



ARMY FEE ASSISTANCE

APPLICATION PACKAGE FOR ACTIVATED ARMY NATIONAL GUARD - NEW PARTICIPANT

Please read these instructions thoroughly before you begin work on your application.

Thank you for your interest in the Army Fee Assistance (AFA) program for child care subsidy assistance. The application process requires specific information and documentation from you and your child care provider. Incomplete applications cannot be processed.

To understand eligibility requirements or types of eligible providers, please refer to the website (gsa.gov/childcaresubsidies) and the Army Fee Assistance Handbook, which can be found on the home page.

COMPLETE THE CHECKLIST

Your application package will consist of a core set of documents that are required of all applicants plus documents that are specific to your family's situation. **The first form is a checklist of the items you will need to submit. The checklist itself must be completed and included in your submission.**

The most common application errors are:

- *Not including a complete application with applicable signatures*
- *Not including the required AFA Certification of Non-Availability*
- *Not including spouse pay statements that cover 30 consecutive days*
- *Indicating a Power of Attorney on the application but not providing the document*

Information related to the above is the most common cause of delays in application processing.

COMPLETE AND SUBMIT YOUR APPLICATION

The attached form package contains fillable PDF documents. Complete the forms that are relevant to you and leave the others blank. Save the document containing your information under a new name, e.g. Application plus your name. You may sign the forms electronically using your Army common access card (the easiest method), or print, sign, and send them with

the other required documentation to GSA. Submission should be by email (by scanning and attaching), fax, or regular mail to the email address, building address, or fax number provided below.

Sending all documents in PDF format will avoid delays due to illegible information that must be re-sent.

You will receive an automated email response when your application is submitted via email. The email will provide you a case number and instructions for corresponding about your case. Please verify that you received this email. Due to the number of faxes received we cannot immediately confirm that your fax was received (refer to your your fax confirmation). If you want immediate confirmation, please submit via email.

GSA is here to process your application as quickly as possible and help you with any questions you may have. Our contact information is as follows:

Phone: (866) 508-0371
Fax: (816) 823-5410
Email: army.childcare@gsa.gov

Address: GSA Subsidy Administration (2SE)
Two Pershing Square
2300 Main Street
Kansas City, MO 64108

Certification of Understanding the Terms and Conditions of the AFA Program

Sponsor's Printed Name

Last 4 of SSN

- Sponsor/Family is financially responsible for all child care costs until they have received written notification that an Army Fee Assistance (AFA) Benefit has been awarded.
- Families are eligible for AFA only if/when their application has been approved.
- Families participating in other subsidy or fee assistance programs may be eligible for AFA; however the AFA is calculated after these discounts have been applied to the standard rate.
- This benefit will continue on the Sponsor's behalf as long as he/she remains an eligible employee of the Army. Any change in your status with the Army must be reported immediately for further review.
- You must provide notification if and when your child is no longer enrolled with the qualified child care provider identified on your application. The subsidy is not transferable to another child care provider. You must reapply for the AFA should you change child care arrangements.
- You are responsible for reporting any changes in your personal and/or financial situation, or that of your spouse/partner, that may affect your status as an AFA recipient; such as, but not limited to, any change in employment, school enrollment, marriage, divorce, a spouse/partner who has entered or left the home, etc. Failure to promptly report any change that causes an erroneous payment on your behalf may result in your AFA being terminated and subsequent collection action of the erroneous payment from you.
- Any program policy infraction including but not limited to providing incorrect and/or incomplete financial information, knowingly or unknowingly, which causes an overpayment of AFA may result in disqualification from the program. This includes information and/or statements provided at the time of application or anytime throughout your enrollment in the AFA Program. In conclusion, repayment of AFA paid to your child care provider on your behalf will be required due a misrepresentation of information.
- Parents who misrepresent information used to calculate their fee assistance may have their AFA terminated and be subject to the Uniform Code of Military Justice (UCMJ) and/or other legal consequences.
- Invoices must be signed by a child care program representative along with the Sponsor, Spouse, or Power of Attorney and submitted to the GSA on a monthly basis in order for AFA to be paid.
- Any change to the Families cost for any reason must be reported as soon as it has been identified.
- If your child care provider's current standing with the state child care licensing authority changes or is revoked, this information must be reported immediately.
- As an eligible Army Sponsor/Parent, you agree to provide any and all information re-requested in order to check the validity of all documents related to your application, eligibility, and invoices/attendance records.
- Due to the variation of oversight and regulation in different states and based upon official Army guidance, the program administrator reserves the right to determine which types of child care providers in each state meet the minimum eligibility requirements for participation in AFA Programs.

