

**NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
NEW ENROLLMENT CAMP CHECKLIST**

Welcome to the Navy Child & Youth Program! Camp Parent Orientation is scheduled on
June 6, 2014 at the Station Theater 1100-1200 and 1215-1315.
(Date) (Time)

1. Please read and bring any questions to orientation:

- Parent Handbook
- Fee Policy
- Supplemental Camp Handbook

2. Please read, complete, sign, obtain and return these items when you come to camp registration. We cannot accept your child without emergency contacts and required paperwork:

- NDW Camp Enrollment Form
- Child & Youth Program Registration Form, CNICCYP 1700/04
NOTE: You are required to provide a **minimum of two local** names and phone numbers, of people who can come pick up your child(ren) in an emergency if you cannot be reached. These contacts may be your supervisors, co-workers, neighbors, friends, or relatives. We will, however, make every effort to contact you first.
- Health Information Form
NOTE: If your child has been identified with Special Needs the following forms may be required to be completed or obtains from your child's physician prior to starting camp.
 - Medication Administration Form
 - Medical Request for Special Meals
 - IEP (Individual Education Plan)/IFSP (Individual Family Support Plan)
 - Current Medical/Behavioral Support Plans
 - EFMP Enrollment Letter
- Child & Family Profile CNICCYP 1700/07D
- Auto-Debit Authorization Form
NOTE: This is an auto-debit payment option to pay for camp fees. If not enrolled in this program you will be required to pay a one week deposit at the time of finalizing registration.
- USDA Forms (applicable to the State USDA program)
- Family Care Plan (for single parents and dual active duty families only)
- Swimming Authorization Form
- CY-BMFLC (Child & Youth Behavioral Military & Family Life Counselor) Letter & Consent Form
- Proof of TFI (Total Family Income)
NOTE: Your latest LES/Pay Stub and/or proof of Full-Time Student status for both Sponsor and Spouse is needed at the time of registration for all families in Category 1-8 (TFI less than \$128,245)

3. Once your child's Summer Camp Registration has been verified and enrollment has been processed a scheduled time/date to return may be given (if registration cannot be processed the same day) to finalize the following:

- Sign Fee Calculation Worksheet (if applicable)
- Sign Parent Fee Agreement
- Pay Deposit OR Link to Auto Debit

**NAVAL DISTRICT WASHINGTON
CHILD AND YOUTH PROGRAMS
CAMP ENROLLMENT**

NAME OF CHILD: _____ BIRTHDATE: _____ AGE: _____

Camp Reminders

- If parents register and pay for the entire camp program, they will receive a 50% discount on the last week of program fees.
- A 20% reduction of fees (Multi-child Discount) will be applied to each additional child from the same family enrolled in CYP.
- Withdrawal from any week of camp requires two weeks written notice. Requests must be submitted in writing or via e-mail to keetje.straub@navy.mil or nicole.e.nicholson@navy.mil.
- An Auto-Debit and online payment option is available to pay for program fees.
- A registration fee equal to one week of camp fees (based on your TFI) is due at the time of registration. If withdrawals are made without two weeks written notice the registration fee is forfeited. If you are enrolled in our Auto-Debiting Program you do NOT have to pay a one week deposit at the time of registration, your camp fee will be charged on each bill date listed below. If withdrawals are made without two weeks written notice by participants of the Auto-Debiting Program you will continue to be charged based on the number of weeks you have committed to. If registration fee is forfeited, and patron wishes to re-register for camp a new registration fee equal to one week is due upon return to the program.

