Department of Veterans Affairs

CHILD CARE SUBSIDY APPLICATION FORM

PRIVACY ACT STATEMENT - Public Law 107-67, § 630 (September 2001) confers regulatory authority on the Department of Veterans Affairs 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 will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay statements 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.

SECTION I - PARENT/LEGAL GUARDIAN INFORMATION

NOTE: Applications that are not fully completed or do not contain the information listed below will not be processed and will be returned to the applicant. If you do not provide all of the information requested, you will not receive a subsidy award. When more than one parent works for the Federal Government, subsidies cannot be awarded for the child/children by more than one Federal agency.

1. NAME *(Last, first, middle initial)*	2. SOCIAL SECURITY NUMBER	3. JOB SERIES/GRADE	4. ORGANIZATIONAL CODE *(See list of codes at bottom of Section I)*
Duck, Daisy A.	000-00-0001	GS-0201/05	009

5. WORK ADDRESS *(Include street number, city, state and ZIP Code)*	6. WORK E-MAIL ADDRESS
810 Vermont Avenue NW Washington DC 20420	daisy.duck@va.gov
	7. WORK TELEPHONE NUMBER/EXTENSION (555) 555-1111
8. HOME ADDRESS *(Include street number, city, state and ZIP Code)*	9. HOME E-MAIL ADDRESS
1 Ash Street Mount Airy, MD 21771	daduck@12345.com
	10. HOME TELEPHONE NUMBER (555) 555-2222

11. CATEGORY OF PARENT	12. IS SPOUSE A FEDERAL EMPLOYEE?	13. NAME OF SPOUSE *(Last, first, middle initial)*	14. GRADE OF SPOUSE
☐ SINGLE	☐ YES	Donald A. Duck	N/A
☒ COUPLE	☒ NO	15. EMPLOYING AGENCY OF SPOUSE N/A	

16. TOTAL FAMILY INCOME AS REPORTED ON ADJUSTED GROSS INCOME LINE OF MOST RECENT IRS FORM 1040 OR 1040A.
$

ORGANIZATIONAL CODES

(00)	Office of the Secretary	(009)	Assistant Secretary for Congressional & Legislative Affairs
(00CFM)	Assistant Secretary for Construction & Facilities Management	(01)	Board of Veterans' Appeals
(002)	Assistant Secretary for Public & Intergovernmental Affairs	(02)	General Counsel
(004G)	Assistant Secretary for Management (GOE)	(09)	Board of Contract Appeals
(004F)	Assistant Secretary for Management (Franchise Fund)	(10M)	Veterans Health Administration - Medical Services
(004S)	Assistant Secretary for Management (Supply Fund)	(10F)	Veterans Health Administration - Medical Facilities
(005G)	Assistant Secretary for Information & Technology (GOE)	(10R)	Veterans Health Administration - Research
(005F)	Assistant Secretary for Information & Technology (Franchise Fund)	(10E)	Veterans Health Administration - Medical Administration
(006G)	Assistant Secretary for Human Resources & Administration (GOE)	(10C)	Veterans Health Administration - Canteen Service
(007)	Assistant Secretary for Operations, Security and Preparedness	(20)	Veterans Benefits Administration
(008)	Assistant Secretary for Policy and Planning	(40)	National Cemetery Administration
		(50)	Inspector General

SECTION II - CHILD INFORMATION

INSTRUCTION: List information for all children for whom you are applying for a subsidy. *(If you are applying for more than three children please attach the pertinent information to this form.)*

1A. NAME OF FIRST CHILD		1B. DATE OF BIRTH *(MM/DD/YYYY)*
Huey A. Duck		03/19/2001
1C. NAME OF CHILD CARE PROVIDER	1D. WEEKLY CHILD CARE COST	1E. DATE OF ENROLLMENT *(MM/DD/YYYY)*
Diane's Day Care	$ 75.00	03/01/2008

1F. TYPE OF APPLICATION? *(Check only one)*

☒ NEW FAMILY
☐ ANNUAL RECERTIFICATION
☐ ADDING/CHANGING FAMILY INFORMATION
☐ REAPPLICATION *(Previously enrolled, not current.)*
☐ CHANGING PROVIDER INFORMATION ***(Complete Item 1H)*** *(Attach license, schedule of fees, and VA Form 0730b.)*

1G. ENTER LAST DAY WITH PREVIOUS PROVIDER *(MM/DD/YYYY)*

1H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEING RECEIVED FOR THE CHILD(REN)?	1I. SOURCE OF SUBSIDY	1J. AMOUNT OF SUBSIDY
☐ YES *(If "YES," complete items 1J and 1K and submit a copy of award letter.)* ☒ NO		$

