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 Arlington, VA 22201
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 msp@nacrra.org

**Military Fee Assistance Programs
 PARENT ELIGIBILITY APPLICATION**

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

Name of Parent/Military Sponsor: _____

ON THIS PAGE, COMPLETE ONLY ONE OF THE 5 BLOCKS BELOW

Operation Military Child Care (OMCC)		
Check one:		
<input type="checkbox"/> Activated/Deployed National Guard or Reserve Service Member		
<input type="checkbox"/> Deployed Active Duty Soldier, Sailor, Airmen, or Marine unable to access child care on a military installation		
Active Component (check one)		Guard/Reserve Component (check one)
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Army Reserve <input type="checkbox"/> Army National Guard
<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Air Force	<input type="checkbox"/> Naval Reserve
		<input type="checkbox"/> Marine Corps Reserve
		<input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard

OR

Military Child Care in your Neighborhood (MCCYN)	
<input type="checkbox"/> Active Duty Soldier, Sailor, Airmen, Marine, AGR Guard and Reserve unable to access child care on a military installation	
<input type="checkbox"/> Military civilian unable to access child care on a military installation	
Active Duty (check one): <input type="checkbox"/> Army ASPYN (Army School age Program in Your Neighborhood)	
<input type="checkbox"/> Army	<input type="checkbox"/> Army National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps
<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Military Civilian

OR

Army Child Care in Your Neighborhood (ACCYN)	
Active Duty (check one):	
<input type="checkbox"/> Army	<input type="checkbox"/> Army Civilian <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force
ACCYN Project Locations (check one):	
<input type="checkbox"/> Fort Carson	<input type="checkbox"/> Fort Bliss <input type="checkbox"/> Fort Bragg <input type="checkbox"/> Ft. Steward/Hunter Army Airfield <input type="checkbox"/> Fort Drum <input type="checkbox"/> Fort Belvoir
<input type="checkbox"/> Fort Leonard Wood	<input type="checkbox"/> Fort Campbell <input type="checkbox"/> Fort Riley <input type="checkbox"/> Fort Sam Houston <input type="checkbox"/> Fort Lewis <input type="checkbox"/> USAG Miami <input type="checkbox"/> Fort Hood, TX <input type="checkbox"/> Fort Myer, VA

OR

Army School Age Program in Your Neighborhood (ASPYN)	
Active Duty (check one):	
<input type="checkbox"/> Army	<input type="checkbox"/> Army Civilian <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force
ASPYN Project Locations (check one):	
<input type="checkbox"/> Fort Carson	<input type="checkbox"/> Fort Bliss <input type="checkbox"/> Fort Bragg <input type="checkbox"/> Ft. Steward/Hunter Army Airfield <input type="checkbox"/> Fort Drum <input type="checkbox"/> Fort Jackson
<input type="checkbox"/> Fort Benning	<input type="checkbox"/> Fort Campbell <input type="checkbox"/> Fort Riley <input type="checkbox"/> Fort Lewis <input type="checkbox"/> Fort Hood, TX

OR

Wounded, Ill and Injured		
Active Component (check one)		
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps
<input type="checkbox"/> Air Force		
Guard/Reserve Component (check one)		
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Naval Reserve	<input type="checkbox"/> Army National Guard
<input type="checkbox"/> Air Force Reserve	<input type="checkbox"/> Marine Corps Reserve	<input type="checkbox"/> Air National Guard

Parent/Military Sponsor Name: _____

Type of Application (check one):

- Initial Application
- Change of information, eligibility criteria, status, etc.

Check any that apply (If applicable):

- Recruiter
- MEPCOM
- ROTC

Check any that apply:

- | | | | |
|--|--|--|--|
| Sole Parent | Legal Guardian | Dual Military Sponsor | Dual Working Parents |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION A. HOUSEHOLD INFORMATION

1. SERVICE MEMBER (SPONSOR) CONTACT INFORMATION: REQUIRED

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

Grade Duty Telephone #: Home Telephone #:

Street Name and Number

City State Zip Code

Is this the address where child resides? Yes No

Email Address (used for all communication): _____

Installation assigned to: _____

Parent/Military Sponsor Name _____

SECTION B. CHILD CARE PROVIDER INFORMATION

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

Provider/Program Mailing Address:

Street Name and Number City State Zip Code

County in which care is provided: _____

Provider/Program telephone number: (____) _____ - _____ E-Mail Address: _____

Second Provider (if needed)

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

Provider/Program Mailing Address:

Street Name and Number City State 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 CARED FOR THROUGH MILITARY SUBSIDY PROGRAMS

Name of Child(ren)	Date of Birth	Gender (M/F)	Provider/Program Name
1.			
2.			
3.			
4.			