Summer Camp Weeks:

(Please Check weeks attending)

- Week 1-June 09-13 _____ (Parochial Only)
- Week 2-June 16-20 _____ (All Schools)
- Week 3-June 23-27 _____
- Week 4-June 30- July 4 _____ (Closed 4th July)
- Week 5-July 7-11 _____
- Week 6-July 14-18 _____
- Week 7-July 21-25 _____
- Week 8- July 28-Aug 1 _____
- Week 9- Aug 4-8 _____
- Week 10- Aug 11-15 _____

Sponsors Signature

Date

Sponsor Eligibility

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> SAC | <input type="checkbox"/> Military /Active |
| <input type="checkbox"/> Reservist | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> DoD Civilian | |

Camp Program Fee Due Dates

- | | |
|----------|--|
| Week 1: | June 2 |
| Week 2: | June 9 |
| Week 3: | June 16 |
| Week 4: | June 23 |
| Week 5: | June 30 |
| Week 6: | July 7 |
| Week 7: | July 14 |
| Week 8: | July 21 |
| Week 9: | July 28 |
| Week 10: | August 4 (PD. At time of registration) |

For office use only when entered in CYMS

Enrollment Date _____ User Initials _____

Enrolled in Auto-Debiting _____

START DATE:

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME OF CHILD (LAST, FIRST, MIDDLE)		SEX	BIRTHDATE (DD/MM/YY)		AGE
SPONSORS NAME (LAST, FIRST, MIDDLE)			RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV
HOME ADDRESS (Include City and Zip Code)				HOME PHONE	
E-MAIL ADDRESS				CELL PHONE	
DUTY STATION		DUTY PHONE		PCS DATE	
(CIRCLE ONE) SINGLE PARENT FULL-TIME WORKING SPOUSE PART-TIME WORKING SPOUSE		DUAL MILITARY STUDENT SPOUSE UNEMPLOYED SPOUSE		IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF	
SPOUSE'S NAME (LAST, FIRST)		PLACE OF EMPLOYMENT		PHONE NUMBER	CELL PHONE

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)

NAME	PHONE NUMBER	RELATIONSHIP

SCHOOL NAME:

GRADE:

DATE OF LAST MEDICAL EXAM: _____ STATUS GOOD HEALTH IF NOT, PLEASE SPECIFY:ALLERGIES: YES NO IF YES, WHAT?SPECIAL NEEDS: YES NO IF YES, EXPLAIN:**SPONSOR AGREEMENT:****Field Trip/Transportation Permission:** I hereby grant permission for my child to participate in Navy Child and Youth Program (CYP) sponsored field trips.

- CDC trips may include: walking in the immediate CYP facility area (infants may be transported in a buggy/stroller) or on the military installation. Preschool trips may require bus transportation (CYP or chartered).
- SAC/YP trips may include: bus transportation (CYP or chartered) to and from schools and field trip locations in the metro area. CYP may also offer planned walks in the CYP facility area and on the military installation.
- I understand that Navy CYP will provide advance, written notification of each trip outside the immediate area of the facility.

Media Release:

I hereby grant permission for my child to be included in the use of the following formats for the purpose of education and publicity for the Navy CYP community in perpetuity without further consideration from me:

- photographs, video, and audio used in the CYP facility and media such as: Navy CYP Facebook, military installation website, CNIC CYP website, etc.

Permission is denied for Media Release _____ (Initial Here)

Topical Non-Prescription Product Application:

I hereby grant permission for Navy CYP employees to apply external, topical non-prescription products such as diaper cream, sunscreen, insect repellent, etc. to my child, as needed. If I choose topically applied products that are not supplied by Navy CYP, a Materials Safety Data Sheet will be required for each product.

Permission is not granted for Topical Non-Prescription Product Application _____ (Initial Here)

I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner, caused or contributed to by the United States, its officers, its agents, or its instrumentalities.

I have received a copy of and understand the policies contained in the Navy CYP Parent Handbook. Additionally, I understand that I may revoke/invoke any of the above permissions in writing at any time.

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, _____, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

SPONSOR SIGNATURE _____

DATE _____

CYP REPRESENTATIVE SIGNATURE _____

DATE _____

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

STATUS BLOCK: Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency. A copy shall be maintained in the child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. **Programs using CYMS are NOT required to maintain a separate copy in the child's administration file; however, all information must be kept current in CYMS.**

CHILD DEVELOPMENT HOME PROGRAMS:

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

FOR ALL PROGRAMS:

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.

