

ARMY 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 	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 Form</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	
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>Statement of Non-Availability (If Applicable)</u> 	Family of Child(ren)		Not required if your installation is <u>MCCYN Enabled</u>	
	<ul style="list-style-type: none"> • <u>Self Certification Statement</u> 	Family of Child(ren)			