-2246 Fax: 703-341-4103 www.childcareaware.org

Military Fee Assistance Programs PARENT ELIGIBILITY APPLICATION

You may also apply online at www.fap.americasteamforchildcare.org

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ON THIS PAGE, COMPLETE ONLY OF	NE OF THE 3 BLOCKS	BELOW		
Operation Military Child Care (OMCC)				
Check one: Activated/Deployed National Guard or Res Deployed Active Duty Soldier unable to acc	serve Service Member unal cess child care on a military	y installation		
Active Component (check one):				
Army	Army Reserve Army National Guard			
	OR			
Military Child Care in Your Neighborho	ood (MCCYN)			
Check one: Active Duty Soldier, AGR Guard and Reserve un Military civilian unable to access child care (Active Duty (check one):		n military installation		
Army Army National Guard Army Reserve Military Civilian				
Thing Thing Thing Thing		CT MAIN		
	OR			
Wounded, Ill and Injured				
Check one: Active Duty Wounded Warrior Active Duty Survivor Outreach Services (SC	OS)			
Active Component (check one):	Guard/Reserve Comp	nonent (check one):		
Army	Army Reserve	Army National Guard		
	y	y		

Type of Application (check one):		
Initial Application		
Change of information, eligibility criters	ia, status, etc.	
Check any that apply (If applicable):		
Recruiter ROTC		
Recruiter ROTC		
Check any that apply:		
Sole Parent Legal Guardian	Dual Military Sponsor	Dual Working Parents
Yes No Yes No	Yes No	□Yes □No
SECTION A. HOUSEHOLD INFORMA 1. SERVICE MEMBER (SPONSOR) CONTACT IN	NFORMATION: REQUIRED	
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1. SERVICE MEMBER (SPONSOR) CONTACT IN Last Name First Name Grade Duty Telephone # Street Name and Number City	M.I. Date of Bird Home Telephone #	Zip Code
1. SERVICE MEMBER (SPONSOR) CONTACT IN Last Name First Name Grade Duty Telephone # Street Name and Number	NFORMATION: REQUIRED	
1. SERVICE MEMBER (SPONSOR) CONTACT IN Last Name First Name Grade Duty Telephone # Street Name and Number City	M.I. Date of Birth M.I. Date of Birth M.I. Date of Birth M.I. State Yes No	Zip Code

Parent/Military Sponsor Name: _					
1a. SERVICE MEMBER SPOU	JSE CONTACT INFORM	MATION (IF AI	PPLICABLE):		
				//	
	First Name		M.I.	Date of Birth	
			() _	-	
Grade Telephone	#		Hama Tala	ahana #	
Grade Telephone	π		Home Tele	рионе #	
Street Name and Number					
City		State		Zip Code	
,				•	
Email Address:					
1b. <u>LEGAL GUARDIAN</u> COM	NTACT INFORMATION	(IF APPLICAB	LE):		
				/	
Last Name	First Name		M.I.	Date of Birth	
		,	,		
		()		
Duty Telephone #:		Но	me Telephoi	ne #:	
Street Name and Number					
City		State		7in Code	
City		State		Zip Code	
Email Address:					

Parent/Military Sponsor Name:					
SECTION B. CHILD CARE PROV	IDER INFOR	MATIO	<u>N</u>		
Provider/Program Name:(As it appears of	on liconco/mosistuoti	(m)			
Provider/Program Address: (please indic			rovided)		
Street Name and Number County in which care is provided:	City			State	Zip Code
Provider/Program telephone number:				il Address:	
Second Provider (if needed)					
Provider/Program Name:(As it appears of	on license/registrati	on)			
Provider/Program Address: (please indi	cate the address wh	nere care is p	rovided)		
Street Name and Number City State Zip Code					Zip Code
County in which care is provided:					
Provider/Program telephone number: () E-Mail Address:					
Date Care Begins:// Date Care Ended (if applicable)://					
NAMES OF CHILDREN TO BE CAR	ED FOR THRO	UGH MI	LITARY SU	BSIDY PROG	RAMS
Name of Child(ren)	Date of Birth	Gender (M/F)	Provider/Pro	gram Name	
1.					
2.					
3.					
4.					
SCHEDULE OF CARE					
Name of Child(ren)	Days Child SUN MON	ren are in Ca TUE WI	re (Check all ti ED THU	hat apply) FRI SAT	Hours Children are in Care From To
1.					
2.					
3.					