Medical insurance policy numbers are not required for parents who are active duty. Social security numbers are used to identify the member for medical and insurance purposes and should not be collected.

**NAVAL DISTRICT WASHINGTON
CHILD AND YOUTH PROGRAMS
HEALTH INFORMATION**

NAME OF CHILD: _____ BIRTHDATE: _____ AGE: _____

PHYSICAL CONDITIONS: Please note any conditions, which affect your child and symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of:

ALLERGIES:

Food Allergies:

Symptoms: _____

Action to be taken by YP staff in event of onset: _____

Drug Allergies:

Symptoms: _____

Action to be taken by YP staff in event of onset: _____

Insect, Environmental, or Other Allergies

Symptoms: _____

Action to be taken by YP staff in event of onset: _____

Please answer the following (if YES and there are multiple choices please circle the appropriate one):

- | | | |
|-------|-------|---|
| _____ | _____ | Does your child have Asthma? |
| YES | NO | |
| _____ | _____ | Does your child have Diabetes? |
| YES | NO | |
| _____ | _____ | Is your child sun sensitive? |
| YES | NO | |
| _____ | _____ | Is your child ADD, ADHD or LD? |
| YES | NO | |
| _____ | _____ | Does your child have Seizures, or Shaking Spells? |
| YES | NO | |
| _____ | _____ | Does your child have Speech, Hearing or Sight Limitations, tubes in ears? |
| YES | NO | |
| _____ | _____ | Does your child suffer from headaches or stomach aches? |
| YES | NO | |
| _____ | _____ | Does your child attend a special needs class in school? |
| YES | NO | |

SPONSOR SIGNATURE

DATE

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89 Sec. 1507 "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Departmental Regulations; E.O. 9397, and OPNAVINST 1700.9D "Child Development Programs."

PURPOSE: To provide Youth Program Services programs with authorization for medical treatment in emergency situations; identify children and sponsors; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other governmental agencies in the pursuit of their official duties relating to proper childcare. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to Youth Programs.

**Military and Family Life Counselor (MFLC),
Child and Youth Behavioral (CYB) MFLC, and
Personal Financial Counselor (PFC) Program Information**

BACKGROUND: The MFLC Program provides confidential help, short term, problem-solving counseling services for members of the Active and Reserve Components and their families world-wide. DoD civilian personnel are eligible only if they are designated as members of the Civilian Expeditionary Workforce pursuant to DoDD 1404.10 (Reference (b)) and their family members. The counseling approach is psycho educational, which helps participants learn to anticipate and resolve challenges associated with the military lifestyle. Support is aimed at preventing the development or exacerbation of mental health conditions that may detract from military and family readiness. The contract is centrally managed by the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (ODASD(MCFP)). These general program guidelines do not supersede Service regulations.

SERVICE DELIVERY: MFLCs, CYB-MFLCs, and PFCs provide confidential non-medical counseling services face-to-face on and off of military installations. Counselors rotate at locations worldwide. The duration of rotations is no less than 30 days and no longer than six months.

- **MFLC:** MFLC(s) assist Service members and their families with circumstances occurring across the military lifecycle and are aimed at enhancing operational and family readiness. MFLC(s) provide support to individuals, couples, families, and groups, for a range of issues including but not limited to: deployment stress, reintegration, relocation adjustment, separation, anger management, conflict resolution, parenting, parent/child communication, relationship/family issues, coping skills, homesickness, and grief and loss.
- **CYB-MFLC:** CYB-MFLC(s) support and augment Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) schools, local education agencies (LEA), National Military Family Association (NMFA) Operation Purple Camps and Family Retreats, National Guard and Reserves Camps, and Operation Military Kids (OMK) Camps. The CYB-MFLCs provide non-medical support to faculty, staff, parents, and children for issues including but not limited to school adjustment, deployment and reunion adjustments, and parent-child communications. CYB-MFLC(s) may observe, participate, and engage in activities with children and youth; provide coaching, guidance and support to staff and parents; and model behavior management techniques for staff and parents. Parents must acknowledge, in writing the availability of CYB-MFLC support and whether or not their child may receive assistance by a CYB-MFLC (see attached template letter). **All work is conducted within line-of-sight of staff or parents.**
- **PFC:** PFC(s) assist Service members and their families with personal financial readiness, money management, financial counseling, and financial planning. In cases of extreme financial hardship, PFCs ensure that Service members and their families are referred to the appropriate military resources such as Relief Societies; installation banks/credit unions, Chaplains, other state, federal, local and veterans' organizations, and other resources as applicable. Counselors shall conduct training that addresses preparing/planning for family separation, short notice deployments, permanent change of station, and transition from the military as well as other topics that pertain to military families. Counselors shall provide individualized money management, financial counseling, financial planning, and referral services when applicable, to Service members and their families. However, counselors will never give specific financial investment advice in specific investment funds/opportunities.

