Department of Veterans Affairs

CHILD CARE TUITION ASSISTANCE EMPLOYEE APPLICATION FORM

PRIVACY ACT STATEMENT - Section 643 of Public Law 106-58 and its implementing regulations at 5 C.F.R. Part 792 authorize the Department of Veterans Affairs to establish a child care tuition assistance program for lower income employees. Section 6051(a)(9) of title 26, United States Code requires that on or before January 31 of each year an employer lists on an employee's W-2, Wage and Tax Statement, form the total amount incurred for dependent care assistance. The total amount of payments made under the Department's child care tuition assistance must thus be listed on an employee's W-2 form. It is for the purposes of showing the amount of dependant care assistance on your W-2 Form, and for determining eligibility for tuition assistance, that we are requesting your social security number. Information regarding family income (copies of pay slips and tax returns), name of current child care provider(s), copies of the provider's license, statement of compliance, and information about other child care subsidies will also be used to determine eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

PART A - PARENT/GUARDIAN INFORMATION

1. NAME OF CHILD'S MOTHER/GUARDIAN	2. HOME ADDRESS	3. NAME AND ADDRESS OF EMPLOYER
4. SOCIAL SECURITY NUMBER		
5. HOME PHONE NUMBER	6. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE *(If VA Employee)*	7. WORK PHONE NUMBER
8. NAME OF CHILD'S FATHER/GUARDIAN	9. HOME ADDRESS *(If different than Mother/Guardian)*	10. NAME AND ADDRESS OF EMPLOYER *(If different than Mother/Guardian)*
11. SOCIAL SECURITY NUMBER		
12. HOME PHONE NUMBER *(If different than Mother/Guardian)*	13. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE *(If VA Employee)*	14. WORK PHONE NUMBER

PART B - INFORMATION ON CHILDREN FOR TUITION ASSISTANCE

1. NAME OF CHILD		7. NAME AND ADDRESS OF CHILD CARE PROVIDER	8. PHONE NUMBER OF CHILD CARE PROVIDER
2. SOCIAL SECURITY NUMBER	3. DATE OF ENROLLMENT		9. CHECK APPROPRIATE BOX ☐ VA CHILD CENTER ☐ OTHER FEDERAL CHILD CARE ☐ CENTER-BASED CARE ☐ SCHOOL-BASED CARE ☐ FAMILY CHILD CARE
4. DATE OF BIRTH	5. WEEKLY TUITION COSTS $		
6. CHECK APPROPRIATE BOX ☐ CHILD CARE TUITION ASSISTANCE PROGRAM ☐ DEPENDANT CARE ASSISTANCE PROGRAM			
10. NAME OF CHILD		16. NAME AND ADDRESS OF CHILD CARE PROVIDER	17. PHONE NUMBER OF CHILD CARE PROVIDER
11. SOCIAL SECURITY NUMBER	12. DATE OF ENROLLMENT		18. CHECK APPROPRIATE BOX ☐ VA CHILD CENTER ☐ OTHER FEDERAL CHILD CARE ☐ CENTER-BASED CARE ☐ SCHOOL-BASED CARE ☐ FAMILY CHILD CARE
13. DATE OF BIRTH	14. WEEKLY TUITION COSTS $		
15. CHECK APPROPRIATE BOX ☐ CHILD CARE TUITION ASSISTANCE PROGRAM ☐ DEPENDANT CARE ASSISTANCE PROGRAM			
19. NAME OF CHILD		25. NAME AND ADDRESS OF CHILD CARE PROVIDER	26. PHONE NUMBER OF CHILD CARE PROVIDER
20. SOCIAL SECURITY NUMBER	21. DATE OF ENROLLMENT		27. CHECK APPROPRIATE BOX ☐ VA CHILD CENTER ☐ OTHER FEDERAL CHILD CARE ☐ CENTER-BASED CARE ☐ SCHOOL-BASED CARE ☐ FAMILY CHILD CARE
22. DATE OF BIRTH	23. WEEKLY TUITION COSTS $		
24. CHECK APPROPRIATE BOX ☐ CHILD CARE TUITION ASSISTANCE PROGRAM ☐ DEPENDANT CARE ASSISTANCE PROGRAM			

