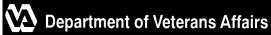
OMB Number: 2900-0717 Respondent Burden: 20 minutes



CHILD CARE SUBSIDY APPLICATION FORM

PRIVACY ACT STATEMENT - Public Law 107-67, § 630 (September 2001) confers regulatory authority on the Department of Veterans Affairs for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for child care subsidy. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy. Disclosure of the above information is voluntary, but failure to provide all of the requested

GRADE L ADDRESS PHONE NUMBER/E	returned to the applicant. If you do ral Government, subsidies cannot be 4. ORGANIZATIONAL CODE (See list of codes at bottom of Section I)			
GRADE L ADDRESS PHONE NUMBER/E	Government, subsidies cannot be A. ORGANIZATIONAL CODE (See list of codes at bottom of Section I)			
L ADDRESS PHONE NUMBER/E	of codes at bottom of Section I)			
PHONE NUMBER/E	EXTENSION			
	EXTENSION			
ADDRESS				
9. HOME E-MAIL ADDRESS				
10. HOME TELEPHONE NUMBER				
14. GRA	ADE OF SPOUSE			
M 1040 OR 1040A.				
ORGANIZATIONAL CODES (00) Office of the Secretary (00) Office of the Secretary (00CFM) Assistant Secretary for Construction & Facilities Management (002) Assistant Secretary for Public & Intergovernmental Affairs (004G) Assistant Secretary for Management (GOE) (004F) Assistant Secretary for Management (Franchise Fund) (004S) Assistant Secretary for Management (Franchise Fund) (004S) Assistant Secretary for Management (Supply Fund) (005G) Assistant Secretary for Information & Technology (GOE) (005F) Assistant Secretary for Information & Technology (Franchise Fund) (006G) Assistant Secretary for Information & Technology (Franchise Fund) (006G) Assistant Secretary for Operations, Security and Preparedness (007) Assistant Secretary for Policy and Planning (008) Assistant Secretary for Policy and Planning (008) Inspector General				
g for more than thi	ree children please attach the			
1B. DA	TE OF BIRTH (MM/DD/YYYY)			
OST 1E. DA	1E. DATE OF ENROLLMENT (MM/DD/YYYY)			
	TER LAST DAY WITH PREVIOUS OVIDER (MM/DD/YYYY)			
1J. AM	OUNT OF SUBSIDY			
\$				
IM. TYPE OF CAF CENTER-BAS FAMILY HOMI	ED VA-BASED			
t t a a	M 1040 OR 1040A. M 1040 OR 1040A. Mry for Congression of Appeals of Appeals of Administration of Adm			

SECTION II - CHILD INFORMATION (Continued)					
2A. NAME OF SECOND CHILD			2B. DATE OF BIRTH (MM/DD/YYYY)		
2C. NAME OF CHILD CARE PROVIDER		2D WEEKLY CHILD CARE	COST	25 DATE OF ENDOLLMENT ARKIDD WWW.	
2C. NAME OF CHILD CARE PROVIDER		2D. WEEKLY CHILD CARE COST		2E. DATE OF ENROLLMENT (MM/DD/YYYY)	
		\$			
2F. TYPE OF APPLICATION? (Check only one)				2G. ENTER LAST DAY WITH PREVIOUS	
NEW FAMILY REAPPLICATION (Previously enrolled, not current.)		PROVIDER (MM/DD/YYYY)			
ANNUAL RECERTIFICATION CHANGING DR	OVIDED	INFORMATION			
ADDING/CHANGING FAMILY INFORMATION (Complete Item 1)					
(Attach license, so	hedule of	of fees, and VA Form 0730b.)			
2H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEIL RECEIVED FOR THE CHILD(REN)?	NG	2I. SOURCE OF SUBSIDY		2J. AMOUNT OF SUBSIDY	
YES (If "YES," complete items 2J and 2K and submit a copy of				\$	
awara tener.)			1	·	
2K. ADDRESS OF PROVIDER (Include street number, city, state and ZIP Code)		LEPHONE NUMBER OF	2M. TYPE	OF CARE (Check one)	
	OI	CHILD CARE PROVIDER		TER-BASED VA-BASED	
				LYLIONE BASED. FOOLOGI BASED	
			FAMI	LY HOME-BASED SCHOOL-BASED	
			☐ OTHE	ER	
3A. NAME OF THIRD CHILD			I	3B. DATE OF BIRTH (MM/DD/YYYY)	
		T			
C. NAME OF CHILD CARE PROVIDER 3D. WEEKLY CHILD CARE CO		COST	3E. DATE OF ENROLLMENT (MM/DD/YYYY)		
		\$			
3F. TYPE OF APPLICATION? (Check only one)				3G. ENTER LAST DAY WITH PREVIOUS	
NEW FAMILY REAPPLICATION	N (Previo	ously enrolled, not current.)		PROVIDER (MM/DD/YYYY)	
ANNUAL RECERTIFICATION					
CHANGING PR		INFORMATION			
		fees, and VA Form 0730b.)			
3H. IS ANY OTHER FORM OF STATE, COUNTY OR LOCAL SUBSIDY BEI	NG	3I. SOURCE OF SUBSIDY		3J. AMOUNT OF SUBSIDY	
RECEIVED FOR THE CHILD(REN)?					
YES (If "YES," complete items 3J and 3K and submit a copy of award letter.)				\$	
3K. ADDRESS OF PROVIDER (Include street number, city, state and ZIP Code)	3L. TEI	EPHONE NUMBER OF	3M. TYPE	OF CARE (Check one)	
	C⊦	IILD CARE PROVIDER			
				TER-BASED VA-BASED	
				LY HOME-BASED SCHOOL-BASED	
				-D	
				EK	
SECTION III - SIGNATURE AND CERTIFICATION OF PARENT/LEGAL GUARDIAN					
I certify that the above information is true and complete to the best of my knowledge. I understand that failure to truthfully set forth this information could result in loss of child care subsidy from the Department of Veterans Affairs. I further agree to inform my local					
Human Resources (HR) office within 10 days if any of the above information changes. I understand that awards for child care					
subsidy are made on a first-come, first-served basis. I understand that failure to inform my local HR office of any changes in status					
may jeopardize my chances of receiving child care subsidy through the Department of Veterans Affairs Child Care Subsidy Program.					
July jeoparance my enamed of receiving enna care subsity anough the Department of veterals finance enna care subsity frogram.					
If I answered "YES," in Part I, block 12, I certify that my spouse has not applied for a child care subsidy from his/her Federal agency.					
(Signature)	(Date of signature (MM/DD/YYYY))				
RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for					

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. DO NOT send requests for benefits to this address.