ARMY FEE ASSISTANCE

Army Fee Assistance (AFA) for Army Active Duty Sponsors

Army Active Duty Sponsors who do not have access to on-post child care may apply for Army Fee Assistance (AFA) by completing the application process as outlined below. Child care providers must be state Licensed and/or Nationally Accredited in order to be deemed an eligible provider to receive AFA.

Army Fee Assistance Program guidelines state that if there is space available for a Sponsor's child/children at an Army CDC/SAC, then such space must be used for the care of his/her child/children. In the event that the Army CDC/SAC does not have space available, then the Sponsor may be eligible to apply for Off-Post Community Based Fee Assistance. The GSA will validate the non-availability of garrison child care space in order to determine Families eligibility.

Upon receipt of a complete application package, the GSA Subsidy Administration Section will determine the Families' eligibility. If the Family is eligible for AFA, then they will receive an Army Fee Assistance Authorization Letter reflecting the dates and amount of AFA for which the Family is eligible.

If the Family is deemed ineligible, then they will be informed of the decision and the reason for the denial.

To apply for AFA, the following documents must be completed and submitted to the GSA Subsidy Administration Section:

Sponsor/Family Documents:

I) **AFA Certification of Non-Availability – Army 2010-02**
II) **Fee Assistance Family Application – Army 2014-01**
III) Copy of your most recent Leave & Earnings Statement (LES)
IV) A copy of your most recent Federal Tax Return Form 1040
V) A copy of your current **Active Duty Orders**
VI) If applicable, a copy of the spouse/partner to include unmarried legal parents/partners, most recent pay statement(s) or school schedule that reflect the following:

Full Time AFA:

- The past 4 consecutive weeks of employment that reflect an average of 25 hours or more per week
- Enrolled in 12 credit hours or more of undergraduate school
- Enrolled in 9 credit hours or more of graduate school

Part Time AFA:

- The past 4 consecutive weeks of employment that reflect a minimum of 16 and less than 25 hours per week
- Enrolled in 6 - 11 credit hours or more of undergraduate school
- Enrolled in 3 – 8 credit hours or more of graduate school

VII) For spouse/partners who are currently seeking employment or in the process of enrolling in school, 90 days of AFA may be granted to receive benefits by completing and submitting the **Certification for Seeking Employment or Enrolling in School – Army Form 2010-04**

VIII) A copy of your spouse/partner's most recent Federal Tax Return Form 1040, if applicable.

U.S. General Services Administration
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 ● Fax: (816) 823-5410
army.childcare@gsa.gov
http://financeweb.gsa.gov/childcare_portal

Army Fee Assistance (AFA) for Army Active Duty Sponsors Continued

Provider Documents:

In addition to your Family information, you or your qualifying child care provider must submit the applicable document(s) to the GSA to complete your application package. Each of the forms below must be included
If your provider is currently an Army/GSA approved AFA provider:

- **Provider Application OPM Form1644** to be completed by the qualifying Child Care Provider
- Copy of your qualifying Child Care Provider's most current rate sheet **OR** **Certification of Hours of Operation and Rates for Child Care Service CC Form 2014-13**
- Copy of your qualifying Child Care Provider's license
- Letter of Accreditation (if applicable)
- Copy of your qualifying Child Care Provider's most recent inspection report
- For Family Child Care Provider's (FCC) ***ONLY*** - A copy of their Associates Degree or higher in Early Childhood Education or Child Development

Please include the **AFA Application Check List 2012-04A** to ensure all required AFA documents are submitted to the GSA for processing.

Army Fee Assistance is retroactive from the date your application is received at the GSA Subsidy Administration Section pending receipt of all required documents. If supporting documents are not received within 90 days of application, the application will be declined and a new application will need to be filed in order to establish a new AFA start date.

All questions on eligibility and application for the AFA should be addressed to the GSA Subsidy Administration Section.

Phone: (866) 508-0371
Fax: (816) 823-5410
Email: army.childcare@gsa.gov
Address: GSA/BCED
Attention: Subsidy Administration Section
1500 East Bannister Road, #1061
Kansas City, MO 64131

Child care enrollment policies should be addressed to the child care center.