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 fee assistance. ☐ All information submitted in this application is true and correct. Any misrepresentation of this information may result in reclaiming any money paid for child care and may result in prosecution under applicable State and Federal laws. See 18 U.S.C. § 1001.	
□ 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 for assistance, and all information submitted in this application is true and correct. Any missopresentation of this information may result in reclaiming any money paid for child care and may result in prosecution under applicable State and Federal laws. See 18 U.S.C. § 1001. UNDRESTAND FILTS: □ I must submit proof of my continued eligibility for this program when requested. □ This information is being given in connection with military tunds used to reduce the cost of child care, and Military and Child Care Aware? of America (CCAoA) officials may verify any information on this application at any time they deem necessary. □ This program is not an entillement program and is subject to the wallability of nancks which may be discontinued at any time. □ All program policies and guidelines are set forth by the funding entity, then I am not eligible for the program. □ Fee assistance for which I am eligible is based on the order or an entire of more. CCAoA serves only as the program administrator. If I do not meet the minimum requirements set forth by the funding entity, then I am not eligible for the program. □ Fee assistance for which I am eligible is based on my program eligibility, income, child care button, age of child/ren), the provider/program is location, and the type of child care I select, if there are any changes to my situation, I must make CCAoA aware of those changes immediately. □ Both parents/ / legal guardiams' information must be listed on the application unless I am a single parent with sole custody. □ I must select a qualified child care provider/ program by my program is required antional accrediation. Froegram / providers who do not meet the eligibility requirements of my program eligibility in the fee assistance program. These requirements of my program eligibility in the provider program. The provider is program of the same child. □ I must select a qualified ch	PARENT/LEGAL GUARDIAN CERTIFICATION: (Please read carefully, check all boxes, sign and date in designated area.)
□ All information submitted in this application is true and correct. Any misrepresentation of this information may result in reclaiming any money paid for child care and may result in processution under a pipicable State and Federal laws. See 18 U.S.C. \$1001. UNDERSTAND THAT: □ Inust submit proof of my continued eligibility for this program when requested. □ This information is being given in connection with military funds used to reduce the cost of child care, and Military and Child Care Aware® of America (CCAoA) officials may verify any information on this application at any time they deem necessary. □ This program is not an entitlement program and is subject to the availability of funds, which may be discontinued at any time. All program policies and guidelines are set forth by the funding entity, then I am not eligible for the program of the most may be a provider eligibility, schedule of care, number of hours of care, and more. CCAoA serves only as the program administrator. If I do not meet the minimum requirements set forth by the funding entity, then I am not eligible for the program. □ Fore assistance for which I am eligible is based on my program eligibility, income, child care lustice, age of children), the provider/program is location, and the type of child care I select; if there are any changes to my situation, I must make CCAoA aware of those changes immediately. □ In must select a qualified child care provider/program that meets my program's requirements in order to participate in the fee assistance program. These requirements in clude but are not limited to a state license and an inspection report free of disqualifying incidents. Some programs may require a national accreditation. Programs providers who do not meet the eligibility requirements of my programs and who are not qualified for my program with the fee assistance program. The must choose a new eligible provider. □ A provider program is a national accreditation. Proogram providers who not make the eligibility requirements of the	
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program. These requirements include but are not limited to: a state license and an inspection report free of disqualifying incidents. Some program may require a national accreditation. Programs/providers who do not meet the eligibility program by program and who are not qualified for my program will not be reimbursed. For more information on provider eligibility, please visit intrp://waa.child.careaware.org/. A provider/ program's probation or disqualification from the fee assistance program may result due to severe non-compliances or a change in the provider/ program's probation or disqualification from the fee assistance will not be issued to providers/programs who are disqualified. In order to continue with the fee assistance program, I must choose a new eligible provider. In order to continue with the fee assistance program, I must choose a new eligible provider. In order to continue with the fee assistance program, I must choose a new eligible provider. In order to continue with the fee assistance program, I must choose a material three (3) times per year. In may use more than one provider/ program change continues more than three (3) times per year. In may use more than one provider/ program, however, CCAoA will not reimburse more than one provider/ program for the same period of time, for the same child. If I use a back-up child care provider/ program, CCAoA must reimburse the primary child care provider/ program first. All family income of the spouse and sponsor must be reported. Any changes to the income or employment status of the spouse or sponsor must be reported to CCAOA immediately. In must disclose any income and additional sources of fee assistance, including but not limited to: long-term disability benefits; voluntary salary deferrals; retirement or other pension income; other federal/ state benefits; quarters subsistence and other allowances appropriate for the rank and status of military whether received in cash or in kind; child care/fee assistance vouchers, waivers, or subsidies; s	
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