



Child Care Aware® of America
Email: mSP@usa.childcareaware.org
Toll-Free: 1-800-424-2246
Fax: 703-341-4103
www.childcareaware.org

ARMY RESPITE CHILD CARE PARENT APPLICATION

You may also apply online at <https://fap.americasteamforchildcare.org/>.

Please complete this application and fax to 703-341-4103 or email to armyrespitechildcare@usa.childcareaware.org.

SECTION A. HOUSEHOLD INFORMATION

1. SERVICE MEMBER (SPONSOR) CONTACT INFORMATION (REQUIRED):

_____/_____/_____
Last Name First Name M.I. Date of Birth

_____(_____)_____-_____(_____)_____-_____
Grade Duty Telephone # Home Telephone #

Street Name and Number

City State Zip Code

Is this the address where the child resides? Yes No

Email Address (*used for all communication*): _____

Parent/Military Sponsor Name: _____

1a. SPOUSE/PARTNER CONTACT INFORMATION (IF APPLICABLE):

_____/_____/_____
Last Name First Name M.I. Date of Birth

(_____) _____ - _____ (_____) _____ - _____

Grade Telephone # Home Telephone #

Street Name and Number

City State Zip Code

Email Address: _____

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

_____/_____/_____
Last Name First Name M.I. Date of Birth

(_____) _____ - _____ (_____) _____ - _____

Duty Telephone # Home Telephone #

Street Name and Number

City State Zip Code

Email Address: _____

Parent/Military Sponsor Name: _____

SECTION B. CHILD CARE PROVIDER INFORMATION

Provider/Program Name: _____
 (As it appears on license/registration)

Provider/Program Address: (please indicate the address where care is provided)

 Street Name and Number City State Zip Code

County in which care is provided: _____

Provider/Program telephone number: (____) _____ - _____ Email Address: _____

Second Provider (if needed)

Provider/Program Name: _____
 (As it appears on license/registration)

Provider/Program Address: (please indicate the address where care is provided)

 Street Name and Number City State Zip Code

County in which care is provided: _____

Provider/Program telephone number: (____) _____ - _____ Email Address: _____

Date Care Begins: ___/___/_____

Date Care Ends (if applicable): ___/___/_____

NAME OF CHILD(REN) TO BE CARED FOR THROUGH ARMY RESPITE PROGRAM

Name of Child	Date of Birth	Gender (M/F)	Provider/Program Name
1.			
2.			
3.			
4.			

SCHEDULE OF CARE

Name of Child	Days Children are in Care (Check all that apply)							Hours Children are in Care	
	SUN	MON	TUE	WED	THU	FRI	SAT	From	To
1.									
2.									
3.									
4.									

PARENT/LEGAL GUARDIAN CERTIFICATION: (Please read carefully, check all boxes, sign and date in designated area.)

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 fee assistance.
- All information submitted in this application is true and correct. Any misrepresentation of this information may result in reclaiming any money paid for child care and may result in prosecution under applicable State and Federal laws. See 18 U.S.C. § 1001

I UNDERSTAND THAT:

- I must submit proof of my continued eligibility for this program when requested.
- This information is being given in connection with military funds used to pay for the cost of Army Respite Care, and Military and Child Care Aware® of America (CCAoA) officials may verify any information on this application at any time they deem necessary.
- This program is not an entitlement program and is subject to the availability of funds, which may be discontinued at any time.
- All program policies and guidelines are set forth by the funding entity's requirements, including but not limited to sponsor status, provider eligibility, schedule of care, number of hours of care, and more. CCAoA serves only as the program administrator. If I do not meet the minimum requirements set forth by the funding entity, then I am not eligible for the program.
- Respite Care fee assistance for which I am eligible is based on my program eligibility, age of child(ren), the provider/program's location, if there are any changes to my situation, I must make CCAoA aware of those changes immediately.
- Both parents'/legal guardians' information must be listed on the application unless I am a single parent with sole custody.
- I must select a qualified child care provider/program that meets my program's requirements in order to participate in the Army Respite Child Care Program. These requirements include but are not limited to: a state license and an inspection report free of disqualifying incidents. Programs/providers who do not meet the eligibility requirements of my program and who are not qualified for my program will not be reimbursed. For more information on provider eligibility, please visit <https://www.childcareaware.org/fee-assistancerespite/military-families/army/afa-program/>.
- A provider/program's probation or disqualification from the Army Respite Child Care Program may result due to severe non-compliances or a change in the provider/program's state licensing status. Respite Care payments will not be issued to providers/programs who are disqualified. In order to continue with the Army Respite Child Care Program, I must choose a new eligible provider.
- I must give CCAoA a minimum of two (2) weeks' notice prior to changing child care providers/programs by submitting a CHANGE OF PROVIDER/PROGRAM FORM. I may not change providers more than three (3) times per year.
- I may use more than one provider; however, CCAoA 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, CCAoA must reimburse the primary child care provider/program first.
- I may not claim reimbursement for more than my Eligibility Status (indicated on page 1 of the Army Respite Child Care Application) allows per child per month of the Army Respite Child Care Program.
- I may not receive funds, subsidies, or fee assistance from both military-sponsored child care and the Army Respite Child Care Program at the same time.
- All child care rates reported to CCAoA for respite calculation purposes must include any offered discounts and/or promotions. These discounts must be reported and applied up front at the time of processing.
- CCAoA will only make payments directly to the child care provider/program and not to me.
- The Army Respite program provides no-cost, hourly child care for up to 16 hours of no-cost, hourly child care per child per month. For more information, see <https://www.childcareaware.org/fee-assistancerespite/military-families/army/afa-program/>.
- I am responsible for any remaining child care fees after Army Respite Care fee assistance has been issued. CCAoA may not pay the full cost of child care for approved families. Payment arrangements for the remaining fees must be made directly with my provider/program and not CCAoA.
- Attendance sheets must be completed, signed by the parent/legal guardian and child care provider, and submitted to CCAoA within 30 days of services provided. Failure to submit attendance sheets within this timeframe will result in forfeiture of payment. For more information on Payment Policies, please visit <https://www.childcareaware.org/fee-assistancerespite/military-families/army/afa-program/>.
- The first and last month payments may be prorated based on the hours of respite care used per month per child.
- Fee assistance will not be backdated to any time before I submitted my application, regardless of whether my child was already in care.
- I must complete my application or recertification within 90 days in order to be eligible for backdated fee assistance. If deemed eligible for backdated payments, I must submit the attendance sheets within 30 days of when I receive my fee assistance approval.
- I must notify CCAoA at least fifteen (15) calendar days before ending child care services. In cases of emergency, I will notify CCAoA immediately (1-800-424-2246).
- 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 immediate termination of my respite care and of my participation in the Army Respite Child Care Program and I may be required to re-pay any money paid on my behalf.

Parent/Legal Guardian Signature:

Printed Name:

Date:

Required Documents:

- Completed and signed Army Respite Child Care Parent Application
- Active Duty Orders
- Proof of Child(ren)'s Age/Identity (one of the following):

Birth certificate

Self-Certification Form: https://www.childcareaware.org/wp-content/uploads/2020/12/Self-Certification-Form_fillable.pdf

Important Reminders:

All documents must be current and legible.

Child Care Aware® of America may request additional documentation to determine eligibility.

Submission of all required documents does not guarantee approval; eligibility is subject to program requirements and funding availability.

Documents may be submitted by email armyrespitechildcare@usa.childcareaware.org or fax 703-341-4169.