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http://financeweb.gsa.gov/childcare_portal

Army Fee Assistance (AFA) for Army Active Duty Sponsors Continued

Accreditations approved for AFA are listed below:

Child care centers:

a. National Association for the Education of Young Children (NAEYC)
b. National Accreditation Commission (NAC)
c. National Early Childhood Program Accreditation (NECPA)
d. Council on Accreditation (COA) for school -age programs
e. Maryland State Department of Education (MSDE) accreditation
f. North Carolina 4 or 5 star rating
g. Oklahoma 3 star rating

For Family Child Care providers:

a. National Association for Family Child Care (NAFCC)
b. Maryland State Department of Education (MSDE) accreditation
c. North Carolina 4 or 5 star rating
d. Oklahoma 3 star rating
e. Provider Child Development Associate (CDA) credential awarded by the Council for Professional Recognition.
f. Associates Degree or higher in Early Childhood Education or Child Development.

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http://financeweb.gsa.gov/childcare_portal

Army Fee Assistance Application Checklist for Army Active Duty Sponsors

_____Printed name of qualifying Army Sponsor

Closest Army Post/Garrison: _____

Sponsor/Family Documents:

_____**AFA Certification of Non-Availability – Army 2010-02**

_____**Fee Assistance Family Application – Army 2014-01**

_____Copy of your most recent Leave & Earnings Statement (LES)

_____Copy of your most recent Federal Tax Return Form 1040

_____Copy of your current Active Duty Orders

_____Copy of the spouse/partner to include unmarried legal parents/partners, most recent pay statement(s) or school schedule that reflect the following:

Full Time AFA:

- The past 4 consecutive weeks of employment that reflect an average of 25 hours or more per week
- Enrolled in 12 credit hours or more of undergraduate school
- Enrolled in 9 credit hours or more of graduate school

Part Time AFA:

- The past 4 consecutive weeks of employment that reflect a minimum of 16 and less than 25 hours per week
- Enrolled in 6 - 11 credit hours or more of undergraduate school
- Enrolled in 3 – 8 credit hours or more of graduate school

_____**Certification for Seeking Employment or Enrolling in School – Army Form 2010-04** ***(if applicable)***

_____Copy of your spouse/partner's most recent Federal Tax Return Form 1040, if applicable.

Provider Documents:

_____**Provider Application OPM Form1644** to be completed by the qualifying Child Care Provider

_____Copy of your qualifying Child Care Provider's most current rate sheet **OR** **Certification of Hours of Operation sand Rates for Child Care Service CC Form 2014-13**

_____Copy of your qualifying Child Care Provider's license

_____Letter of Accreditation (if applicable)

_____Copy of your qualifying Child Care Provider's most recent inspection report

_____For Family Child Care Provider's (FCC) ***ONLY*** - A copy of their Associates Degree or higher in Early Childhood Education or Child Development

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**

U.S. Mail: GSA, External Services Branch
Attention: Subsidy Administration Section
1500 East Bannister Road, #1061
Kansas City, MO 64131

U.S. General Services Administration
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 ● Fax: (816) 823-5410
army.childcare@gsa.gov

ARMY FEE ASSISTANCE

Army Fee Assistance Program
Certification of Non-Availability
Army Child Youth & School Services

Army Fee Assistance Program guidelines state that if there is space available for a Sponsor's child/children at an Army CDC/SAC, then such space must be used for the care of his/her child/children. In the event that the Army CDC/SAC does not have space available, then the Sponsor will be eligible to apply for Off-Post Community Based Fee Assistance.

_____ is assigned to _____

Printed name of Qualifying Army Sponsor ***Garrison Name***

_____ _____

Name of Child ***Date of Birth (DOB)***

_____ _____

Name of Child ***Date of Birth (DOB)***

_____ _____

Name of Child ***Date of Birth (DOB)***

By completing this certification, I am notifying the GSA Subsidy Administration Section that due to the lack of child care space at the Army CDC/SAC, I am eligible to apply for Off-Post Community Based Fee Assistance. This form must be signed by an authorized Parent & Outreach Services official certifying that space for my child/children is currently no available.

I further understand that in order to apply for Army Fee Assistance via the GSA, that I must contact the GSA for an application package which must then be submitted directly to the GSA in order to determine my eligibility in the Army Fee Assistance Program.

