



Military Subsidy Programs
ELIGIBILITY APPLICATION

To receive a \$25 credit, complete this application online. www.nacccra.org/militaryprograms

Name of Parent/Legal Guardian: _____

ON THIS PAGE, COMPLETE ONLY ONE OF THE 6 BLOCKS BELOW

Operation Military Child Care (OMCC)

Check one:

- Activated/Deployed National Guard or Reserve Service Member
- Deployed Active Duty Soldier, Sailor, Airmen, or Marine unable to access child care on a military installation

Active Component (check one)

- Army
- Navy
- Marine Corps
- Air Force

Guard/Reserve Component (check one)

- Army Reserve Army National Guard
- Naval Reserve
- Marine Corps Reserve
- Air Force Reserve Air National Guard

Navy/Marine Corps Child Care in your Neighborhood (San Diego, CA)

- Navy Marine Corps

Military Child Care in your Neighborhood (MCCYN)

- Active Duty Soldier, Sailor, Airmen, Marine, AGR Guard and Reserve unable to access child care on a military installation
- DoD civilian unable to access child care on a military installation

Active Duty (check one): Army **ASPYN** (Army School age Program in Your Neighborhood)

- Army Navy Marine Corps Air Force Army National Guard Army Reserve DoD Civilian
- Air Force Reserve Air National Guard

Army(ACCYN)

Active Duty (check one):

- Army Navy Marine Corps Air Force DoD Civilian

ACCYN Project Locations (check one):

- Colorado Springs, CO Manhattan, KS Hopkinsville, KY Fayetteville, NC Maryland
- Watertown, NY San Antonio, TX El Paso, TX Tacoma, WA Washington, DC Metro area

Quality Family Child Care (QFCC)

Active Duty (check one):

- Army Navy Marine Corps Air Force DoD Civilian

QFCC Project Locations (check one):

- Oklahoma City, OK Lakewood, CO Las Vegas, NV Fayetteville, NC Spokane, WA Omaha, NE
- Yuba City, CA San Antonio, TX Fort Walton Beach, FL Fairfield, CA Biloxi, MS Valdosta, GA

Severely Injured Service Members

Active Component (check one)

- Army
- Navy
- Marine Corps
- Air Force

Guard/Reserve Component (check one)

- Army Reserve Army National Guard
- Naval Reserve
- Marine Corps Reserve
- Air Force Reserve Air National Guard

Name of Parent/Legal Guardian: _____

Type of Application (check one):

Initial Application

Change of information, eligibility criteria, status, etc.

Check any that apply:

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

Purpose: To determine reduced child care fees for child(ren) or any child(ren) legally claimed as service member's dependents.
Disclosure: Fees will be determined based on service member's and service member's dependents Total Family Income. If the Total Family Income is not disclosed, the fee will be set at the highest reduced fee level.

Section A. Household Information

1. SERVICE MEMBER CONTACT INFORMATION:

_____	_____	_____	_____-_____-_____	____/____/____
Last Name	First Name	M.I.	Social Security #	Date of Birth
_____	(_____)_____	(_____)_____	_____	_____
Grade	Duty Telephone #:	Home Telephone #:	_____	_____

Street Name and Number				
_____	_____	_____	_____	_____
City	State	Zip Code	_____	_____
Email Address: _____				

Name of Parent/Legal Guardian: _____

1a. SERVICE MEMBER SPOUSE CONTACT INFORMATION:

_____/_____/_____
Last Name First Name M.I. Social Security # Date of Birth

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

Street Name and Number

City State Zip Code

Email Address: _____

1b. LEGAL GUARDIAN CONTACT INFORMATION (IF APPLICABLE):

_____/_____/_____
Last Name First Name M.I. Social Security # Date of Birth

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

Street Name and Number

City State Zip Code

Email Address: _____

Section B. Annual Family Income:

Enter annual income data as requested; e.g., multiply the most recent monthly income by 12 or if paid on a biweekly income, enter the most recent biweekly income and multiply by 26.

For purposes of determining reduced child care fees in the Military Subsidy Programs, Total Family Income is defined as all income before deductions for taxes, social security, etc. including:

- *Wages, salaries & tips
- *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.

DO NOT INCLUDE cost of living allowance (COLA) received in high cost areas, alimony and child support, temporary duty allowance, reimbursements for educational expenses, family separation allowance, Hardship Duty pay, Imminent Danger pay, or Re-Enlistment Bonus.

Proof of income must be attached to this application (LES for 4 most recent, consecutive weeks or bi-weekly pay stub)	a. Applicant	b. Spouse
	Income for Current Month <input type="checkbox"/>	Income for Current Month <input type="checkbox"/>
1. Wages, Salaries & Tips (gross)		
2. Pensions, Retirement, Social Security Benefits		
3. Unemployment, Worker's Compensation		
4. Public Assistance (i.e. AFDC, TANF)		
5. Basic Allowance for Housing		
6. Basic Allowance for Subsistence:		
7. Other Special Pay (Assignment Incentive Pay, Pro Pay, Flight Pay, etc.)		

Name of Parent/Legal Guardian: _____

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)	SSN (must be filled in)	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 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 NACCRRRA MILITARY PROGRAMS 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 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 fees.*

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature

____/____/____
Date