Service delivery:

- **Ongoing Rotational Support:** Support provided by a MFLC or CYB-MFLC on an ongoing basis on a military installation. PFCs do not currently conduct installation based rotations. Although support is ongoing, the MFLC, CYB-MFLC, and PFC rotate in accordance with the requirements of the contract.
- **Short Term Surge Support:** Support provided to an active duty or Guard/Reserve unit for a specified period of time. A typical surge may involve up to 20 MFLCs and/or 6 PFCs deployed for 45 days to support a military unit returning from combat. Surge support may be extended up to 90 days. Commanders may also request another (second) surge support package 180 after returning from combat.
- **Short Term School Support:** Support provided to DoDEA and LEA (public) schools during the academic school year.
- **Short Term Summer Program Support:** Support provided to children during summer programs such as Child and Youth Summer Programs, DoDEA Summer School, Operation Purple Camps and Family Retreats, Guard/Reserve Camps, and Operation Military Kids (OMK) Camps.

BASIC GUIDELINES FOR COUNSELING SUPPORT:

MFLC(s) and CYB-MFLC(s) have a master's degree or doctorate in a mental health related field, such as social work, psychology, marriage and family therapy or counseling, and possess a valid unrestricted counseling license or certification from a state, the District of Columbia, a U.S. Commonwealth, or a U.S. Territory that grants authority to provide counseling services as an independent practitioner in their respective fields.

PFCs have a minimum of a Bachelor's degree and maintain a national certification as an Accredited Financial Counselor, Certified Financial Counselor (CFC), Charter Financial Counseling (ChFC), or a national certification with the National Foundation for Credit Counseling.

Financial counselors shall provide service delivery that meets the standards in DoD Instruction No. 1342.22, and assist Service members and their families with personal financial readiness.

MFLCs and CYB-MFLCS may provide up to 12 sessions of non-medical counseling to eligible participants.

MFLCs and CYB-MFLCs may be assigned to various locations including but not limited to: Installation Family Centers, Resiliency Centers, Child Development Centers, Teen Centers, DoDEA Schools, LEAs, embedded with military units, and Installation Welcome Centers. MFLCs and CYB-MFLCs are not limited to their assigned location and encouraged to meet in various locations as they provide "walk around/coaching" support. Support may not be provided in a client's home.

Counseling is private and confidential, with the exception of mandatory state, federal, and military 'duty to warn' reporting requirements.

Situations meeting the diagnostic criteria for common mental disorders, such as those found in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, will be referred to military medical mental health care providers, TRICARE, or other providers of professional mental health care.

The MFLC program can provide an alternate source of assistance in addressing issues encountered by military families. However, diagnosis and treatment of medical conditions such as Post Traumatic Stress Disorder, Traumatic Brain Injury, depression, or other medical/mental health disorders are outside the scope of MFLC support.

The MFLC contract is a non-personal services contract; therefore the government does not direct or supervise the MFLC. MFLCs are under the supervision and control of the contractor.

MFLCs receive weekly supervision by their contract supervisor. The contract supervisor will contact the installation government POC monthly, or as requested by the POC, to address MFLC support.

Contractor personnel must not be requested to participate in boards, become voting members or attend conferences on behalf of a command, or attend events in which strategy and policy are being discussed.