_____ _____

Qualifying Army Sponsor's Signature / Last 4 of SSN ***Date***

_____ _____

Parent & Outreach Services Director's Signature ***Phone Number***

_____ _____

Parent & Outreach Services Director's Email ***Date***

****This form must be completed, signed and returned to the Sponsor, or if received directly from the GSA, then it must be returned directly to the GSA within 2 business days of receipt in order to determine the Sponsor's eligibility for benefits.***

Return completed form to the GSA Subsidy Administration Section
FAX: (816) 823-5410
Email: army.childcare@gsa.gov

For GSA use only:

Verified By: _____ **Date:** _____

U.S. General Services Administration
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 ● Fax: (816) 823-5410
army.childcare@gsa.gov

Army 2010-02
(Rev 02/14/2014)

ARMY FEE ASSISTANCE

Army Fee Assistance Sponsor/Family Application

Type of Application: ☐ New Family ☐ Annual Recertification ☐ Re-Application (Previously enrolled, not current)

☐ Adding Child/Children (Must list all children to be enrolled in Fee Assistance) ☐ Reactivation of Army Fee Assistance (Currently Enrolled)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian

Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)	
	Work telephone number	
Home Address (Include street, city, state and zip code)	Home email address	
	Alternate phone number	

Army Sponsor Status: _____Single _____Couple _____Separated _____Married _____Divorced

POA Name:

POA Email:	POA telephone number:

Eligibility Status of Army Sponsor, check all that apply:

- ☐ Army Active Duty
- ☐ Army Reserve: Title 10_____
- ☐ Army National Guard: Title 10_____ Title 32 _____
- ☐ Wounded Warrior (WTU & WTB)
- ☐ Special Operations Command (SOCOM)
- ☐ Recruiter
- ☐ Activated
- ☐ Deployed
- ☐ DA Civilian
- ☐ Survivor of Fallen Soldier (SOS)
- ☐ Assigned to Army Supported Joint Base Installations
- ☐ Medically Retired Wounded (AW2)

Section II - Spouse / Partner

Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): _____Employed _____Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: _____Graduate _____Undergraduate

Section III - Child Information

List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):

Does the child named above reside in the home with the qualifying Army Sponsor: _____Yes _____*No

*If No, please provide an explanation, location and with whom the child resides:

Type of care provided: _____Full Time (25 + hours per week) _____Part Time (16 - 25 hours per week) _____Before School only _____After School only _____Before & After School Care _____Respite Care

Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____No

*If yes, please provide source: _____ Amount of other subsidy: $_____

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ARMY FEE ASSISTANCE

Army Fee Assistance Sponsor/Family Application - Page 2

Section III - Child Information - Continued

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):

Does the child named above reside in the home with the qualifying Army Sponsor: _____Yes _____*No

*If No, please provide an explanation, location and with whom the child resides:

Type of care provided: _____Full Time (25 + hours per week) _____Part Time (16 - 25 hours per week) _____Before School only _____After School only _____Before & After School Care _____Respite Care

Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____No

*If yes, please provide source: _____ Amount of other subsidy: $_____

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):

Does the child named above reside in the home with the qualifying Army Sponsor: _____Yes _____*No

*If No, please provide an explanation, location and with whom the child resides:

Type of care provided: _____Full Time (25 + hours per week) _____Part Time (16 - 25 hours per week) _____Before School only _____After School only _____Before & After School Care _____Respite Care

Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____No

*If yes, please provide source: _____ Amount of other subsidy: $_____

Section IV - Certification of Army Sponsor or Power of Attorney (POA)

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal employment.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor _____ *Date of Certification (MM/DD/YYYY)* _____

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsides is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

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Certification for Seeking Employment or Enrolling in School

Army Fee Assistance (AFA) for child care is authorized for up to 90 days to allow a spouse/partner to look for employment or enroll in school. This Certification Statement must be completed and signed by the Sponsor and their spouse/partner in order to qualify for, or continue to qualify for, fee assistance.

Certification Statement

I _____certify that
Printed name of qualifying Army Sponsor

_____is currently seeking employment
Printed name of spouse/partner

or will be enrolling in school. Mark below, as applicable.

_____My child/children is/are currently enrolled in full time care

_____My child /children is/are currently enrolled in part time care

_____My child/children will be enrolled in full time care

_____My child/children will be enrolled in part time care

_____I will not need child care for my child/children during this period and my

child/children's last day of attendance will be_____.
Enter final date that child care benefits are to be paid

I will notify the GSA Subsidy Administration Section in writing to report the start date of employment and/or school enrollment date. I will provide a copy of pay stubs or student school schedule to the GSA to ensure that the number of hours worked or enrolled in school meets the minimum requirement as set forth by the AFA guidelines.

