



## **ARMY FEE ASSISTANCE**

### **Army Fee Assistance (AFA) for Wounded Warriors**

The Army and the GSA recognize our Wounded Warriors for the service that they have provided to our country.

Wounded Warriors 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.

Upon receipt of a complete application package, the GSA Subsidy Administration Section will determine the Family's 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. Each Wounded Warrior that applies may be eligible for additional AFA and will be informed of this decision via your benefit letter.

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) [Fee Assistance Family Application – Army 2014-01](#)
- II) Copy of your most recent Leave & Earnings Statement (LES)
- III) A copy of your most recent Federal Tax Return Form 1040
- IV) A copy of your Orders assigning you to a WTU or WTB
- V) [Wounded Warrior Eligibility Certification Form – Army 2014-09](#)
- 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.



## ARMY FEE ASSISTANCE

### Army Fee Assistance (AFA) for Wounded Warriors Continued

#### Provider Documents:

- **Provider Application OPM Form 1644** 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 2012-04E](#) 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](mailto: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.



## Army Fee Assistance Application Checklist for Wounded Warriors

\_\_\_\_\_ Printed name of qualifying Army Sponsor

Closest Army Post/Garrison: \_\_\_\_\_

### Sponsor/Family Documents:

\_\_\_\_\_ **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 Orders assigning you to a WTU or WTB

\_\_\_\_\_ **Wounded Warrior Eligibility Certification Form – Army 2014-09**

\_\_\_\_\_ 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 Form 1644** 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

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](mailto: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](mailto:army.childcare@gsa.gov)  
Army 2012-04E



# 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: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
POA Name:			
POA Email:		POA telephone number:	
Eligibility Status of Army Sponsor, check all that apply:			
<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> Activated		
<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Deployed		
<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> DA Civilian		
<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)		
<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations		
<input type="checkbox"/> Recruiter	<input type="checkbox"/> 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): <input type="checkbox"/> Employed <input type="checkbox"/> Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: <input type="checkbox"/> Graduate <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: <input type="checkbox"/> Full Time (25 + hours per week) <input type="checkbox"/> Part Time (16 - 25 hours per week) <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? <input type="checkbox"/> *Yes <input type="checkbox"/> No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

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](mailto:army.childcare@gsa.gov)



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**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 subsidies 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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 Tel: (866) 508-0371 • Fax: (816) 823-5410  
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# ARMY FEE ASSISTANCE

## Wounded Warrior Eligibility Certification

Completion of this form serves as certification that the Sponsor is eligible to receive Army Fee Assistance benefits under Wounded Warrior Status.

### Wounded Warrior's Information:

Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_ *Last 4 of SSN*

### Qualifying Child Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Spouse/Parent/Guardian Information:

Name: \_\_\_\_\_

Spouse/Parent/Guardian Phone Number: \_\_\_\_\_

Spouse/Parent/Guardian Email Address: \_\_\_\_\_

### Physician Certification:

Medical Facility Name: \_\_\_\_\_

Date Sponsor entered medical facility: \_\_\_\_\_ Release date: \_\_\_\_\_

If Sponsor is still in the medical facility named above, provide the expected release date: \_\_\_\_\_

Date outpatient care began: \_\_\_\_\_ Expected end date: \_\_\_\_\_

Attending physician name: \_\_\_\_\_

Attending physician phone number: \_\_\_\_\_

**By signing this form, I attest that the Sponsor named above is under my care and is receiving medical treatment under Wounded Warrior Status.**

\_\_\_\_\_  
*Signature of Attending Physician*

\_\_\_\_\_  
*Date of Certification*

**Please retain a copy of this document for the sponsor's file confirming your authorization to release the information above. The original form must be submitted to the GSA Subsidy Administration Section to complete the Army Sponsor's file and certify his/her Wounded Warrior Status.**





## 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.**

## 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 <i>(Check one)</i>						
Family Child Care		Child Care Center		Federally Sponsored Child Care Center		
2. Name of child care provider						
3. Address of child care provider <i>(Include street number, city, state and ZIP code)</i>			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 <i>(MM/DD/YYYY)</i>		
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 <i>(Last, first, middle initial)</i>	b. Enrollment date <i>(MM/DD/YYYY)</i>	c. Does the child receive any other subsidy? <i>(If "Yes", complete d. and e.)</i>		d. Source of subsidy	e. Amount of subsidy	f. Total weekly fee for child
		Yes	No			

**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.

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.*