



U.S. Army Child Care Subsidy Application Addendum

Printed Name of Qualifying Sponsor: _____

I) Status of sponsor: (Please check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> DA Civilian |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Activated |
| <input type="checkbox"/> Reserve Service Member | <input type="checkbox"/> Activated |

II) Marital Status:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> *Divorced | <input type="checkbox"/> *Separated |

****Court Documentation is required***

III) Additional Fee Assistance Subsidies:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Wounded Warrior (WTU, WTB) | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> *Deployment | |

****Upon deployment, Deployment Orders will be required***

IV) Number of hours that the spouse/significant other works: _____

V) Number of hours that the spouse/significant other attends school:

Graduate _____ Undergraduate _____



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VI) Does the child (ren) for whom you are applying for benefits reside in the home with you?

_____ Yes _____ No If no, please provide an explanation

and location where the child (ren) reside(s):

VII) Schedule of Care Needed:

Number of hours of enrollment:

Week #1 _____ Week #2 _____

Week #3 _____ Week #4 _____

Additional days and/or hours:

Parents who misrepresent information used to calculate Fee Assistance may have their Fee Assistance terminated and be subject to the Uniform Code of Military Justice (UCMJ) or other legal consequences.

Qualifying U.S. Army Sponsor Signature

Date

Printed Name of Qualifying U.S. Army Sponsor