

**Army School Age Programs In Your Neighborhood - ASPYN  
Family Subsidy Application Checklist**

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Sponsor Name : \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Campus: \_\_\_\_\_

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Check the documents received below:

- Completed NACCRRA Application w/ Parent Signature**
  
- Leave and Earnings Statement (LES) for Sponsor – 1 Month/Most Recent**
- Civilian Documents: Copy of Civilian Badge and SF- 50 Form**
- Pay stubs/LES for Spouse/Other Adult – 1 Consecutive Month/Most Recent**
  
- or
- Spouse's Proof of School Enrollment (Class Schedule on Letterhead)**
  
- Self Certification Statement for Children or Birth Certificate**

Please identify any subsidies, discounts, or scholarships that are currently being applied to your ASYMCA child care services.

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*For Office Use Only:*

Date Received: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Parent Contact Dates (if applicable):

... "Army Child Care Savings **NOW POSSIBLE**"  
**ARMY SCHOOL AGE PROGRAMS**  
**In YOUR NEIGHBORHOOD**



Killeen Armed Services YMCA is excited to participate in *Army School Age Programs in Your Neighborhood (ASPYN)*. At a time when the demands on Fort Hood military families seem to increase on a daily basis, the United States Army and Boys & Girls Clubs of Central Texas have partnered with Killeen Armed Services YMCA to offer the ASPYN program. Not only does enrollment in the ASPYN program provide Army parents with children ages five through twelve with fee assistance to offset **CURRENT** childcare expenses, it also enhances the overall quality of the childcare program for the community.

Please complete the attached National Association for Resource and Referral Agency (NACCRRA) application and return with all required documents, so that we may submit your application to NACCRRA for processing. Fee assistance is based on total family income. By signing the bottom of this letter, you agree to allow our staff to electronically submit your application and information to NACCRRA. By allowing our staff to register you on-line, we will also provide you with an additional \$25 towards your first childcare credit.

Along with your completed application, the following items are needed to begin:

- *Leave and Earnings Statement (LES) for Service Members*
- *Spouse's most recent pay stub(s) reflecting most recent month of pay or proof of enrollment in school*
- *Copy of child's birth certificate or self-certification statement (attached)*
- *DoD employees will need to bring a copy of their current ID card*

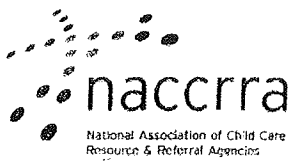
Killeen Armed Services YMCA and Boys & Girls Clubs of Central Texas are committed to providing your child with quality experiences. Your participation in this program will allow us to purchase additional equipment and materials to be used in your child's program. We look forward to registering your child(ren) in our program. For more information, please contact Killeen Armed Services YMCA at (254) 634-5445.

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Parent Signature

\*Fee assistance is currently available to participants attending program sites located in Killeen and Copperas Cove.

**PLEASE RETURN ALL INFORMATION INCLUDING THIS LETTER TO  
ASYMCA MAIN OFFICE.**



**Military Subsidy Programs  
 ELIGIBILITY APPLICATION**

To receive a \$25 credit, complete this application online. [www.naccrra.org/militaryprograms](http://www.naccrra.org/militaryprograms)

Name of Parent/Legal Guardian: \_\_\_\_\_

<b>Operation Military Child Care (OMCC)</b>	
<b>Check one:</b>	
<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	
<b>Active Component (check one)</b> <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> DOD Employee	<b>Guard/Reserve Component (check one)</b> <input type="checkbox"/> Army Reserve <input type="checkbox"/> Army National Guard <input type="checkbox"/> Naval Reserve <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard

<b>Type of Application (check one):</b>
<input type="checkbox"/> Initial Application <input type="checkbox"/> Change of information, eligibility criteria, status, etc.

<b>Check any that apply:</b>
<input type="checkbox"/> Recruiter <input type="checkbox"/> MEPCOM <input type="checkbox"/> ROTC

<b>Check any that apply:</b>			
<b>Sole Parent</b>	<b>Legal Guardian</b>	<b>Dual Military Sponsor</b>	<b>Dual Working Parents</b>
<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

Name of Parent/Legal Guardian \_\_\_\_\_

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: _____				

**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: _____				

Name of Parent/Legal Guardian \_\_\_\_\_

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

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

Grade                      (       )                      -                      (       )                      -                      Home Telephone #:  
Duty 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 the 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.
- Quarter 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.



Name of Parent/Legal Guardian \_\_\_\_\_

**Second Provider (if needed)**

**Provider/Program Name:** \_\_\_\_\_  
(As 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.	- -			
5.	- -			

**SCHEDULE OF CARE**

Name of Child(ren)	Days Children are in Care (Check all that apply)					Hours Children are in Care	
	MON	TUE	WED	THU	FRI	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 meet the qualifications necessary to participate in the NACCRRRA MILITARY PROGRAMS. The NACCRRRA MILITARY PROGRAMS will not reimburse any child care provider / program that 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

Self Certification Statement

**MILITARY SPONSORED CHILD & YOUTH PROGRAMS  
CHILD/YOUTH ELIGIBILITY for SUBSIDIES**

This form is used to determine child/youth eligibility for the Military Child Care Subsidy programs administered by the National Association of Child Care Resource and Referral Agencies (NACCRRA) in the absence of a birth certificate, military identification card or orders identifying the eligible child(ren)/youth.

Name/Rank of Military Sponsor:

Name of Person Completing this Form:

Relationship to Sponsor (e.g., spouse, designated legal guardian, other)

By virtue of their relationship to this Military Sponsor (biological, adoption, step child(ren), legal guardian, or other relationship which authorizes eligibility) the children listed below are eligible to participate in military sponsored child and youth programs. Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

Name of Child	D.O.B	Relationship to Sponsor

Signature of Person Completing Form:

Relationship to children listed above:

Date:



# **ASPYN Removal Notification Policy**

**Parents/Legal Guardians of children participating in the ASPYN program must notify Killeen Armed Services YMCA fifteen calendar days prior to ending child care services. Killeen ASYMCA will notify NACCRRA on behalf of the parent/legal guardian that child care services have been terminated.**

**Please contact Susan Mino at (254)634-5445 or [smino@asymca.net](mailto:smino@asymca.net) if your child(ren) will no longer attend the program. Please be prepared to provide a forwarding address where we may mail any funds owed to you.**

**Thank You,**

**Killeen Armed Services YMCA**