

LETTER OF EXPLANATION FOR REQUEST FOR CARE RECORD

Thank you for choosing Fort Belvoir Child, Youth & School Services for your child care needs.

Child care services provided by CYS Services include:

- ❖ Full day and hourly care for children 6 weeks to 5 years old in center based and/or home based programs. (Full day care is defined as 25 hours or more per week, Hourly care is defined as 24 hours or less per week. Hourly care does not require completion of this form. Please contact PCS to register for hourly care services.)
- ❖ Part Day Preschool for children 3 to 5 years old is offered at the Markham School Age Center.
- ❖ Before & after school care and full day care during school vacations for kindergarten through 6th grade is provided at the Markham School Age Center building. (TRANSPORATATION provided to and from Fort Belvoir Elementary and Woodlawn Elementary Schools).
- ❖ After school open recreation program and full day program during school vacations for 6th through 12th grade is provided at the Youth Center. (Transportation provided from Walt Whitman Middle School and Mount Vernon High School to the Youth Center.)

An eligibility chart is provided to help you determine if your child is eligible to use our programs. The Priority Policy is also included for your information.

If care is not immediately available, your child will be put on the wait list. No fee is required to place your child on the wait list. To have your child put on the waitlist **complete the attached Request for Care Record, submitting one for each child needing care, along with proof of eligibility to the Parent Central Services Office located at Markham School Age Center, 9500 Barlow Rd., building 950 or fax to (703) 805-9113 or DSN 655-9113 OR email to BelvoirCYSS_Contactus@conus.army.mil. The sponsor will be offered the first available care option, whether it is center based care or Family Child Care.** Estimates of your wait time for care are unavailable due to the many unpredictable circumstances beyond the control of CYS Services.

The following information is provided to help you complete the application:

1. If this is for an unborn child, complete all items that are applicable, furnishing expected due date for the unborn child. The unborn child will be placed on the Projected Demand wait list; when the child is born the parents are responsible for calling the PCS Office to update the child's name, birth date, and contact information, so that the child can be moved to the Excess Demand wait list.
2. If this is for a transfer, the child will be placed on the Projected Demand wait list; when the child arrives on the installation the parents are responsible for calling the PCS Office and update contact information, so that the child can be moved to the Excess Demand wait list.

The following checklist is provided to help you determine what documentation you must present to the PCS Office along with the completed Request for Care Record. For more information please contact the PCS Office at (703) 806-0791.

___ Documentation to prove sponsors eligibility and priority status:

- Military ID card; DOD ID card; or proof of DOD Contractor working on Ft. Belvoir or Fort Belvoir North Area (FBNA)
- Copy of official orders showing assignment to Ft. Belvoir or FBNA
- Documentation/LES showing full time working status of spouse or full time school schedule
- FBNA military/civilians will provide assignment orders or personnel action

___ **All children with special needs MUST be screened by the Community Health Nurse and the Special Needs**

Accommodation Process (SNAP) panel prior to enrollment. The PCS Office has attached the health screening form to the Request for Care packet. This form will determine whether your child will need to be screened by the SNAP panel. If SNAP is necessary, your child will be offered a vacancy once you have completed and submitted all the necessary medical forms to the PCS office and the SNAP team has made a placement recommendation for your child. The SNAP panel meets the 1st and 3rd Wednesday of every month. Submit your paperwork immediately to avoid delays in your child's placement.

To remain on the wait list, parents must call the PCS Office at (703) 806-0791 every three months to update contact information.

**DEPARTMENT OF THE ARMY CHILD, YOUTH & SCHOOL SERVICES
REQUEST FOR CARE RECORD
PRIVACY ACT STATEMENT**

PRINCIPLE PURPOSE(S): To collect applicant information for Child, Youth & School Services and place applicants on waiting lists for program services. Information compiled from applicants is also used to assist in determining effectiveness of present and projection of future program requirements.

ROUTINE USE(S): None

DISCLOSURE: Voluntary, however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on CYS Services Program waiting lists.

