



DOD - ARMED SERVICES YMCA MILITARY OUTREACH INITIATIVE



RESPITE CHILD CARE INSTRUCTIONS & APPLICATION

SERVICE MEMBER/SPOUSE:

1. Determine if YMCA hourly care is at a licensed child care center. Child Watch inside a fitness facility that is not state licensed is **NOT** eligible.
2. Determine DOD MOI eligibility category below; Complete and sign the Respite Child Care Application on Page 2, Section 1.
3. Submit paperwork to a YMCA membership services staff member.

LOCAL YMCA:

1. Complete and sign the Respite Child Care Application on Page 2, Section 2.
2. Complete Payment Invoice on Page 3.
3. Attach a usage report (sign in/out log) and email documents to dodymca@asymca.org.

ELIGIBLE CHILD CARE FACILITY INFORMATION

- Only **licensed** child care programs/facilities that offer drop off/hourly child care services are eligible.
 - Licensed facilities must make sure all licensing documents are on file with ASYMCA **prior** to providing any child care. If ASYMCA does not have current licensing documents on file, care cannot be reimbursed.
 - Child Watch inside a fitness facility that is not state licensed is not eligible.
- Child care services cannot be used for part day/full day care, summer camp, or other types of child care.
- A usage report (date, time in/out, hours) is required for all participating children.
- Applications are to be submitted on a monthly basis.
- Reimbursement rate = \$12.50 per hour.
- Maximum number of hours per month = 16 hours per child.

DOD MOI ELIGIBILITY CATEGORIES AND CRITERIA

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

1. **CATEGORY 1: ACTIVE DUTY Independent Duty Personnel (IDP) and GUARD/RESERVE on Title 10 Orders**
 - 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.
 2. **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.
 3. **CATEGORY 3: Unaccompanied Spouse/Family of DEPLOYED GUARD and RESERVE**
 - 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.
 4. **CATEGORY 4: Soldier Recovery Unit / Warrior Care Unit***
 - My duty location is my house address; **AND** my home address is not located 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.
- *Personnel on IDP assignment as support staff to a soldier recovery/warrior care unit must use Category 1 (IDP).*



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RESPITE CHILD CARE APPLICATION

INSTRUCTIONS: Sponsor/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)

☐ Army ☐ Marine Corps ☐ Navy ☐ Air Force ☐ Space Force ☐ National Guard ☐ Reserve

Title 10 Category: (Select one)

- ☐ Category 1 – Active-Duty Independent Duty Personnel and Guard/Reserve on Title 10 Orders
- ☐ Category 2 – Unaccompanied Spouse/Family of Active Duty
- ☐ Category 3 – Unaccompanied Spouse/Family of Deployed Guard and Reserve
- ☐ 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 are met. I agree to pay any cost above the DOD funded rate 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 Rate	Subtotal (\$)
			x \$12.50 =	
			x \$12.50 =	
			x \$12.50 =	
			x \$12.50 =	
			x \$12.50 =	
			Total (\$)	

YMCA Representative Certification: I certify the information provided is accurate. I understand that applications that are not submitted in a timely manner may be denied and will not be reimbursed.

YMCA Representative Signature: _____ **Date:** _____

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YMCA PAYMENT INVOICE

INSTRUCTIONS: Submit completed Payment Invoice and Respite Child Care Application to dodymca@asymca.org.

- Reimbursement Rate = \$12.50/hour
- Maximum Hours Per Month = 16 hours per child

Today's Date: _____ **Contract Number:** N4571A-24-C-0009

Preparer's Name: _____ **Signature:** _____

Respite Child Care Services - Month: _____ **Year:** _____

Service Branch	Number of Children	Total Hours	Subtotal at \$12.50/Hour (\$)
<input type="checkbox"/> Army <input type="checkbox"/> Army National Guard			
<input type="checkbox"/> Marine Corps			
<input type="checkbox"/> Navy			
<input type="checkbox"/> Air Force <input type="checkbox"/> Space Force <input type="checkbox"/> Air National Guard			
		Total (\$)	

Four Digit Association Number

Association Name

Mailing Address (Street, City, ST, Zip)

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

Approved By: