



**ARMY CHILD AND YOUTH SERVICES  
MILITARY CHILD CARE IN YOUR NEIGHBORHOOD (MCCYN)  
FEE ASSISTANCE PROGRAM  
STATEMENT OF NON-AVAILABILITY**

Per 10 USC Section 1798 the **Secretary of Defense** may provide financial assistance if such financial assistance is in the best interest of the Department of Defense and enables supplementation or expansion of furnishing of childcare services for military installations, while **not supplanting or replacing** such services. The Department of the Army requires Families to utilize childcare offered on the installation and may not approve financial assistance if space is available in an Army operated childcare program within 45 days of Date Care Needed (DCN).

This Statement of Non-Availability signed by an authorized Army employee at the Parent and Outreach office on your assigned Army installation needs to be submitted with the Fee Assistance applications. This form is **NOT** required for Families living outside the installations' catchment area of 15 miles, Families living near an installation with a childcare program not operated by the Army, school age children attending school off the installation and recruiters who do not work on a military installation. An SNA may be waived if the travel time from home to installation exceeds 20 minutes.

**SECTION 1 – COMPLETED BY PARENT OR LEGAL GUARDIAN**

By completing this document, I am requesting enrollment in the Army Fee Assistance program for the children listed below due to non-availability of care on \_\_\_\_\_ (*insert name Army Garrison*). I further understand that this document needs to be submitted with the application package to CCAoA and that my eligibility for the Army Fee Assistance program is contingent upon verification of my eligibility for the Army Fee Assistance program.

Name of Child	Date of Birth	Date Care Needed

\_\_\_\_\_  
**Name and Signature Army Sponsor**

\_\_\_\_\_  
**Date**

**SECTION 2 – COMPLETED BY ARMY CHILD & YOUTH SERVICES PARENT & OUTREACH**

Name of Child	Space available within 45 days of DCN (circle)	Space was offered (insert date)	Initial P&O staff
	Yes    No		
	Yes    No		
	Yes    No		
	Yes    No		

\_\_\_\_\_  
**Name and Signature authorized Parent & Outreach staff**

\_\_\_\_\_  
**Date**