1. CONTACT INFORMATION

a. SPONSOR'S NAME (Last, First, MI) b. OTHER PARENT'S NAME (Last, First, MI)

c. SPONSOR'S RANK/GRADE d. OTHER PARENT'S RANK/GRADE (if applicable)

e. BRANCH OF SERVICE & ORGANIZATION f. OTHER PARENT'S EMPLOYER or BRANCH OF SERVICE (if military)

g. SPONSOR'S PHONE NUMBERS h. OTHER PARENT'S PHONE NUMBERS (Include Area Code)

HM:

HM:

CELL:

CELL:

WK:

WK:

i. WORK ADDRESS: j. HOME ADDRESS (Street, City State, Zip Code)

k. OFFICIAL E-MAIL ADDRESS: (required)

l. LAST DUTY STATION

m. CHILD'S NAME (Last, First, MI)

n. CHILD'S DATE OF BIRTH (MMDDYY) o. CHILD'S AGE:

2. PROGRAMS DESIRED (Please [X] ALL services requested)

a. FULL DAY (0600-1800/M-F) Ft Belvoir Main Post facilities & FCC **OR** b. FULL DAY (0600-1800/M-F) Ft Belvoir North Area Complex CDC

PART DAY PRE SCHOOL 2 DAYS (0930-1330/T & TH)

PART DAY PRE SCHOOL 3 DAYS (0930-1330/M, W & F) * c. ACCYN / off post care (Army only)

BEFORE SCHOOL (school age K-6th only) Alexandria Manassas

AFTER SCHOOL (school age K-12^h) Burke Reston

Dumfries Springfield

Herndon Stafford

Lorton Woodbridge

Other _____

3. STATUS (select [X] for SPONSOR and SPOUSE)

a. SINGLE MILITARY e. MILITARY/UNEMPLOYED SPOUSE SINGLE DOD Civilian

b. DUAL MILITARY f. Activated MILITARY RESERVE DUAL DOD Civilian

c. MILITARY/DOD SPOUSE g. RETIRED MILITARY-YS/Sports/SKIES DOD Civ/NON DOD SPOUSE

d. MILITARY/NON DOD SPOUSE h. Activated NATIONAL GUARD DOD Civ/UNEMPLOYED SPOUSE

m. DOD Contractor assigned to Ft Belvoir

4. GENERAL INFORMATION (Select [Y] or [N])

a. Yes [Y] or No [N] Does your child have any on-going medical concerns (MILD OR SEVERE)?

b. Yes [Y] or No [N] Is your child on another military waiting list? **If yes, name of Installation:**

STATEMENT OF UNDERSTANDING

I understand that updates must be made every 3 months to maintain my child's status on the waiting list. The database will automatically remove any care request that has not been renewed within the 3 month window. Updates can be made via telephone (703) 806-0791 or email BelvoirCYSS_Contactus@conus.army.mil. Patrons are granted a one-time priority status per duty assignment to Ft. Belvoir for utilizing CYS Services. Priority status is considered to be used once a parent is offered an available vacancy by the CYS Services, Parent Central Services Office. If priority status is used and child care is needed in the future, sponsors must reapply with the knowledge that applications will be placed at priority (6) for all future care requests. Forms may be faxed to (703) 805-9113 or emailed to BelvoirCYSS_Contactus@conus.army.mil. *I understand that ACCYN sites will be provided a copy of this request for care form.

SPONSOR'S SIGNATURE

DATE SIGNED

CYS Services ONLY

ID Card/Badge Checked: _____

Receiving Clerk: _____

Date/Time Stamp: _____

Priority for Care _____

**FORT BELVOIR CHILD, YOUTH & SCHOOL SERVICES (CYSS)
STATEMENT OF UNDERSTANDING
FOR CHILD CARE WAITING LIST
AND CHILD CARE OFFERINGS**

Sponsor's Name: _____

Sponsor's Rank: _____

Child's Name: _____

Age: _____

Fort Belvoir Main Post - Waiting List Options:

**Projected Demand
Waiting List**

- *Option used so that priority is maintained for future need
- *Care is needed at a future date
- *Unborn Child
- *Child to arrive at future date
- *Parent must call to transfer child to Excess Demand Waiting List

**Excess Demand
Waiting List**

- *Care is currently needed and there is not a CYS Services program opening in child's age group
- *Based on date and priority
- *Priority is assigned based on CYS Services priorities for care (see Eligibility and Priority Policies chart)
- *Must accept/decline opening within 24 hours of offer
- *Failure to pick up registration Paper work within 72 hours will result in loss of priority and patron must re-apply for the waiting list
- *Payment for program is expected at the time of enrollment and must begin within 2 weeks of accepting slot

