

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD DEVELOPMENT CENTER (CDC) FEES

PRIVACY ACT STATEMENT (RCS: (CSGAPA-1734))

AUTHORITY: PL 101-89 Sec. 1507; EO 9397
 PRINCIPAL PURPOSE(s): To collect total family income data to determine (CDC) fees.
 ROUTINE USE(s): None.
 DISCLOSURE: Voluntary; however, failure to furnish information will result in the highest fee range.

PARENT OR GUARDIAN:

To determine child development center fees for your child(ren), or any child(ren) you legally claim as your dependent(s), you must complete, sign, and return this form to the Child Development Center. Fees will be determined based on your total family income as defined below. If you do not wish to disclose your total family income your rate will be set automatically at the highest fee level.

1. NAME OF EACH CHILD (Last, First, MI)	2. DATE OF BIRTH	AGE	3. CARE REQUESTED
a. _____	a. _____	_____	a. _____
b. _____	b. _____	_____	b. _____
c. _____	c. _____	_____	c. _____
d. _____	d. _____	_____	d. _____

4. ANNUAL FAMILY INCOME: (Includes all military and civilian earned income for sponsor and spouse)

Enter your annual income data as requested (e.g. multiply the most recent monthly income by 12 or if paid on bi-weekly income, enter the most recent bi-weekly income and multiply by 26). For purpose of determining child care fees in DoD Child Development Centers, total family income is defined as all earned income including wages, salaries, tips, long-term disability benefits, combat pay, and voluntary salary deferrals. Include all earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, etc., before deductions for taxes, social security, etc. Include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind. Include anything else housing allowance (VHA) and cost of living allowance (COLA) received in high cost areas, alimony and child

a. SPONSOR NAME	GRADE/STEP	YRS MIL/CIV SERVICE
1. Base pay (most recent leave and earning statement)	\$	_____
2. Basic allowance for quarters (or in-kind equivalent)	\$	_____
3. Basic subsistence allowance (or in-kind equivalent)	\$	_____
4. Other earned income as described above	\$	_____
b. SPOUSE NAME	GRADE/STEP	YRS MIL/CIV SERVICE
1. All income as described above	\$	_____
c. JOINT INCOME (Sponsor and Spouse): as described above \$ _____		
d. TOTAL FOR BOTH SPONSOR AND SPOUSE \$ _____		

5. SIGNATURE OF SPONSOR OR SPOUSE (Required for Category I-IV) Please read the following statement carefully prior to signing, I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws, See e.g. 18 U.S.C. Section

a. _____
 _____ (SIGNATURE) _____ (SSN) _____ (DATE) _____ (TELEPHONE)
 b. _____
 _____ (HOME ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

**If signature is missing, the fees will automatically be placed at the highest level

6. FOR CHILD DEVELOPMENT CENTER USE ONLY
 a. APPROVED CATEGORY _____ b. CDC OFFICIAL _____
 b. AUTHORIZED FEES _____
 c. DATE _____

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT CENTER FEE APPLICATION
INSTRUCTION

Department of Defense Fee Policy is based on total family income to include the earned income of military, Civilian employee, spousal and other earned income. The Department of Defense Child Development Center Fee Application will be completed by eligible military members, civilian employees and spouses to determine fees for eligible families desiring enrollment of their child(ren) in Department of Defense child development centers. Applications must be verified upon publication of each DoD Fee Policy. Use of the Department of Defense Child Development Center Fee Application is mandatory for all patrons requesting placement in fee categories other than the highest category. This form may be reproduced at the local level through January 1, 1994. Failure to furnish required information will result in placement in the highest fee category.

1. Enter the name (last, first and middle initial) of each child for whom center-based child care will be provided (as applicable). List children in order of age with oldest child first.
2. Enter the date of birth and age of each child listed in item 1 (as applicable).
3. Enter the primary child care service to be provided for each child listed in item 1.
4. TOTAL FAMILY INCOME: Calculate the gross annual income as specified below.
 - a. Enter the name (last, first and middle initial) of the sponsor (ranking military or civilian member), and sponsor's military grade/years of service or civilian grade/step.
 1. Enter the annual base pay of the sponsor.
 2. Enter the annual basic allowance for quarters or civilian living quarters allowance (LQA) whether received or not. Military and civilian sponsors who do not receive a quarters allowance because they live in government housing must use standard BAQ/LQA charts to determine "in kind" amount for this service. Do not include variable housing allowances (VHA), cost of living allowance (COLA), reimbursements for temporary duty (TDY), or reimbursements for educational expenses. **
 - b. Enter the (last, first, and middle initial of the spouse and military grade/years of service or civilian grade/step for spouse (if applicable). Enter the earned income of the spouse. Use the criteria and definitions stated in item 4 (a) above.
 1. Enter the annual earned income of the spouse (i.e., wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, and any other earned income).
 - c. Enter any joint income. Include anything else of value, even if not taxable, that was received for
5. SIGNATURE OF SPONSOR OR SPOUSE: Ensure all applicants read this section carefully and sign below that they understand the penalty for providing false information or deleting earned income which should be included to determine the family fee category.
 - a. SIGNATURE: Applicants must sign full name.
 - b. Enter social security number of the military or civilian employee sponsor.
 - c. Enter the date the application was signed and submitted to center personnel.
 - d. Enter the sponsor's home telephone number (include the area code).
 - e. Enter the street address of the sponsor.
 - f. Enter the name of the City where sponsor resides.
 - g. Enter the name of the State where sponsor resides.
 - h. Enter the zip code for the sponsor's residence.
6. FOR CHILD DEVELOPMENT CENTER USE ONLY:
 - a. Enter the fee category of the family based on information provided in section 4 above.
 - b. Enter the name of the child development program official approving the fee category.
 - c. Enter the date of the fee category approval.

** EQUIVALENCIES FOR DUAL MILITARY AS FOLLOWS: When dual military couples occupy a set of on post quarters, the "in kind" equivalency for the service member who has signed for the quarters will be the only BAQ amount (with dependents) credited toward that couples's total family income for the purposes of determining child care fees. Dual military who reside off post will continue to include BAQ