1K. ADDRESS OF PROVIDER *(Include street number, city, state and ZIP Code)*	1L. TELEPHONE NUMBER OF CHILD CARE PROVIDER	1M. TYPE OF CARE *(Check one)*
1 Elm Street Mount Airy, MD 21771	(555) 555-3333	☒ CENTER-BASED ☐ VA-BASED ☐ FAMILY HOME-BASED ☐ SCHOOL-BASED ☐ OTHER

SECTION II - CHILD INFORMATION *(Continued)*

2A. NAME OF SECOND CHILD		2B. DATE OF BIRTH *(MM/DD/YYYY)*
Louie A. Duck		01/23/2003
2C. NAME OF CHILD CARE PROVIDER	**2D. WEEKLY CHILD CARE COST**	**2E. DATE OF ENROLLMENT** *(MM/DD/YYYY)*
Tots Aplenty	$ 125.00	03/01/2008

2F. TYPE OF APPLICATION? *(Check only one)*

- [X] NEW FAMILY
- [ ] REAPPLICATION *(Previously enrolled, not current.)*
- [ ] ANNUAL RECERTIFICATION
- [ ] ADDING/CHANGING FAMILY INFORMATION
- [ ] CHANGING PROVIDER INFORMATION ***(Complete Item 1H)*** *(Attach license, schedule of fees, and VA Form 0730b.)*

2G. ENTER LAST DAY WITH PREVIOUS PROVIDER *(MM/DD/YYYY)*

2H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEING RECEIVED FOR THE CHILD(REN)?	2I. SOURCE OF SUBSIDY	2J. AMOUNT OF SUBSIDY
[X] YES *(If "YES," complete items 2J and 2K and submit a copy of award letter.)* [ ] NO	State	$ 25.00

2K. ADDRESS OF PROVIDER *(Include street number, city, state and ZIP Code)*	2L. TELEPHONE NUMBER OF CHILD CARE PROVIDER	2M. TYPE OF CARE *(Check one)*
2 Elm Street Mount Airy, MD 21771	(555) 555-4444	[X] CENTER-BASED [ ] VA-BASED [ ] FAMILY HOME-BASED [ ] SCHOOL-BASED [ ] OTHER

3A. NAME OF THIRD CHILD		3B. DATE OF BIRTH *(MM/DD/YYYY)*
3C. NAME OF CHILD CARE PROVIDER	**3D. WEEKLY CHILD CARE COST**	**3E. DATE OF ENROLLMENT** *(MM/DD/YYYY)*
	$	

3F. TYPE OF APPLICATION? *(Check only one)*

- [ ] NEW FAMILY
- [ ] REAPPLICATION *(Previously enrolled, not current.)*
- [ ] ANNUAL RECERTIFICATION
- [ ] ADDING/CHANGING FAMILY INFORMATION
- [ ] CHANGING PROVIDER INFORMATION ***(Complete Item 1H)*** *(Attach license, schedule of fees, and VA Form 0730b.)*

3G. ENTER LAST DAY WITH PREVIOUS PROVIDER *(MM/DD/YYYY)*

3H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEING RECEIVED FOR THE CHILD(REN)?	3I. SOURCE OF SUBSIDY	3J. AMOUNT OF SUBSIDY
[ ] YES *(If "YES," complete items 3J and 3K and submit a copy of award letter.)* [ ] NO		$

3K. ADDRESS OF PROVIDER *(Include street number, city, state and ZIP Code)*	3L. TELEPHONE NUMBER OF CHILD CARE PROVIDER	3M. TYPE OF CARE *(Check one)*
		[ ] CENTER-BASED [ ] VA-BASED [ ] FAMILY HOME-BASED [ ] SCHOOL-BASED [ ] OTHER

SECTION III - SIGNATURE AND CERTIFICATION OF PARENT/LEGAL GUARDIAN

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to truthfully set forth this information could result in loss of child care subsidy from the Department of Veterans Affairs. I further agree to inform my local Human Resources (HR) office within 10 days if any of the above information changes. I understand that awards for child care subsidy are made on a first-come, first-served basis. I understand that failure to inform my local HR office of any changes in status may jeopardize my chances of receiving child care subsidy through the Department of Veterans Affairs Child Care Subsidy Program.

If I answered "YES," in Part I, block 12, I certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

Daisy A Duck
(Signature)

03/01/2008
(Date of signature (MM/DD/YYYY))