SCHEDULE OF CARE

Name of Child(ren)	Days Children are in Care (Check all that apply)							Hours Children are in Care	
	SUN	MON	TUE	WED	THU	FRI	SAT	From	To
1.									
2.									
3.									
4.									

PARENT/LEGAL GUARDIAN CERTIFICATION: (Please read carefully; check all boxes, sign and date in designated area)

In addition to this form I have submitted:

(Fax, mail, or email these documents to NACCRRRA.)

- Service Member's military orders (activated/deployed only)
- Leave and Earning Statements (LES) for the service member
- Spouse's most recent pay stub (one month) or proof of enrollment in school
- Child(ren)'s birth certificate or self certification statement

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 reduced fee child care.
- All information submitted in this application is true and correct.
- All family income of the spouse and service member sponsor is reported.

I UNDERSTAND THAT:

- This information is being given in order to determine child care fees to be paid.
- This information is being given in connection with military funds used to reduce the cost of child care.
- Military and NACCRRRA officials may verify any information on this application at any time they deem necessary.
- 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 reduced child care fee, may result in reclaiming any money paid for child care and may be punishable under criminal law.
- Eligibility for the reduced child care fee is determined based on Military eligibility requirements.
- NACCRRRA MILITARY PROGRAMS may only pay **up to** the state's local market rate for child care fees.
- I must select a **qualified** child care provider/program that meets the qualifications necessary to participate in the NACCRRRA MILITARY PROGRAMS. The NACCRRRA MILITARY PROGRAMS will not reimburse any child care provider/program who is not qualified.
- I must give NACCRRRA MILITARY PROGRAMS a minimum of two (2) weeks notice when changing child care providers/programs by submitting a **CHANGE OF PROVIDER/PROGRAM FORM** and a new **PROVIDER/PROGRAM INFORMATION AND REGISTRATION FORM**.
- I may use more than one provider/program; however, NACCRRRA MILITARY PROGRAMS 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, NACCRRRA MILITARY PROGRAMS must reimburse the primary child care provider/program **first**.
- NACCRRRA MILITARY PROGRAMS will only make payments directly to the child care provider/program, and not to me.
- I understand that I must disclose any income including: *Long-term disability benefits *Voluntary salary deferrals *Retirement or other pension income *Other Federal and State benefits, etc. *Quarters subsistence and other allowances appropriate for the rank and status of military whether received in cash or in kind *Anything else of value, even if not taxable, that was received for providing services
- I understand that I may not receive fee assistance for child care both from the Military Branch of Service and NACCRRRA at the same time.
- If I am an **Army** family, I understand that I am only eligible to receive **1 Army subsidy per child** and may not receive subsidies from GSA and NACCRRRA simultaneously.

PARENT/LEGAL GUARDIAN RESPONSIBILITIES AND CERTIFICATION

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

- That reduced fee child care for which I am eligible is based on my income, family size, age of child(ren), the provider/program's location, and the type of child care I select; if there are any changes to my situation, **I must make NACCRRRA MILITARY PROGRAMS aware of those changes.**
- To authorize attendance records on a timely basis, to ensure the provider/program may receive timely reimbursement.
- To submit proof of my continued eligibility for this program when requested.
- To notify NACCRRRA MILITARY PROGRAMS at least fifteen (15) calendar days before ending child care services. In cases of emergency please notify NACCRRRA MILITARY PROGRAMS immediately (1-800-793-0324).
- That the provider/program indicated on this form must meet all state requirements to provide child care services, and that NACCRRRA MILITARY PROGRAMS is under no obligation to begin reimbursements before the provider/program has been determined qualified.
- 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 reduced child care fee and of my participation in the NACCRRRA MILITARY PROGRAMS and I may be required to re-pay any money paid on my behalf*

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature

____/____/____
Date