



## **MILITARY OUTREACH INITIATIVE RESPITE CHILD CARE**

In partnership with the Armed Services YMCA, the Department of Defense is proud to offer Respite Child Care memberships at participating YMCA facilities nationwide. To qualify for this program, military members/families must meet all eligibility criteria for one of the program categories listed below:

### **MEMBERSHIP ELIGIBILITY CRITERIA:**

#### **Category 1: Active Duty Independent Duty Personnel**

- ☐ I am currently on Title 10 orders within the United States of America issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- ☐ I am currently assigned to a command/unit that is geographically isolated from any military fitness facilities and does not offer any access to free physical fitness equipment
- ☐ I am living alone and will utilize a gym membership alone, or my family resides with me and will be added to a gym membership with me

#### **Category 2: Unaccompanied Spouse/Family of Active Duty**

- ☐ My spouse is currently on Title 10 Deployment orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- ☐ My family has remained at the Independent Duty location or has relocated to an area where fitness facilities/service are not provided for military dependents

#### **Category 3: Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve**

- ☐ My spouse is currently on Title 10 Deployment orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- ☐ My spouse has physically relocated away from home, and is not living within commuting distance from home during deployment

#### **Category 4: Community Based Warrior Transition Unit (CBWTU)**

- ☐ I am currently on Title 10 Warrior Transition orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- ☐ I have been sent home to complete rehabilitation/recovery orders due to combat related injury
- ☐ I am living alone and will utilize a gym membership alone, or my family resides with me and will be added to a gym membership with me

**For more information, please visit the Armed Services YMCA website:**

[www.asymca.org/moi](http://www.asymca.org/moi)

## **INSTRUCTIONS:**

### **Respite Child Care Services:**

#### Military Personnel/Families:

1. Determine eligibility using “Member Eligibility Criteria” on page 1
2. Complete “Respite Child Care, Sections 1-3” on Page 4
3. Turn in paperwork to local YMCA membership services

#### Local YMCA:

1. Review submitted paperwork for completion
2. Complete “Respite Child Care, Section 4” on page 4
3. Complete or attach an Attendance Log (template on page 5)
4. Complete “Payment Invoice” on page 3
5. Turn in application to the Armed Services YMCA National Headquarters ([dodymca@asymca.org](mailto:dodymca@asymca.org))

### **Special Directions for local YMCA:**

1. All paperwork must be submitted every calendar month for reimbursement
2. Every calendar month respite child care services are used, the membership services department must log the dates and hours the children use the facility on an attendance log (example template: page 3)

**PAYMENT INVOICE**

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

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

Eligibility Category	Number of Children	Total Hours of Childcare	x \$6.00	=	Subtotal
Active Duty Independent Duty Personnel			x \$6.00	=	\$
Unaccompanied Spouse/Family of Active Duty			x \$6.00	=	\$
Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve			x \$6.00	=	\$
Community Based Warrior Transition Unit			x \$6.00	=	\$
				<b>Total Reimbursement:</b>	<b>\$</b>

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

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

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

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

## **RESPITE CHILD CARE**

### **Section 1: Sponsor Information**

- A) Sponsor Name (Last, First): \_\_\_\_\_
- B) Sponsor Rank (E1 – O10): \_\_\_\_\_
- C) Sponsor/Family 10 Digit Phone Number: \_\_\_\_\_
- D) Sponsor/Family Email Address: \_\_\_\_\_

### **Section 2: Category/Eligibility Information**

- A) DoD Service Branch (Select One): ☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy
- B) Title 10 Status (Select One):
- ☐ Active Duty Independent Duty Personnel
- ☐ Unaccompanied Spouse/Family of Active Duty Service Members
- ☐ Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve
- ☐ Community Based Warrior Transition Unit
- C) Projected Date Range of Assignment (Required for All Program Categories):
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Month / Year                      Month / Year

### **Section 3: Member Authorization Signature**

1. I certify that I am/my spouse is currently Title 10 and is eligible for a membership under the Military Outreach Initiative.
2. I have read and understand the attendance requirements of the Military Outreach Initiative.

**Signature of Sponsor or Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Section 4: To be Completed by the Local YMCA:**

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

### ATTENDANCE LOG TEMPLATE:

[illegible]