

FORM 1: RESPITE CHILDCARE ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: SPONSOR INFORMATION

- A) SPONSOR NAME (LAST, FIRST): _____
 B) SPONSOR RANK (E1 – O10): _____
 C) SPONSOR/FAMILY 10 DIGIT PHONE NUMBER: _____
 D) SPONSOR/FAMILY EMAIL ADDRESS: _____

SECTION 2: CATEGORY/ELIGIBILITY INFORMATION

- A) DOD SERVICE BRANCH (SELECT ONE):
 ARMY AIR FORCE MARINE CORPS NAVY
- B) TITLE 10 STATUS (SELECT ONE):
 DEPLOYED GUARD/RESERVE RELOCATED SPOUSE
 INDEPENDENT DUTY PERSONNEL WARRIOR TRANSITION UNIT
- C) DUTY STATION: _____
- D) PROJECTED DATE RANGE OF ASSIGNMENT (REQUIRED FOR ALL PROGRAM CATEGORIES):
 START DATE: _____ MONTH / YEAR END DATE: _____ MONTH / YEAR

SECTION 3: MEMBER AUTHORIZATION SIGNATURE

1. I CERTIFY THAT I AM/MY SPOUSE IS CURRENTLY TITLE 10 AND IS ELIGIBLE FOR A YMCA MEMBERSHIP UNDER THE MILITARY OUTREACH INITIATIVE.

SIGNATURE OF SPONSOR OR SPOUSE: _____ **DATE:** _____

SECTION 4: TO BE COMPLETED BY THE LOCAL YMCA:

NAME (LAST, FIRST)	AGE(S)	HOUR(S)	X \$6.00	=	SUBTOTAL
			X \$6.00	=	\$
			X \$6.00	=	\$
			X \$6.00	=	\$
			X \$6.00	=	\$
TOTAL REIMBURSEMENT					\$