I certify that:

- ✓ I am the parent or legal guardian of the child(ren) listed and may be required to submit proof, in order to receive reduced fee child care.
- ✓ All information submitted as part of my application is true and correct.
- ✓ All family income of the spouse/partner and Army sponsor is reported.
- ✓ Army and AFA program administrators/officials may verify any information on this application at any time deemed necessary.
- ✓ Eligibility for the reduced child care fee is determined based on Army eligibility requirements and operational guidance.
- ✓ I must select a qualified and eligible child care provider/program that meets the qualifications necessary to participate in the Army Fee Assistance program. Providers who do not qualify will not be reimbursed.
- ✓ AFA payments will only be made directly to the child care provider/program, and not me.
- ✓ I understand that AFA is not an entitlement program and is subject to the availability of funds.

Sponsor's Signature

Date

Please print your name and last 4 of your SSN, sign, date and return this form with your application package in order to begin the processing your application for AFA. Please ensure that you keep a copy of this page for your records



Name of Qualifying Army Sponsor:

Assigned Army Post / Garrison (If duty station is not on the Garrison please provide place of duty)

Please write your initials beside the forms and documents you are including in your submission.

ARMY FEE ASSISTANCE FORMS

Mandatory

- _____ Fee Assistance Family Application - Army 2014-01 (signed and dated)
- _____ Sponsor's Statement of Understanding (signed and dated)
- _____ Family Enrollment Provider Cost Verification Form CC 2015-01 (completed and signed by the provider and submitted by the Sponsor as part of the family application package.)
- _____ AFA Certification of Non-Availability - Army Form 2010-02 (signed and dated).

SPONSOR SUPPORTING DOCUMENTS

Mandatory

- _____ Sponsor's most recent Leave & Earnings Statement (LES)
- _____ Sponsor's most recent Federal Tax Return Form 1040 (pages 1 and 2 plus Schedule C if applicable)
- _____ Sponsor's current Active Duty Orders

As Required

- _____ Divorce decree, custody agreement, or separation agreement (where applicable)
- _____ Power of Attorney (POA) (Required when the Sponsor desires for details of their benefits to be discussed with another party such as spouse, parent, grandparent or legal guardian)

SPOUSE, LEGAL PARENT/GUARDIAN, OR PARTNER SUPPORTING DOCUMENTS

Mandatory

- _____ Federal Tax Return 1040 (pages 1 and 2 plus Schedule C if applicable) if not filed jointly with Sponsor
- _____ Most recent pay statements (must cover 30 days of consecutive paid work) or Employment Letter stating hours and par rate if newly hired
- OR...
- _____ Certification of Higher Education (along with copy of school schedule)
- OR...
- _____ Certification of Seeking Employment or Enrolling in School

As Required

- _____ Certification of Self Employment (if applicable)

CHILDCARE PROVIDER INFORMATION.

I'm using a child care provider that is currently enrolled in the AFA Program. (Obtain codes from your child care provider.)

Vendor Code (9 digits)

Address Code (5 digits)

I'm using a child care provider that needs to be enrolled in the AFA Program.

Please have the provider visit the web site <http://gsa.gov/childcaresubsidies> to begin the enrollment process. Your application will not be approved until your provider is approved. The provider will need to submit the Provider Application GSA CC Form 2014-02 directly to GSA. The Family Enrollment Provider Cost Verification Form does not enroll your provider as an approved participant.

I need to choose a child care provider before I apply.

To obtain a list of eligible providers currently enrolled please go to: <http://gsa.gov/childcaresubsidies> and choose the Child Care Provider Directory.

Provider Name:

Provider Contact

Provider Phone

Provider Address:

City

State

Zip Code

CERTIFICATION

I understand that failure to complete all required documents, sign where requested, or include supporting documents will delay my application from being processed.

Sponsor 's Signature

Date

SUBMITTING YOUR DOCUMENTS

Please ensure that all relevant forms and documents are included with your application. Incomplete applications will cause a delay in processing your request.

EMAIL (Preferred Method)

Army.childcare@gsa.gov

Email is the preferred method of application submission. Emailed documents should be in PDF format.

FAX - (816) 823-5410

Please ensure you include a cover page on your application that includes your name and phone number. Be sure to retain a full copy of your submitted application for your records

MAIL

GSA Subsidy Administration (2SE)

2300 Main Street

Kansas City, MO 64108

Be sure to retain a full copy of your submitted application for your records.

NEED MORE INFORMATION?

If you need more information, we recommend you check the Army Fee Assistance website at www.gsa.gov/childcaresubsidies or call us at (866) 508-0371.

Our hours of operation are Monday - Friday, 6:30 AM to 5:30 PM (CT).



