

AIR FORCE/SPACE FORCE CHILD CARE ASSISTANCE CHECKLIST

CATEGORY	TASK DESCRIPTION	DEPARTMENT	DATE SUBMITTED	NOTES	STATUS
Sponsor (Required)	<ul style="list-style-type: none"> • Leave and Earnings Statement One Full Month 	Sponsor		Dated within the last 90 days	
	<ul style="list-style-type: none"> • Military Orders/ Active Duty Orders 	Sponsor			
Spouse (One Type Required)	<ul style="list-style-type: none"> • One month paystubs • Newly Hired? --> <u>Fill Out Form</u> • Self- employed? --> <u>Fill Out Form</u> • <u>Maternity/Paternity Leave</u> 	Working Spouse (full time or part time)		One month of pay stubs showing you work at least 16 hours per week	
	<ul style="list-style-type: none"> • <u>Seeking Employment Form</u> 	Seeking Employment			
	<ul style="list-style-type: none"> • Submit School schedule & enrollment 	Student		School Schedule must have your name, school name, enrolled credits and the period of current semester <ul style="list-style-type: none"> • Undergraduate = 12 credit hours • Graduate = 9 credit hours 	
Provider	<ul style="list-style-type: none"> • <u>Select an approved Provider to participate in MCCYN</u> 	Family of Child(ren)			
	<ul style="list-style-type: none"> • <u>Provider Cost Verification Form</u> 	Family of Child(ren) & Provider			
Ancillary	<ul style="list-style-type: none"> • <u>Self-Certification Statement</u> 	Family of Child(ren)			