ROLES AND RESPONSIBILITIES:

The Contractor will:

- Verify the counselor's education and license.
- Ensure that a background check has been initiated in accordance with DoDI 1402.5, "Criminal History Background Checks on Individuals In Child Care Services."
- Provide an orientation to counselors explaining program policies, scope of support services, and available Service programs.
- Provide training on Military Culture to include chain of command, rates/ ranks and insignia, and other specialized subject areas. This training is an annual requirement.

Installation POCs are encouraged to:

- Provide a community orientation to include the installation mission and demographics
- Provide installation reporting procedures for domestic abuse and child abuse/neglect, potential harm to self and others, and other duty to warn situations
- Coordinate installation access
- Provide counseling space on the installation
- Serve as the liaison for community contact and coordination
- Review Service-specific MFLC, CYB-MFLC, and PFC protocols
- Assist in prioritizing community support needs
- Maintain an awareness of issues encountered by MFLCs, CYB-MFLCs, and PFCs
- Inform ODASD(MC&FP) via Service HQ POC of temporary or permanent changes in reporting location for any MFLC, CYB-MFLC, and PFC.

MFLC(s), CYB-MFLCs, PFCs will:

- Coordinate with installation helping agencies and other resources to ensure collaboration and minimize duplication of services
- Provide informed consent consistent with DoDI 6490.06, “Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members” (MFLCs and CYB-MFLCs only) to each eligible participant prior to initiating counseling
- Provide support only to those eligible. People not eligible include those actively being seen within one of the following programs or agencies: mental health, Family Advocacy Program, Sexual Assault Program, Chaplain (unless referred by Chaplain), and under investigation by Security Forces, Legal, or Command.

REPORTING/DOCUMENTATION:

Domestic abuse, child abuse/neglect, potential harm to self and others, or other duty to warn situations will be reported to the designated installation POC. The MFLC or CYB-MFLC must personally report suspected child abuse/neglect to the local child protective services (CPS) agency to meet the requirements of state and federal law and must report suspected domestic abuse and child abuse/neglect to the nearest installation’s Family Advocacy Program (FAP). They are not responsible for determining the veracity of the report or the seriousness of the incident and will facilitate a warm handoff of the affected individual to the proper resource. The POC should verify that the incident is reported to the appropriate reporting agency in accordance with installation protocol but should not screen reports of suspected child abuse/neglect or domestic abuse in lieu of the MFLC or CYB-MFLC making the report. The MFLC or CYB-MFLC must notify their contract supervisor as soon as possible. (Duty to Warn protocols may vary depending upon Federal, State, local, and Installation regulations.)

Program counselors are not authorized to receive a domestic abuse or sexual assault restricted report. If the person receiving counseling requests restricted reporting pursuant to domestic abuse or sexual assault, the MFLC counselors shall transfer the person to a specified individual who is authorized to receive a restricted report in the respective Military Service in accordance with DoD Instruction 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007 and DoD Directive 6495.01, “Sexual Assault Prevention and Response (SAPR) Program,” October 6, 2005.

MFLC(s), CYB-MFLC(s), and PFC(s) will submit activity reports for each contact with a Service member, family member, couple, family, and briefing/presentation.

Counseling support is confidential and formal counseling records are not maintained. MFLCs may not make entries in any records or databases.

SCHEDULING/LEAVE:

The normal MFLC, CYB-MFLC, and PFC work schedule is a highly flexible 40 hours per week, Monday-Friday. Appointments, meetings, and briefings, may extend daily working hours which may include evenings and weekends. In these situations work hours may be adjusted to accommodate the workload. Overtime beyond 40 hours is not authorized. When possible, 2 consecutive days should be taken off each week.

Although not required, the POC may sign or initial the MFLCs time sheet confirming their work schedule.

The following Holidays are recognized for counselors: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, and Inauguration Day (every 4 years).

Leave is not authorized during rotations less than 90 days. If a MFLC is on a rotation longer than 90 days they may take leave and a back fill may be considered during the time the counselor is on leave.