Army Fee Assistance Sponsor/Family Application

New Application or Re-Application (not currently participating)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian		
Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)	
	Work telephone number	
Home Address (Include street, city, state and zip code)	Home email address	
	Alternate phone number	
Army Sponsor Status: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Power of Attorney (POA) Name (ensure document is attached):		
POA Email:	POA telephone number:	
Eligibility Status of Army Sponsor, check all that apply:		
<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> DA Civilian	
<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)	
<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations	
<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Activated	
<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Deployed	
<input type="checkbox"/> Recruiter	Unit Command: _____	
Section II - Spouse / Partner		
Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): <input type="checkbox"/> Employed <input type="checkbox"/> Student	
Employer	College/University	
Number of hours worked per week:	Enrollment/Semester start date:	
If federally employed, provide Grade/Rank:	Number of credit hours: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	
Section III - Child Information		
<i>List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child</i>		
Name of Child	Name of child care provider	
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):	
Does the child named above reside in the home with the qualifying Army Sponsor: <input type="checkbox"/> Yes <input type="checkbox"/> *No		
*If No, please provide an explanation, location and with whom the child resides:		
Type of care provided: <input type="checkbox"/> Full Time (25 + hours per week) <input type="checkbox"/> Part Time (16 - 25 hours per week) <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Respite Care		
Is any other form of state, county or local subsidy being received on behalf of this child? <input type="checkbox"/> *Yes <input type="checkbox"/> No		
*If yes, please provide source: _____ Amount of other subsidy: \$ _____		



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Section III - Child Information - Continued

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

Section IV - Certification of Army Sponsor or Power of Attorney (POA)

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal employment.

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.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor

Date of Certification (MM/DD/YYYY)

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

U.S. General Services Administration
 2300 Main St - 2SE, KCMO 64108
 Tel: (866) 508-0371 • Fax: (816) 823-5410
army.childcare@gsa.gov



GSA Subsidy Administration Section

U.S. Army Family Enrollment Provider Cost Verification Form

Provider Name: Vendor #: Phone #: Physical Address: Email: Fax #

City: State: Zip Code: Remit to Address: City: State: Zip Code:

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child

Please complete one form per child

Printed Name of Qualifying Sponsor: Last: First: MI:

Child Name:

Child's Enrollment Date (start date of care): Date of Birth (DOB):

Type of Care (check all that apply): FT PT Before School Only After School Only Before and After School

Summer/Holiday Full Date Rate (school aged): Daily Rate \$ Hourly Rate \$

Number of Days/Week: Number of Hours per day/week:

Provide final cost after deducting all discounts:

Weekly Cost \$ Monthly Cost \$

Hourly \$ Respite Care \$

Billing Method: Calendar Month 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon

Does the Family qualify for or receive any other subsidies or discounts? Yes No

If yes, provide source and amount: Source: Amount:

Other Applicable Fees: Registration Fee (note: \$150 maximum may be paid on behalf of each child per provider, per year)

Total Other Fees Charged: \$

Are there any future rate or attendance changes expected within next six (6) months? Yes No

If yes, explain:

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form Phone Number

Signature of Provider completing this form Date

*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section 2300 Main Street - 2SE, Kansas City, MO 64108 Tel: (866) 508-0371 Fax: (816) 926-3642 army.childcare@gsa.gov



ARMY FEE ASSISTANCE

Army Fee Assistance Program Certification of Availability/Non-Availability Army Child Youth & School Services

Army Fee Assistance Program guidelines state that if there is space available for a Sponsor's child/children at an Army CDC/FCC/SAC, then such space must be used for the care of his/her child/children. In the event that the Army CDC/FCC/SAC does not have space available, then the Sponsor will be eligible to apply for Off-Post Community Based Fee Assistance.

_____ is assigned to _____
Printed name of qualifying Army Sponsor *Garrison Name*

_____ *Name of Child* _____ *Date of Birth (DOB)*

_____ *Name of Child* _____ *Date of Birth (DOB)*

_____ *Name of Child* _____ *Date of Birth (DOB)*

By completing this certification, I am notifying the GSA Subsidy Administration Section that due to the lack of child care space at the Army CDC/FCC/SAC, I am eligible to apply for Off-Post Community Based Fee Assistance. This form must be signed by an authorized CYSS Parent & Outreach Services official certifying that space for my child/children is currently available or not available.

I further understand that in order to apply for Army Fee Assistance via the GSA, that I must contact the GSA for an application package which must then be submitted directly to the GSA in order to determine my eligibility in the Army Fee Assistance Program.

If exempt from this requirement, please check the applicable box/boxes below:

- Recruiter**
 Geographically Dispersed
 Stationed on a Joint Base not managed by the Army
 Child/Children are School Age/Kindergarten and above
 ROTC Instructor

_____ *Qualifying Army Sponsor's Signature / Last 4 of SSN* _____ *Date*

Certification of Availability/Non-Availability

Completion of this section certifies that space is _____ **NOT AVAILABLE** _____ **AVAILABLE** for the child/children listed above.

