

Wyoming Military Department Benefits Portal

Dependent Care & Trust Fund Application User Guide

The Wyoming Military Department Benefits Portal is used to apply for State Tuition Assistance, Referral Bonus, Dependent Care, and Trust Fund benefits.

Go to <https://wymdstatebenefits.wyo.gov/>

IF YOU ALREADY HAVE A PORTAL ACCOUNT:

If you have previously applied for State Tuition Assistance or Referral Bonus through the portal, you do NOT need to register again.

1. Go to the Benefits Portal.
2. Sign in with Username (*Username is your email*).
3. Enter your existing email and password → Click **Sign In**
4. Once logged in, navigate to and select **Applications** on left hand menu.
5. Select either:
 - Dependent Care Application, or
 - Trust Fund Application
6. Complete and submit the application (*detailed instructions below*).

IF YOU HAVE NEVER USED THE PORTAL BEFORE:

You must register using your civilian email address.

1. Go to the Benefits Portal.
2. Navigate to and click **Register** on the bottom left of the screen.
3. Select User role.
4. Enter your first and last name, civilian email address, and password of choice.
(*passwords must be at least 14 characters long, contain upper and lowercase letters, have at least one number and one special character*)
5. Click **Register**. Check your email and verify your account via the link provided in the confirmation email. The email may go to your spam folder. Check there if you do not see it.
6. Log in to the portal using your new credentials after verification.

7. Complete your **Profile** located on the left-hand menu. All fields must be completed.
8. Once your profile is completed, you will be able to enter and submit applications.
9. Navigate to **Applications** and select:
 - Dependent Care Application, or
 - Trust Fund Application

COMPLETING A DEPENDENT CARE APPLICATION:

Wyoming National Guard members of any pay grade may request reimbursement for dependent care expenses incurred while performing military duty in any status, for up to 39 days per calendar year. Requests must be submitted within 90 days of the expense. Reimbursement is limited to dependents through age 11, or older dependents with a documented need for care, who are registered in the member's DEERs account. The care provider cannot be the member's spouse or the dependent's parent or legal guardian. All reimbursements are subject to available funding.

1. Log in to the Benefits Portal.
2. Navigate to **Applications**.
3. Select **Dependent Care Application**.
4. Click the plus (+) icon to create a new Dependent Care application.
5. Complete all required fields in the pop-up window:

APPLICANT INFORMATION

- Using the dropdown menu, select your **name, address, and email**.
- Enter the **mailing address** where reimbursement payment should be mailed.

DAYS OF CARE CLAIMED

- Click + **ADD DAY** to enter each day care was required.
- You must add each day individually (each day will be one line entry).
- Enter the **date** and your **drill status** for each day.

DEPENDENTS

- Click the (+) icon to add each dependent who required care.
- Enter:

- Dependent Name
- Date of Birth
- DEERs Registration Status
- Total cost of care for that dependent only
- Click **SAVE** after each dependent is entered.

CARE PROVIDER INFORMATION

- Enter the **child care provider information** (facility or private caregiver).
- Enter the **TOTAL cost of care** for all dependents combined.
- Click **SAVE**.

ADD SUPPORTING DOCUMENTATION

- Click the **(+) button** under **Application Attachments**.
- Upload required documents and **SAVE** each attachment.

REQUIRED ATTACHMENTS:

- Copy of **LES**
- **Invoice/receipt** from the care provider for the days of care claimed
(A blank *Dependent Care Receipt* for completion can be downloaded using the **Supporting Documents** button.)

6. Review the application for accuracy.
7. Click **SUBMIT**.
8. You will receive a confirmation email once submitted and the application status will show "Under Review."
9. Dependent Care reimbursement requests are processed within approximately 60 days of a complete and accurate application.

COMPLETING A TRUST FUND APPLICATION:

MATF grants are for emergencies only and will be considered for Service Members or Families whose financial hardships are related directly to state or federal military duty. The Trust Fund Application must be completed thoroughly. Providing a complete application and all required documents will help avoid delays in processing.

REQUIRED FORMS AND ASSISTANCE

Before submitting your application, please ensure the following documents are completed. The documents can be retrieved by [CLICKING HERE](#).

If this redirect does not work due to state or federal restrictions, cut and paste the following URL:

<https://drive.google.com/drive/folders/1X6KCtzDrx2Utn40QlXOhsofC50ILLb8T?usp=sharing>

- MATF – Finances Form
- MATF – Employment Form
- MATF – Consent Form
- Unit Transmittal Letter

ADDITIONAL REQUIRED DOCUMENTATION

To help expedite review of your application, please also provide:

- Cost estimates for home repairs, auto repairs, emergency travel, etc. (labor and materials from a business/vendor)
- LES documentation
- Completed LES Survey in myPay
- Any additional supporting documentation
- Copy of the military member's duty orders

STEPS TO COMPLETE AND SUBMIT A TRUST FUND APPLICATION

1. **Log in** to the Benefits Portal.
2. Navigate to **Applications**.
3. Select **Trust Fund Application**.
4. Click the **plus (+) icon** to create a new Trust Fund application.
5. Complete all required fields:

APPLICANT INFORMATION

- Select your **name, address, and email** using the dropdown menus.

ACTIVATION / DEPLOYMENT INFORMATION

- Indicate whether you were/are **activated** by selecting the checkbox.
- Enter **deployment start date, end date, and Order Number**.
(Deployment duration days will automatically populate.)

DISCIPLINARY/SEPARATION STATUS

- Indicate whether you are **pending disciplinary action or separation** by selecting the checkbox.

DEPENDENTS

- Add any dependents you support by clicking the **plus (+) icon**.

PAYEE INFORMATION

- Enter the information for the **individual who will receive payment** if the request is approved.

MATF REQUEST INFORMATION

- Complete all required fields and answer the questions explaining your request, including:
 - Change in Income
 - Change in Employment Status
 - Description of the specific reason assistance is needed
 - Explanation of how the need was caused by military duty
 - Other assistance organizations contacted (AER, Air Force Aid, United Way, Veterans groups, etc.)
 - Assistance received in the past 12 months (date and amount)
 - Amount of assistance requested

6. Review the application for accuracy.

7. Click **SAVE**.

8. **Upload Required Supporting Documents:**

- LES
- Budget Sheet
- Employment Status Form
- Unit Transmittal Letter
- Consent Form
- Other (as needed)

Note: Blank forms are available under the **Supporting Documents** button in the portal. If you have trouble downloading them, contact your Family Readiness Specialist or email wymdstatebenefits@wyo.gov

9. Once all required documents are uploaded, click **SUBMIT**.

10. You will receive a confirmation email once submitted and the application status will show "Under Review."

IMPORTANT NOTES:

- You must complete your User Profile before starting any application.
- Applications cannot be processed if required documents are missing.
- Use a civilian email address for your portal account.
- If you already have a portal account, do not register again, just log in.
- Make sure all information is accurate before submitting.

NEED HELP?

If you need assistance completing the application, please contact the Family Readiness Center at 307-292-5331.

If you experience issues registering, logging in, or completing your application, please contact:

Email: wymdstatebenefits@wyo.gov

Phone: 307-777-8159 or 307-777-8160