



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 reimbursement.

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.)

<b>Dependent Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>DEERS Registered?</b>

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: \_\_\_\_\_

Signature: \_\_\_\_\_