YMCA
We build strong kids, strong families, strong communities.

DOD / YMCA RESPITE CARE ELIGIBILITY FORM

(TITLE 10 ONLY--TITLE 32 DOES NOT QUALIFY)

THIS SECTION COMPLETED BY SPONSOR AT ENROLLMENT

SPONSOR NAME :_____ **PAY GRADE:** _____

TITLE 10 STATUS : _____ ACTIVE DUTY _____ DEPLOYED RESERVE _____ DEPLOYED NATIONAL GUARD

DUTY STATION : _____

SERVICE BRANCH: ___ARMY ___MARINE CORPS ____NAVY ___AIR FORCE

ELIGIBILITY:

___DEPLOYED GUARD / RESERVE FAMILY MEMBER

___DEPLOYED ACTIVE DUTY RESIDING 30 MILES FROM MILITARY INSTALLATION

___RELOCATING SPOUSE

___INDEPENDENT DUTY PERSONNEL

YMCA to VERIFY REQUIRED DOCUMENTS PRESENTED BY SPONSOR OR SPOUSE:

___MILITARY ID CARD* ___DEPLOYMENT ORDERS***Review only; do not keep*

___APPROVED IDP LETTER*(IDP personnel only must have an approved IDP Letter attached to the Eligibility Form for YMCA reimbursement.)*

I certify that I am/my spouse is Active Duty/National Guard/Reserve TITLE 10 and therefore eligible for YMCA membership in one of the authorized categories.

*Signature:*_____

FOR YMCA USE ONLY—ATTENDANCE RECORD

*****THIS SECTION COMPLETED BY YMCA CHILD CARE DIRECTOR AT**
THE END OF THE MONTH BASED ON ACTUAL ATTENDANCE***

YMCA BRANCH:_____ **ASSOCIATION #:**_____ **TODAY'S DATE:**_____

MAILING ADDRESS: _____ **CITY/STATE/ZIP:** _____

ACTUAL ATTENDANCE DATA FOR MONTHLY REIMBURSEMENT

NOTE: TOTAL DoD REIMBURSEMENT NOT TO EXCEED $40 PER CHILD PER MONTH

CHILDREN PARTICIPATING IN RESPITE CARE HOURS OF CARE (1-16) HOURLY RATE TOTAL PER CHILD

(Name)	(Age)	# HRS	X	$6.00 Per Hour
CHILD #1_____	_____	_____		$_____
CHILD #2:_____	_____	_____		$_____
CHILD #3: _____	_____	_____		$_____
CHILD #4: _____	_____	_____		$_____
TOTAL REIMBURSEMENT DUE:				**$**_____

DOD reserves the right to review child care attendance records for audit purposes.

- For Payment from the ASYMCA- each Participating Licensed YMCA programs will need to ….
- At the end of the month, transfer the attendance data to the aggregate monthly reimbursement form.
- Submit all eligibility forms and IDP approval letters with the reimbursement form.
- Top portion of this form must be completed each month and signed by each participating family.

This form MUST be completed in order to submit the aggregate reimbursement form.

Questions? Contact the Armed Services YMCA at sberg@asymca.org or jmixon@asymca.org.