



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



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 _____ Reserve _____ 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* _____ Approved IDP Letter
*Review only; do not keep (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
Child #1: (Name) (Age)	hours x	\$ 2.50 =	\$
Child #2: (Name) (Age)	hours x	\$ 2.50 =	\$
Child #3: (Name) (Age)	hours x	\$ 2.50 =	\$
Child #4: (Name) (Age)	hours x	\$ 2.50 =	\$
TOTAL REIMBURSEMENT DUE:			\$

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

At the end of the month, transfer the attendance data to the aggregate monthly reimbursement form and submit all eligibility forms and IDP approval letters with the reimbursement form. This form must be completed each month 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.