



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.

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 =	
			Total (\$)	

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
MILITARY OUTREACH INITIATIVE**



PAYMENT INVOICE

INSTRUCTIONS: Submit completed payment invoice and Respite Child Care application via email to dodymca@asymca.org

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

Today's Date: _____ **Contract Number:** HDQMWR-19-C-0013

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

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			
		Total (\$)	

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: