



Date : 10/5/2020  
Subject: Sponsor Checklist Letter  
Dear Lawson, Carroll M,  
Family ID# 2169608

Thank you for your interest in the Child Care Aware of America Fee Assistance Program. We are writing to you today to inform you that we have received your submitted application for Child Care Fee Assistance. In order to determine your eligibility, we will need additional documents to complete your request. Fee assistance cannot begin until we receive the following Family/Provider Documents:

1. Please supply most recent month Leave and Earning Statement (LES) or Civilian Leave and Earning Statement (CLES).
2. One months worth of current, consecutive paystubs for the Spouse, or non-Sponsor parent, to include the name, employer name, pay period covered and number of hours worked (please note that the Spouse must be working a certain number of hours per week to qualify). If the Spouse is unable to supply paystubs due to recent employment, please supply the attached Employment Verification form for a 60 day temporary approval period. If the Spouse is currently looking for employment, please supply the attached Certification of Looking for Work form for a one time only 90 day temporary approval period.
3. Please have your provider complete the attached Provider Cost Verification form to confirm how you are being charged for care, including all discounts offered to your family. Signatures are required for both parent and provider before submitting this form (digital signatures will not be accepted). You will be required to submit this form with your family application after it has been confirmed that your child care provider is eligible to participate in the fee assistance program. To review the provider eligibility requirements, visit <https://usa.childcareaware.org/feeassistancerespiteproviders/feeassistance/>. You may also call and speak with a specialist at 1-800-424-2246. Please see the guidelines before completing the form.

These documents may be faxed to (703) 341-4103, emailed to [msp@usa.childcareaware.org](mailto:msp@usa.childcareaware.org), or you may upload them directly to your online application. Please include your family number on the fax cover sheet, or in the subject line of your email when sending in documents. Do not reply to this email address as it is not set up to receive any messages.

Please be advised that receipt of this application acknowledgement email does not in any

way indicate that you are eligible or have been approved for monthly childcare fee assistance. During the application process you may be contacted by Child Care Aware of America for additional supporting documents from your family and/or your childcare provider in order to meet the necessary eligibility requirements.

Once you have submitted the supporting documents, and met the family and provider eligibility requirements, you will receive an approval certificate. If you do not receive an approval for any reason you will not be authorized for childcare fee assistance. Child Care Aware of America is not liable to cover any incurred costs at your child care provider as a result of not receiving an approval certificate.

If you have questions, Child Care Aware of America can be reached during regular business hours by phone or email. If at any time you need to contact Child Care Aware of America about your application please be prepared to reference your Family Number: 2169608

Thank you for your service to our country!

Sincerely,

Child Care Aware of America  
1515 Courthouse Road  
Arlington, VA 22201  
Ph: 1-800-424-2246  
Fax: (703) 341-4103  
msp@usa.childcareaware.org  
<http://usa.childcareaware.org/>



## Employment Verification Form

**Fee assistance is authorized for 60 days to allow the Spouse, or non-Sponsor parent, to submit 1 months' worth of consecutive paystubs verifying employment. The Employment Verification Form must be filled out and signed by the Spouse's employer.**

**RE: Family ID#** \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

This is to certify that \_\_\_\_\_ holds the position of  
(Employee Name)

\_\_\_\_\_ .

Start date of position: \_\_\_/\_\_\_/\_\_\_.

Position Type:  permanent or  temporary position (please list end date) \_\_\_/\_\_\_/\_\_\_.

Pay rate: \_\_\_\_\_  hourly  weekly  bi-weekly  semi-monthly  monthly

Number of work hours per week: \_\_\_\_\_

Pay Frequency:  hourly  weekly  bi-weekly  semi-monthly  monthly

\_\_\_\_\_  
Name of the personnel officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of the personnel officer

\_\_\_\_\_  
Date

1515 N Courthouse Rd, 2<sup>nd</sup> fl  
Arlington, VA 22201

Fax: 703 341-4103  
Email: [mnp@usa.childcareaware.org](mailto:mnp@usa.childcareaware.org)  
Toll-free 1-800-424-2246



## Provider Cost Verification Form Introduction & Instruction

The Provider Cost Verification Form collects all required information about the child care rates your family will be charged by the child care provider. This includes discounts, registration fees, effective dates, rate changes, rate frequency, and the schedule of care. This form will be used to process your fee assistance application and ensure that no overpayments occur.

