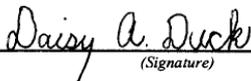


 Department of Veterans Affairs		CHILD CARE SUBSIDY APPLICATION FORM																									
<p>PRIVACY ACT STATEMENT - Public Law 107-67, § 630 (September 2001) confers regulatory authority on the Department of Veterans Affairs for agency use of appropriated funds for child care costs for lower income 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.</p>																											
SECTION I - PARENT/LEGAL GUARDIAN INFORMATION																											
<p>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.</p>																											
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																								
<input type="checkbox"/> SINGLE	<input type="checkbox"/> YES	Donald A. Duck	N/A																								
<input checked="" type="checkbox"/> COUPLE	<input checked="" type="checkbox"/> 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.																											
\$ 48,524.00																											
<p>ORGANIZATIONAL CODES</p> <table border="0"> <tr> <td>(00) Office of the Secretary</td> <td>(009) Assistant Secretary for Congressional & Legislative Affairs</td> </tr> <tr> <td>(00CFM) Assistant Secretary for Construction & Facilities Management</td> <td>(01) Board of Veterans' Appeals</td> </tr> <tr> <td>(002) Assistant Secretary for Public & Intergovernmental Affairs</td> <td>(02) General Counsel</td> </tr> <tr> <td>(004G) Assistant Secretary for Management (GOE)</td> <td>(09) Board of Contract Appeals</td> </tr> <tr> <td>(004F) Assistant Secretary for Management (Franchise Fund)</td> <td>(10M) Veterans Health Administration - Medical Services</td> </tr> <tr> <td>(004S) Assistant Secretary for Management (Supply Fund)</td> <td>(10F) Veterans Health Administration - Medical Facilities</td> </tr> <tr> <td>(005G) Assistant Secretary for Information & Technology (GOE)</td> <td>(10R) Veterans Health Administration - Research</td> </tr> <tr> <td>(005F) Assistant Secretary for Information & Technology (Franchise Fund)</td> <td>(10E) Veterans Health Administration - Medical Administration</td> </tr> <tr> <td>(006G) Assistant Secretary for Human Resources & Administration (GOE)</td> <td>(10C) Veterans Health Administration - Canteen Service</td> </tr> <tr> <td>(007) Assistant Secretary for Operations, Security and Preparedness</td> <td>(20) Veterans Benefits Administration</td> </tr> <tr> <td>(008) Assistant Secretary for Policy and Planning</td> <td>(40) National Cemetery Administration</td> </tr> <tr> <td></td> <td>(50) Inspector General</td> </tr> </table>				(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
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	(50) Inspector General																										
SECTION II - CHILD INFORMATION																											
<p>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.)</p>																											
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	11/03/2008																								
1F. TYPE OF APPLICATION? (Check only one)			1G. ENTER LAST DAY WITH PREVIOUS PROVIDER (MM/DD/YYYY)																								
<input checked="" type="checkbox"/> NEW FAMILY <input type="checkbox"/> ANNUAL RECERTIFICATION <input type="checkbox"/> ADDING/CHANGING FAMILY INFORMATION																											
<input type="checkbox"/> REAPPLICATION (Previously enrolled, not current.) <input type="checkbox"/> CHANGING PROVIDER INFORMATION (Complete Item 1E) (Attach license, schedule of fees, and VA Form 0730b.)																											
1H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEING RECEIVED FOR THE CHILD(REN)?		1I. SOURCE OF SUBSIDY																									
<input type="checkbox"/> YES (If "YES" complete items 1J and 1K and submit a copy of award letter.) <input checked="" type="checkbox"/> NO																											
1J. AMOUNT OF SUBSIDY																											
\$																											
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	<input checked="" type="checkbox"/> CENTER-BASED <input type="checkbox"/> FAMILY HOME-BASED <input type="checkbox"/> OTHER																								
			<input type="checkbox"/> VA-BASED <input type="checkbox"/> SCHOOL-BASED																								

SECTION II - CHILD INFORMATION (Continued)		
2A. NAME OF SECOND CHILD Louie A. Duck		2B. DATE OF BIRTH (MM/DD/YYYY) 01/23/2003
2C. NAME OF CHILD CARE PROVIDER Tots Aplenty	2D. WEEKLY CHILD CARE COST \$ 125.00	2E. DATE OF ENROLLMENT (MM/DD/YYYY) 11/03/2008
2F. TYPE OF APPLICATION? (Check only one) <input checked="" type="checkbox"/> NEW FAMILY <input type="checkbox"/> REAPPLICATION (Previously enrolled, not current.) <input type="checkbox"/> ANNUAL RECERTIFICATION <input type="checkbox"/> CHANGING PROVIDER INFORMATION <input type="checkbox"/> ADDING/CHANGING FAMILY INFORMATION <input type="checkbox"/> (Complete Item 1H) <small>(Attach license, schedule of fees, and VA Form 0730b.)</small>		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)? <input checked="" type="checkbox"/> YES (If "YES," complete items 2J and 2K and submit a copy of award letter.) <input type="checkbox"/> NO	2I. SOURCE OF SUBSIDY State	2J. AMOUNT OF SUBSIDY \$ 25.00
2K. ADDRESS OF PROVIDER (Include street number, city, state and ZIP Code) 2 Elm Street Mount Airy, MD 21771	2L. TELEPHONE NUMBER OF CHILD CARE PROVIDER (555) 555-4444	2M. TYPE OF CARE (Check one) <input checked="" type="checkbox"/> CENTER-BASED <input type="checkbox"/> VA-BASED <input type="checkbox"/> FAMILY HOME-BASED <input type="checkbox"/> SCHOOL-BASED <input type="checkbox"/> 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) <input type="checkbox"/> NEW FAMILY <input type="checkbox"/> REAPPLICATION (Previously enrolled, not current.) <input type="checkbox"/> ANNUAL RECERTIFICATION <input type="checkbox"/> CHANGING PROVIDER INFORMATION <input type="checkbox"/> ADDING/CHANGING FAMILY INFORMATION <input type="checkbox"/> (Complete Item 1H) <small>(Attach license, schedule of fees, and VA Form 0730b.)</small>		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)? <input type="checkbox"/> YES (If "YES," complete items 3J and 3K and submit a copy of award letter.) <input type="checkbox"/> NO	3I. SOURCE OF SUBSIDY	3J. AMOUNT OF SUBSIDY \$
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) <input type="checkbox"/> CENTER-BASED <input type="checkbox"/> VA-BASED <input type="checkbox"/> FAMILY HOME-BASED <input type="checkbox"/> SCHOOL-BASED <input type="checkbox"/> OTHER
SECTION III - SIGNATURE AND CERTIFICATION OF PARENT/LEGAL GUARDIAN		
<p>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.</p> <p>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.</p> <p style="text-align: center;">  _____ (Signature) </p> <p style="text-align: center;"> 11/03/2008 _____ (Date of signature (MM/DD/YYYY)) </p>		
RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT send requests for benefits to this address.		