

Wyoming Military Assistance Trust Fund

Application for Dependent Care Assistance

NOTE: Grant funds for approved reimbursement requests can be expected 30-60 days after the application is received by the State Office, Wyoming Military Department.

Guardsman Name: _____
Last First MI

Address: _____
Street and number Apt. City State Zip Code

NOTE: This address will be used to mail grant funding.

Contact Phone Number: _____ SSN: _____

Rank / Pay Grade: _____ Army/Air: _____ Unit: _____

Dates of Drill: _____ *(Requests must be received by the State Family Programs Office or the Airman and Family Readiness Program Manager within 90 days of duty)*

Drill Status: _____ (RSD, RD, UTA, MUTA, etc.) LES Attached? Yes _____ No _____
(Required for application consideration)

Care Provider Name: _____ Phone Number: _____

Invoice for expenses attached? Yes _____ No _____ *(Required for application consideration)*

Number of days care was provided: _____ Total cost of care: _____

Dependents for whom reimbursement is requested:

Name	Date of Birth	Registered in DEERS?	Cost of care

NOTE: Any dependent 12 years and older must have a medically documented need for dependent care in order to be considered for reimbursement under this program. Such documentation should be attached to this application.

Applicant's Certification

I, _____, understand that providing false information is subject to penalties under state and federal code or the Uniformed Code of Military Justice, as applicable. I further attest that the information provided in this application is complete, true, and correct.

I understand that requests are not permitted for care provided by any of my other dependents, my spouse, or a parent / guardian of the dependent.

I understand that any fraudulent requests will result in forfeited grant support in the future.

I understand that reimbursement through the grant is capped by current Market Rates from the Wyoming Department of Family Services.

I understand that if my request is approved, it may take up to 60 days to receive grant funding.

Signature of applicant: _____ Date: _____

Unit Certification

Member's name: _____ Member's pay grade (E-X, O-X): _____

Member's Date of Rank: _____ Date Application Received by Unit: _____

Dates of Drill: _____ Drill Status: _____ (RSD, RD, UTA, MUTA, etc.)

Dependent Name	Date of Birth	Age	Registered in DEERS?

Printed Name of Unit Representative: _____

Position Title: _____

Signature: _____ Date: _____

Family Support Certification

Date Application Received by Family Support: _____

Application Complete: Yes _____ No _____, Date Returned to Unit: _____

Printed Name of Family Support Representative: _____

Signature: _____

Date Complete Application Forwarded to WYMD State Office: _____

WYMD State Office Action

Date Complete Application Received: _____ Approved _____ Not Approved _____

Justification for Disapproval:

Assistance Amount: _____ Date of Payment: _____