



## DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



### INSTRUCTIONS – RESPITE CHILD CARE

#### SERVICE MEMBER/SPOUSE:

1. Determine eligibility category (page 2).
2. Complete and sign the “Respite Child Care Application,” section 1 (page 3).
3. Submit paperwork to local YMCA membership services.

#### LOCAL YMCA:

1. Review application for completeness.
2. Complete and sign the “Respite Child Care Application,” section 2 (page 3).
3. Attach a usage log (sign in/out log).
4. Complete “Payment Invoice” (page 4).
5. Email application to [dodymca@asymca.org](mailto:dodymca@asymca.org).

### ADDITIONAL INFORMATION

- Drop off on demand service only.
- Cannot be used for any type of day care, am/pm care, summer camp, etc..
- A usage log (date, time in/out, hours) is required for all participating children.
- Applications are to be submitted on a monthly basis.
- Reimbursement Rate = \$6.00 per hour.
- Maximum number of hours per month = 16 hours per child.

*The forms included in this packet, once completed, contain FOR OFFICIAL USE ONLY information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution of completed forms is prohibited without the approval of the author unless the recipient has a need to know in the performance of official duties.*



## DOD ARMED SERVICES YMCA INITIATIVE MILITARY OUTREACH INITIATIVE



### ELIGIBILITY CATEGORIES AND CRITERIA

Service member must be on **Title 10** orders with at least **six months** remaining as of the signature date on the application form and meet all criteria in one of the following categories:

#### **CATEGORY 1: ACTIVE DUTY \*Independent Duty Personnel (IDP)**

- I am assigned to a Service-designated Independent Duty Station that is not at or near a free or Service-provided fitness facility; AND
- I require a single-person membership or my family resides with me and I require a family membership.

\* Category 1 includes National Guard and Reserve members on Title 10 IDP assignment.

#### **CATEGORY 2: Unaccompanied Spouse/Family of ACTIVE DUTY**

- Sponsor is deployed or on “unaccompanied tour” orders that require the member to reside at an assigned duty location and restricts the spouse/family from accompanying the member; AND
- Sponsor’s family resides at a Service-designated independent duty station or in an area that is not at or near a free or Service-provided fitness facility.

#### **CATEGORY 3: Unaccompanied Spouse/Family of DEPLOYED GUARD and RESERVES**

- Sponsor is on deployment orders that require the member to reside at an assigned duty location that restricts the spouse/family from accompanying the member; AND
- Sponsor’s family resides at a Service-designated independent duty station or in an area that is not at or near a free or Service-provided fitness facility.

#### **CATEGORY 4: \*Soldier Recovery Unit / Warrior Care Unit**

- My duty location is my house address.
- My home address is not located at or near a free or Service-provided fitness facility.
- I require a single-person membership, or my family resides with me and I require a family membership.

\* Personnel on IDP assignment as support staff to a soldier recovery/warrior care unit must use Category 1 (IDP).



**DOD ARMED SERVICES YMCA INITIATIVE  
MILITARY OUTREACH INITIATIVE**



**RESPITE CHILD CARE APPLICATION**

**INSTRUCTIONS** (see pages 1): Member/Spouse – complete all sections and submit completed form to local YMCA.

**SECTION 1: TO BE COMPLETED BY SERVICE MEMBER/SPOUSE**

**Sponsor Information:**

**Member (Last, First):** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Service Branch (select all that apply):**

National Guard    Reserve    Army    Navy    Marine Corps    Air Force

**Title 10 Category – Select One:**

- Category 1 – Active Duty Independent Duty Personnel
- Category 2 – Unaccompanied Spouse/Family of Active Duty
- Category 3 – Unaccompanied Spouse/Family of Deployed Guard and Reserves
- Category 4 – Soldier Recovery Unit / Warrior Care Unit

**Assignment Timeline (mm/yyyy) Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Member Certification:** *I certify the information provided is accurate and all eligibility criteria for the specified category is met. I agree to pay any cost above the DoD-funded rate (\$6/hour) to include any optional services I elect. I understand that intentionally providing false information to secure services under a Defense contract is cause for disciplinary action and may be prosecutable.*

**Member/Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY THE LOCAL YMCA REPRESENTATIVE**

**Usage Information:**

Child Name (Last, First)	Age	Hour(s)	x \$6.00 =	Subtotal
			x \$6.00 =	
			x \$6.00 =	
			x \$6.00 =	
			x \$6.00 =	
			x \$6.00 =	
			<b>Total (\$)</b>	

**YMCA Representative Certification:** *I certify the information provided is accurate. I understand that all applications that are not submitted in a timely manner (see page 1) are at risk for denial and will not be reimbursed.*

**YMCA Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DOD ARMED SERVICES YMCA INITIATIVE  
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**PAYMENT INVOICE**

**INSTRUCTIONS:** Submit completed payment invoice and Respite Child Care application via email to [dodymca@asymca.org](mailto:dodymca@asymca.org)

- Reimbursement Rate = \$6.00/hour
- Maximum Hours Per Month = 16 hours per child

<b>Today's Date:</b> _____	<b>Contract Number:</b> <u>HDQMWR-19-C-0013</u>
<b>Preparer's Name:</b> _____	<b>Signature:</b> _____

**Month, Year of Respite Child Care Services:** \_\_\_\_\_

Service Branch	Number of Children	Total Hours	Subtotal at \$6.00/hour (\$)
Army			
Air Force			
Marine Corps			
Navy			
<b>Total (\$)</b>			

\_\_\_\_\_  
**Four Digit Association Number**

\_\_\_\_\_  
**YMCA Name**

\_\_\_\_\_  
**Mailing Address (Street, City, Zip Code)**

ASYMCA Use Only	
Vendor ID:	
Children by Service Branch	Children Ages 0-5:
	Children Ages 6-12:

**Approved By:**