If a MFLC, CYB-MFLC, or PFC is unable to complete a rotational assignment, the ODASD(MC&FP) must approve the early termination and back-fill of the assignment.

TRAVEL:

Travel during a rotation is not required.

If travel is requested, it must be approved in advance by the ODASD(MC&FP) program office.

All travel must be in direct support of MFLC, CYB-MFLC, PFC assignments.

CONFLICT RESOLUTION:

Most circumstances will be able to be resolved by the MFLC, CYB-MFLC, PFC and their installation POC.

If an issue is not able to be resolved by the MFLC, CYB-MFLC, PFC and the installation POC, the contractor Program Director and the ODASD(MC&FP) will be contacted to resolve the issue.

NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
CHILD & YOUTH BEHAVIORAL MILITARY & FAMILY LIFE COUNSELING

MEMORANDUM FOR: Mattapany Day Camp Patrons

FROM: Military Family Life Consultant

SUBJECT: Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps
2. The CYB-MFLC may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
 - Observe, participate and engage in activities with children and youth
 - Provide direct interaction with military children
 - Model behavioral techniques and provide feedback
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills
 - Outreach to military parents when they drop off or pick up their children or at family events
 - Available for military parents to contact for guidance and support
 - Facilitate psycho-educational groups
 - Conduct training for staff and parents
 - Recommend referrals to military social services and other resources as needed
3. CYB-MFLCs may assist military parents, military children and centers with the following issues:

Communication	Self- esteem/self-confidence
Resolving conflicts	Behavioral management techniques
Bullying	Helping children deal with angry feelings
relationships	Sibling/parental
Deployment and reintegration issues	
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.
5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
- 7 The counselor may use only use OSD approved materials for trainings, groups, and any other activities.

NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
CHILD & YOUTH BEHAVIORAL MILITARY & FAMILY LIFE COUNSELING

Name of installation and/or CYP, school, summer program, and camp Mattapan

I acknowledge that a CYB-MFLC is available and authorize my child _____ to receive CYB-MFLC support.

SPONSOR SIGNATURE

DATE

I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child _____ to receive CYB-MFLC support.

SPONSOR SIGNATURE

DATE

NAVY CHILD AND YOUTH PROGRAMS CHILD AND FAMILY PROFILE (SCHOOL-AGE CARE AND YOUTH)

REQUIRING DIRECTIVE OPNAVINST 1700.9

<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."</p> <p>PURPOSE: To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.</p> <p>ROUTINE USES The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.</p> <p>VOLUNTARY DISCLOSURE: Furnishing the information is voluntary.</p>		
PARTICIPANT DATA		
NAME: (LAST, FIRST, MI)	NICKNAME:	BIRTH DATE:
SCHOOL YOU ATTEND:		
WRITTEN INTERVIEW (To Be Answered By the Participant With Adult Assistance If Necessary)		
What things do you do as a family for fun?		
What is your <u>favorite</u> family activity?		
What do you do with your friends for fun?		
If you could participate in any activity what would it be? (Example: snorkeling, surfing, running a marathon)		
What do you enjoy doing when you are alone? (Example: listening to music, reading, video games, surfing the net)		
What are your favorite games? (List specific video games, outdoor games, board games, table games, other)		

What do you use a computer for? (Example: communicate with a deployed parent, communicate with friends, gaming, surfing)

What sports do you enjoy?

As a spectator, a participant, or both?

Do you presently have the opportunity to participate?

What arts and hobbies do you enjoy? (for example: photography, needlework, painting/drawing, woodworking, music, etc.)

Do you play a musical instrument? If so, what do you play?

What chores are you assigned at home?

What are your favorite subjects at school?

Have you ever been paid for a job outside the home? What was it?

If you could order any piece of equipment for the center what would it be?

What personal accomplishment makes you most proud?

What would you most like to accomplish in your lifetime?

Who is your hero? Who do you most want to be like?

