

*Foreign Agricultural Service (FAS)*

CHILD DAY CARE ASSISTANCE PROGRAM

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Instructions for Child Day Care Assistance Application Forms

Day care assistance is available to full- and part-time FAS employees whose total family income is **\$59,999 or less** and have a child/children age 13 or under (age 18 or under for a disabled child) in licensed child care.

The application consists of two required forms, the *Child Day Care Application Form* (attached) and the *Child Care Provider Information Form* (OPM-1644). You must attach the following documents to your **application**:

1. Pay statement for the most recent 2 pay periods for each parent or guardian;
2. A copy of your most recent Federal income tax return;
3. A completed Child Care Provider Information Form (OPM-1644) signed by your child care provider with a copy of their **unexpired** child care license or statement of compliance with state and/or local child care regulations; and,
4. A copy of your most recent SF-50, Notification of Personnel Action, to verify your full- or part-time, permanent status.

Applications that are not fully completed or do not contain the information listed above will not be processed and will be returned to the applicant. When both parent work for the Federal Government, CCTAP assistance can only be claimed by one parent.

*Foreign Agricultural Service (FAS)*  
Child Day Care Assistance Program

**CHILD DAY CARE APPLICATION FORM**  
(to be filled out by the employee)

FAS Employee: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Program Area in FAS (Choose CMP, EC, FAA, ICD, ITP or OA): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Spouse: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Grade (if Federal): \_\_\_\_\_

**Family Income:**

Gross annual salary of mother or guardian: \$ \_\_\_\_\_

Gross annual salary of father or guardian: \$ \_\_\_\_\_

Adjusted gross income of the family (as reported on most recent IRS tax return): \$ \_\_\_\_\_  
(must be less than \$60,000)

*\*\*If married and not separated from his/her spouse, the FAS employee must certify to the following statement:*

“I certify that my Spouse is either employed, a full-time student, or physically or mentally unable to care for the children for whom day care assistance is being requested in this application.”

Signature of FAS Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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***Application is being made for assistance for:***

Child (#1): \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly child care cost: \_\_\_\_\_

Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care in-home \_\_\_\_\_

\_\_\_\_\_

Child (#2): \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly child care cost: \_\_\_\_\_

Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care in-home \_\_\_\_\_

\_\_\_\_\_

Child (#3): \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly child care cost: \_\_\_\_\_

Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care in-home \_\_\_\_\_

**Foreign Agricultural Service (FAS)**  
**Child Day Care Assistance Program *Cont.***

**State/County/Local Subsidies:**

Do you currently receive any assistance from state/county/local child care subsidy funds?  
Yes \_\_\_ No \_\_\_

If so, from what source? \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

What is the weekly amount of the subsidy? \$ \_\_\_\_\_

List the amount and name of each child for whom you receive the state/county/local subsidy:

Name of child: \_\_\_\_\_

Daily subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_

Daily subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_

Daily subsidy amount: \$ \_\_\_\_\_

I/We state that everything we have stated in the application is true and correct to the best of our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of assistance from FAS. 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 day care assistance are made on a first-come, first-served basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize our chance of receiving child day care assistance through the FAS assistance program.

\*\*If both parents work for the Federal Government, the FAS employee must complete the following:

I, \_\_\_\_\_, certify that my spouse or child's mother/father has not applied for a child care subsidy from his/her Federal agency.

Signature of FAS Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Foreign Agricultural Service (FAS)***  
**Child Day Care Assistance Program *Cont.***

**Application Attachments:**

1. Pay statements for the most recent 2 pay periods for each parent or guardian;
2. Most recent Federal income tax returns;
3. A completed Child Care Provider Information Form (OPM-1644), signed by your child care provider with a copy of their **unexpired** Child Care license or statement of compliance with State and/or local care regulations; and,
4. A copy of your most recent SF-50, Notification of Personnel Action, to verify your full- or part-time, permanent status.

Completed applications must be mailed to:

**First Financial Associates**  
**USDA-FAS/FSA CCTAP Program**  
**75 Piedmont Ave. NE, Suite 510**  
**Atlanta, Georgia 30303-2507**

***Privacy Act Statement***

Public Law 106-58, Section 643 (September 29, 1999) confers regulatory authority on FAS 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 day care assistance. The primary use of information regarding family income (copies of pay slip 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 assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.