PART C - FAMILY INCOME INFORMATION (As reported on your last IRS 1040, 1040A, or 1040EZ Form)

1. ADJUSTED GROSS INCOME OF MOTHER/GUARDIAN	2. ADJUSTED GROSS INCOME OF FATHER/GUARDIAN	3. ADJUSTED GROSS FAMILY/HOUSEHOLD INCOME *(1 + 2)*

If both parents work for the Federal Government, the Department of Veterans Affairs employee must complete the following sentence:

I,_____, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

CERTIFICATION: I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

PENALTY: False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

4. SIGNATURE OF MOTHER/GUARDIAN	5. DATE	6. SIGNATURE OF FATHER/GUARDIAN	7. DATE

Form Approved
OMB No. 3206-0240

Department of Veterans Affairs

CHILD CARE PROVIDER INFORMATION

(For Child Care Tuition Assistance for Employee)

PRIVACY ACT STATEMENT - Public Law 106-58, Section 643 (September 29, 1999) 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 and tax identification numbers will be for identification purposes in assuring licensure and/or regulation compliance. This compliance is necessary for the purpose of determining Federal employee eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 10 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 Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900.

NOTE: This information is requested by the Department of Veterans Affairs for its Child Care Tuition Assistance Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they have submitted an application for child care tuition assistance from VA, ***please complete this form and return to the employee.***

PART A - CHILD CARE PROVIDER INFORMATION

NAME AND ADDRESS OF CHILD CARE PROVIDER	TYPE OF CHILD CARE PROVIDER *(Check one)* ☐ FAMILY CHILD CARE ☐ CENTER-BASED

PART B - ORGANIZATION(S) THAT LICENSE AND/OR REGULATE YOUR CHILD CARE PROGRAM

(Attach your most recent license or other notification of approval to operate)

NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL
NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL

PART C - CHILDREN OF FEDERAL EMPLOYEES WHO HAVE APPLIED FOR TUITION ASSISTANCE

NAME OF CHILD	WEEKLY TUITION COSTS $
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T $
NAME OF CHILD	WEEKLY TUITION COSTS $
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T $
NAME OF CHILD	WEEKLY TUITION COSTS $
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T $
NAME OF CHILD	WEEKLY TUITION COSTS $
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T $

PART D - INFORMATION FROM INDIVIDUAL COMPLETING FORM

PRINT NAME AND SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM	TITLE OF INDIVIDUAL COMPLETING THIS FORM	DATE COMPLETED
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NO.	OFFICE PHONE NUMBER	FAX NUMBER

Department of Veterans Affairs

OTHER CHILD CARE SUBSIDY INFORMATION FORM

1. DO YOU CURRENTLY RECEIVE ANY CHILD CARE TUITION ASSISTANCE FROM STATE, COUNTY, OR LOCAL CHILD CARE SUBSIDY FUNDS ☐ YES *(If "YES," complete item number 2)* ☐ NO	2. NAME AND ADDRESS OF SUBSIDY PROVIDER	3. NAME OF CONTACT PERSON 4. PHONE NUMBER

5. LIST NAME AND AMOUNT OF TUITION ASSISTANCE OF EACH CHILD RECEIVING THE STATE, COUNTY, LOCAL CHILD CARE SUBSIDY FUNDS

5A. NAME OF CHILD	5B. DAILY TUITION SUBSIDY RECEIVED $
6A. NAME OF CHILD	6B. DAILY TUITION SUBSIDY RECEIVED $
7A. NAME OF CHILD	7B. DAILY TUITION SUBSIDY RECEIVED $
8A. NAME OF CHILD	8B. DAILY TUITION SUBSIDY RECEIVED $
9. TOTAL WEEKLY STATE, COUNTY, LOCAL SUBSIDIES RECEIVED ▶	$

If both parents work for the Federal Government, The Department of Veterans Affairs employee must complete the following sentence:

I, _____ ***, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.***

CERTIFICATION: I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

PENALTY: False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

10. SIGNATURE OF MOTHER/GUARDIAN	11. DATE	12. SIGNATURE OF FATHER/GUARDIAN	13. DATE