You will be required to submit this form with your family application after it has been confirmed that your child care provider is eligible to participate in the fee assistance programs. To review the provider eligibility requirements, visit

<https://usa.childcareaware.org/feeassistancerespiteproviders/feeassistance/>. You may also call and speak with a specialist at 1-800-424-2246 or email [msp@usa.childcareaware.org](mailto:msp@usa.childcareaware.org). Please see the guidelines below for completing the form.

### Instructions:

1. You should **VERIFY** that the provider is eligible to participate in the fee assistance programs before completing the form.
2. Your Child Care Provider should **COMPLETE** the form.
  - a. Rates listed on the form should be the rates before and after discounts are applied. For example, a rate that is \$300 per week rate with a 10% sibling discount should be listed on the form as \$270 per week.
  - b. All rate changes should be included on the form, including new rates for classroom changes and age changes.
  - c. If your provider does not know the exact date of a rate change, please have them provide their best estimate as to when the rate change will occur. If it is an estimate, they should indicate that on the form. Annual facility rate increases cannot be processed unless it is provided in this form or on the provider's rate sheet prior to the family's approval.
  - d. Registration Fee\*: At this time Registration fees are not covered under the Navy, Air Force, Marine Corps, or NGA child care fee assistance programs.
3. The form needs to be **SIGNED** by both the provider and the guardian.
4. The form is then **SUBMITTED** by the family with the family application.
5. The information provided on this form should be consistent with the information in the child care provider's application.
6. Fee assistance is determined by calculating the difference between your child care facility's monthly fee and the DoD parent fee for similar child care services at the closest military installation. If your facility charges weekly, CCAoA will convert your weekly fee into a monthly fee by multiplying it by 4.33. (This calculation takes into account all months within the year whether they have 4 or 5 weeks.) Please note that the rate conversion (if required) will be performed by CCAoA at the time a fee assistance approval is granted and does not need to be calculated beforehand. The Sponsor is responsible for the DoD-established parent fee based on the family's locality and Total Family Income category, and any amount over the identified community provider cap for the family's locality and type of care.

*\*Disclaimer: The registration fee is currently not covered under the Navy, Air Force, Marine Corps, or NGA child care fee assistance programs. Please note that failure to correctly report accurate tuition information may result in removal from the fee assistance program, and if necessary, Child Care Aware® of America may notify the branch of service or agency regarding any falsifications. In the event of any overpayment, Child Care Aware® of America will request that all monies be paid back in a timely manner. Completing this form does not certify that the provider will qualify for the fee assistance program.*



## Provider Cost Verification Form

**Provider and Family Information**

Child Care Facility Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

Child Care Director/Point of Contact: \_\_\_\_\_

Provider Address (where care is provided): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Family ID#: \_\_\_\_\_

**Rate Information**

Child's Name	Days of Care (List all days that apply) M T W Th F	Hours of Care		Rate Before / Rate After Discounts	Effective Date
		From	To		
		to		/	
		to		/	
		to		/	

State Subsidy Received? (If so, please include voucher): \_\_\_\_\_ Rate Frequency (circle one): Weekly/Monthly/Annually

Start of Care Date: \_\_\_\_\_ Annual Registration Fee: \_\_\_\_\_ N/A \_\_\_\_\_ One Time Registration Fee: \_\_\_\_\_ N/A \_\_\_\_\_

Discounts (Describe discount given): \_\_\_\_\_

**Rate Changes within the Next 12 Months**

Child's Name	Days of Care (List all days that apply) M T W Th F	Hours of Care		Rate Before / New Rate After Discounts	Effective Date of Rate Change
		From	To		
		to		/	
		to		/	
		to		/	

Discounts (Describe discounts given): \_\_\_\_\_

*I certify that all above information is correct and that I am authorized to release this rate information. I understand that I must report any and all discounts, as well as any changes to a child's schedule of care prior to the change being made. I understand that only consistent schedules of care are permitted. I also understand that I am responsible for any payments made in error and that in the event of overpayment, I must pay back monies to Child Care Aware® of America. Failure to comply with any of these requirements or to correctly report information will result in termination from the program. Completing this form does not certify that the provider will qualify for the fee assistance program.*

\_\_\_\_\_  
Child Care Director

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date