I understand that after 90 days my Fee Assistance will be discontinued if my spouse/partner does not find employment or enroll in school and provide required pay documents or a valid student school schedule to the GSA Subsidy Administration Section

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

_____ _____
Signature of qualifying Sponsor ***Date***

_____ _____
Spouse/Partner's Signature ***Date***

Note to applicants: Fee assistance is retroactive from the date your application is received at the GSA Subsidy Administration Section pending receipt of all required documents. If supporting documents are not received within 90 days of application, a new application will need to be filed in order to establish a new Fee Assistance start date.

U.S. General Services Administration
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 ● Fax: (816) 823-5410
.army.childcare@gsa.gov

Form Aproved:
OMB No. 3206-0240

CHILD CARE PROVIDER INFORMATION FOR THE CHILD CARE SUBSIDY PROGRAM FOR FEDERAL EMPLOYEES

This information is required by law for the agency administrator of the Child Care Subsidy Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they submitted an application for child care subsidy from their Federal agency, please complete this form and return it to the parent.

Section I - Parent Information

1. Name of parent/legal guardian with child in the provider's care	2. Federal agency of parent

Section II - Provider Information

1. Type of provider *(Check one)*

Family Child Care | Child Care Center | Federally Sponsored Child Care Center

2. Name of child care provider		
3. Address of child care provider *(Include street number, city, state and ZIP code)*		4. Provider e-mail address
		5. Provider telephone number
6. Tax identification number or Social Security Number		7. Provider fax number
8. License number of provider	9. State in which license is issued	10. License expiration date *(MM/DD/YYYY)*

Section III - Child Information

Please furnish the information below for each Federal employee who applied for subsidy at your facility:

a. Name of each child in Section I parent's family enrolled *(Last, first, middle initial)*	b. Enrollment date *(MM/DD/YYYY)*	c. Does the child receive any other subsidy? *(If "Yes", complete d. and e.)* Yes No	d. Source of subsidy	e. Amount of subsidy	f. Total weekly fee for child

Section IV - Information on Provider's Financial Institution's Account for Payment to Provider
(Used only by Agencies that Self-Administer the Program)

1. Name of financial institution	2. Financial institution's routing number
3. Address of financial institution *(Include street number, city, state, and ZIP code)*	4. Type of account *(For payment deposit) (Check one)* Checkin g Savings
	5. Provider's account number

Section V - Signature of Provider

I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both.

1. Name of provider	2. Title of provider representative
3. Signature of provider *(I certify that the above information is true and correct to the best of my knowledge.)*	4. Date of signature *(MM/DD/YYYY)*

Privacy Act Statement

Public Law 106-554, § 633 (September 29, 2000) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

Public Burden Statement

We think this form takes an average of 10 minutes to complete including the time for getting the needed data and reviewing both the instructions and completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900. The OMB Number, 3206-0240, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

U.S. General Services Administration
External Services Branch (BCED)
Subsidy Administration Section

Provider/Program Name _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Certification of Hours of Operation and Rates for Child Care Services

Days and Hours of Operation

Weekday	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of Children Authorized for Care _____

Charge for Child Care Services

Age	Hourly Rate	Daily Rate	Weekly Rate	Monthly Rate	4 / 5 Week Month*
0 - 12 Months					
13 - 24 Months					
2 Years					
3 - 5 Years					
6 - 12 Years					

***For Providers who bill based upon a 4 / 5 Week Month, please provide the day of week that the billing is based upon:** _____

Discounts Offered

Federal Y N **Military** Y N **Multiple Child** Y N

Other Discounts Offered: _____

Additional Program Information

_____

_____

_____

_____

_____

_____ _____
Printed Name of Provider *Date*

_____
Signature of Provider

Completion and submission of this form is considered a certification of the child care rates charged by your child program. Any misrepresentation of information may result in your official removal from the program and if applicable repayment of child care Fee Assistance/Subsidy Benefits that were paid due to incorrect/false information.

U.S. General Services Administration
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Tel: (866) 508-0371 ● Fax: (816) 926-3642
childcareprovider@gsa.gov