_____ *CYSS Parent & Outreach Services Director's Signature* _____ *Phone Number*

_____ *Installation / Garrison*

_____ *CYSS Parent & Outreach Services Director's Email* _____ *Date*

***This form must be completed, signed and returned to the Sponsor to be returned with their application package to the GSA.**

For GSA use only: Verified By: _____ Date: _____





ARMY FEE ASSISTANCE

Army Fee Assistance (AFA) Certification of Higher Education

The Army Fee Assistance Program requires that the spouse/partner of the qualifying Army Sponsor be attending working or school in order to qualify for benefits under the AFA Program. For Sponsor's whose spouse/partner is a student, this form must be completed and returned to the GSA in order to determine your eligibility to receive benefits under the AFA Program.

This form must be completed and returned to the GSA in addition to the student's school schedule and/or enrollment information

Student's Name: _____

School Name: _____

Graduate: _____ Undergraduate: _____

Start Date: _____

Semester End Date: _____

Student's expected enrollment: Spring _____ Summer _____ Fall _____ Winter _____

Expected Graduation Date: _____

Child Care needed: _____ Part Time _____ Full Time

I will notify the General Services Administration (GSA) at (866) 508-0371 to report change in my spouse/partner's attendance and will provide updated information as applicable.

I understand that each time my spouse/partner receives updated school schedule and/or enrollment information, that I must provide a copy of the document to the GSA in order to validate my continued eligibility in the AFA Program.

I further understand that my Child Care Subsidy benefit will be discontinued if my spouse/partner does not maintain full time enrollment as stated above.

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.

Signature of qualifying Army Sponsor

Date

Printed name of Army Sponsor

Spouse/Partner's Signature

Date





Certification of Self Employment

The Army Fee Assistance Program guidelines require that the Spouse/Partner of the qualifying Army Sponsor be employed a minimum of 16 hours per week in order to qualify for benefits under the Army Fee Assistance Program. As a self employed individual, this Certification Statement must be completed and signed by the Sponsor and Spouse/Partner in order to qualify for Fee Assistance.

Certification Statement

I certify that _____ is currently working:
Printed Spouse/Partner's name

- A) _____ hours/week @ \$_____ dollars per hour, or
- B) _____ hours/week with a weekly income of \$ _____, or
- C) _____ hours/week with a monthly income of \$ _____, or
- D) _____ hours/week working ____ jobs/week with an income per job of \$ _____, or
- E) _____ hours per week with an annual income of \$ _____

I/we are requesting Fee Assistance for the following type of child care for our/my child/children each week:

_____ Part Time: 16 – 25 hours per week

_____ Full Time: 25 or more hours per week

As the qualifying Army Sponsor, I will notify the GSA Subsidy Administration Section in writing via email or fax to report any change in employment should my Spouse/Partner's schedule change and will provide a copy of the proper documentation within 30 days of the date of any change to support this change to GSA to ensure that the number of hours worked meets the minimum requirement as set forth by the Army Fee Assistance Program.

I understand that my Fee Assistance will be discontinued if my Spouse/Partner does not maintain the minimum number of hours stated above.

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.

Signature of Qualifying Army Sponsor / Last 4 of SSN

Date

Printed Name of Qualifying Army Sponsor

Spouse/Partner's Signature

Date





ARMY FEE ASSISTANCE

Certification for Seeking Employment or Enrolling in School

Army Fee Assistance (AFA) for child care is authorized for up to 90 days to allow a spouse/partner to look for employment or enroll in school. This Certification Statement must be completed and signed by the Sponsor and their spouse/partner in order to qualify for, or continue to qualify for Fee Assistance.

Certification Statement

I _____ certify that
Printed name of qualifying Army Sponsor

_____ is currently seeking employment
Printed name of Spouse/Partner

or will be enrolling in school. Mark below, as applicable.

_____ My child/children is/are currently enrolled in full time care

_____ My child /children is/are currently enrolled in part time care

_____ My child/children will be enrolled in full time care

_____ My child/children will be enrolled in part time care

_____ I will not need child care for my child/children during this period and my

child/children's last day of attendance will be _____.
Enter final date that child care benefits are to be paid

I will notify the GSA Subsidy Administration Section in writing to report the start date of employment and/or school enrollment date. I will provide a copy of pay stubs or student school schedule to the GSA to ensure that the number of hours worked or enrolled in school meets the minimum requirement as set forth by the AFA guidelines.

I understand that after 90 days my Fee Assistance will be discontinued if my spouse/partner does not find employment or enroll in school and provide required pay documents or a valid student school schedule to the GSA Subsidy Administration Section.

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.

Signature of qualifying Army Sponsor

Date

Spouse/Partner's Signature

Date

Note to applicants: Fee assistance is retroactive from the date your application is received at the GSA Subsidy Administration Section pending receipt of all required documents. If supporting documents are not received within 90 days of application, a new application will need to be filed in order to establish a new Fee Assistance start date.