**Preference for Care
Waiting List**

- *Parent must request this option after either accepting or declining a program opening
- *Used when program offered is not the preferred program
- *Based on date, not priority

Fort Belvoir North Area - Waiting List Options:

**Projected Demand
Waiting List**

- *Option used so that priority is not forfeited prior to need
- *Care is needed at a future date
- *Unborn Child
- *Child to arrive at future date
- *Parent must call to transfer child to Excess Demand Waiting List

**Excess Demand
Waiting List**

- *Care is currently needed and there is not a CYS Services program opening in the child's age group
- *Based on date and priority
- *Priority is assigned based on CYS Services priorities for care (see Eligibility and Priority Policies chart)
- *Must accept/decline opening within 24 hours of offer
- *Failure to pick up registration paperwork within 72 hours will result in loss of priority and patron must reapply for the waiting list
- * Payment for program is expected at the time of enrollment and must begin within 2 weeks of accepting slot

NOTE: Patrons may use their priority status only once for Ft. Belvoir CYS Services programs. Priority status is considered used if patrons turn down or fail to respond to an available vacancy offered by the CYS Services Parent Central Services Office, except when moving to the Preference for Care list. If priority status is used and child care is needed in the future, all sponsors must reapply with the knowledge that the application will be placed at the lowest priority for care with the date of the new application. Patrons also acknowledge the understanding that they can only choose to be on either Fort Belvoir Main Post or North Area waitlist.

Sponsor Signature: _____

Date _____

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

For use of this form, see AR 608-75; the proponent agency is OACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

Part A - General Information

1. Child's Name		2. Date of birth (YYYYMMDD)	
3. Family member prefix			
4. Type of placement requested		5. Date (YYYYMMDD)	
6. Sponsor name			
7. Spouse name			
8. Home phone		9. Duty phone	10. Cell phone

Part B - Identification of Child/Youth Condition/Restrictions

Child has any of the following conditions/restrictions: (Check yes or no)

1. Allergies	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
a. Life threatening reaction	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
b. Epi-pen required	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
c. Other allergic reactions (hives, rash, diarrhea)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Asthma reactive airway disease	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
a. Triggers exist for child's asthma attacks (stress, environmental, exercise)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
b. Child routinely (greater than 10 days per month/four months per year) uses inhaled anti-inflammatory agents and/or bronchodilators	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
c. Child has taken steroids during the past year (prednisone, prednisolone)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate number of days in past year)

d. Child has experienced unconsciousness or seizures associated with asthma attacks	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
e. Child required an urgent visit to emergency room or clinic for acute asthma within the last 12 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate number of visits in the past year)
f. Child has been hospitalized for asthma related condition in the past six months	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
3. Attention Deficit Disorder (ADD)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
a. ADD with hyperactivity	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. Is not well controlled with medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes (not well controlled)
c. Behavioral/conduct concerns	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
4. Autism	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Behavioral/conduct concerns (for example, oppositional defiant disorder, anxiety disorder, school phobias)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
6. Blindness/visual problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
7. Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
8. Emotional problems that require care by a psychiatrist, psychologist or social worker	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
9. Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
10. Hearing problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
11. Heart problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
12. Kidney problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
13. Speech/language delay	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
14. Physical disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)
15. Dietary restrictions	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain)

16. Assistance with activities of daily living
 No Yes (explain)

17. Other conditions
 No Yes (specify and explain)

Part C - Medications

Child is on medications on a regular basis
 No Yes (If yes, please list medications and indicate which require administration during child care hours.)

Part D - Early Intervention and Special Education

Child has an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP) or 504 plan
 No Yes

Part E - Exceptional Family Member Program (EFMP) Enrollment

Child is enrolled in the EFMP
 No Yes (specify for what condition)

I authorize _____ (name of Medical Treatment Facility or physician's practice) to release any medical information regarding my child _____ (name of child) to the _____ (name of installation) Child Youth Services (CYS)/Special Needs Accommodation Process (SNAP) personnel and their staff that is necessary to conduct SNAP review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the CYS/SNAP in reliance on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025.18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Signature of Parent or Personal Representative of Child

Date (YYYYMMDD)