



ARMY FEE ASSISTANCE

Application Checklist for Survivors of Fallen Soldiers (SOS)

_____ Printed name of qualifying Army Sponsor

Assigned Army Post/Garrison: _____

If duty station is not on the Garrison, please provide place of duty: _____

Sponsor/Family Documents:

_____ [Fee Assistance Family Application – Army 2014-01](#)

_____ [SOS Eligibility Certification Form – Army 2014-08](#)

Choosing a Child Care Provider

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Phone Number of Provider: _____

_____ If the provider you have chosen is currently a qualifying Child Care Provider approved to participate in the Army Fee Assistance Program through the General Services Administration (GSA); your provider will submit the Family Enrollment Form CC 2014-06 directly to the GSA to complete your application.

_____ If you have a provider that is not currently participating in the Army Fee Assistance Program, please have the provider visit the GSA website http://financeweb.gsa.gov/childcare_portal_for_providers to begin the enrollment process, or they may contact the GSA via email at childcareprovider@gsa.gov or at (866) 508-0371 for an application packet.

_____ If you do not have a provider, please check here and the GSA Subsidy Administration Section will assist you in locating child care in your area.

The forms and documents listed above are required for a standard application. Please note that your situation and application may require additional documents and/or information.

Fax: (816) 823-5410

Scan and email to: army.childcare@gsa.gov

GSA Subsidy Administration Section
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