FAMILY INFORMATION			PET INFORMATION	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
EXTENDED FAMILY (LIVING WITH PARTICIPANT OR CLOSE BY)	NAME		RELATIONSHIP	
Anything else you would like us to know about you?				
PARTICIPANT SIGNATURE			DATE	

Child Youth Program
Patuxent River, Maryland

Dear Parent/Guardian:

Children need healthy meals to learn. The Child Youth Program offers healthy meals every day. Although all children receive the meals at no charge, the U.S. Department of Agriculture (USDA) will provide Child and Adult Care Food Program (CACFP) funds that support our nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed Free and Reduced-Price Meal Benefit Application to assist our agency's food service program.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete one Free and Reduced-Price Meal Benefit Application for all children in your household enrolled in the same center. We cannot approve an application that is not complete. Fill out all required information. Return the completed application to: Child Youth Program
2. **ADDITIONAL FEDERAL FUNDS ARE AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:**
 - Households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
 - Foster children.
 - Households with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines (See Instructions for Applying).
 - Children certified as homeless, runaway or migrant.
 - Some households participating in WIC.
3. **I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for one year. You must send in a new application each year.
4. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, your information may be checked.
5. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify.
6. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** Your household includes all those living as one economic unit, related or not (such as grandparents, other relatives, foster children or friends).
7. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
8. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
9. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to basic pay because of deployment, and it wasn't received before being deployed, the combat pay is not counted as income.
10. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** For information and referral for the Food Supplement Program, Temporary Cash Assistance, and medical programs call 1-800-332-6347.

If you have other questions or need help, call **(301) 342-3902**.

Sincerely,

Terry P. Davis

**FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION
CHILD CARE CENTERS: July 1, 2013 – June 30, 2014**

Complete this form so that we may receive reimbursement for meals served to children in our program. For help call _____.

PART 1 – ENROLLED CHILDREN INFORMATION			PART 2 - CASE NUMBER
Last Name	First Name	Check (✓) if foster child If <u>all</u> listed children are foster children, skip to Part 5.	If applicable, give a Food Supplement Program or Temporary Cash Assistance case number for <u>any</u> member of the household.
1.			If completed, skip to Part 5. Last four digits of Social Security Number are not needed.
2.			
3.			
4.			

PART 3 - IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICATION HOMELESS MIGRANT RUNAWAY

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME. You must tell us how much and how often.

LIST NAMES OF ALL HOUSEHOLD MEMBERS Include the children named above.	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits		ALL OTHER INCOME		Check if NO income
	Income	How Often	Income	How Often	Income	How Often	
1.	\$.		\$.		\$.		<input type="checkbox"/>
2.	\$.		\$.		\$.		<input type="checkbox"/>
3.	\$.		\$.		\$.		<input type="checkbox"/>
4.	\$.		\$.		\$.		<input type="checkbox"/>
5.	\$.		\$.		\$.		<input type="checkbox"/>
6.	\$.		\$.		\$.		<input type="checkbox"/>

PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number, or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give. I understand that center officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____ Social Security Number: **XXX-XX- _____** I do not have a SSN

PART 6 - (OPTIONAL) CHILDREN'S ETHNIC AND RACIAL IDENTITIES

Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

PART 7 - SHARING INFORMATION WITH OTHER PROGRAMS

Information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The eligibility status of your children may also be used for other authorized purposes. Your family may be eligible to receive benefits under the Food Supplement Program (FSP) or the Women, Infants, and Children (WIC) Program.

To share your information with these programs, **we must have your permission.** Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with FSP or WIC, check (✓) the YES box below. You may be contacted about submitting an application for the FSP or WIC.

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP and/or WIC

Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced price meals, unless you say No. Your decision will not change whether your children receive free or reduced-price meals. If you do **not** want information shared with Medicaid or MCHIP, check (✓) No.

DO NOT FILL OUT THIS PART. THIS IS FOR CENTER USE ONLY.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12

Total Income: \$ _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____ Date Withdrawn: _____

Eligibility: Free ____ (Categorically Eligible: ____) Reduced ____ Denied ____ Reason: _____

Determining Official's Signature: _____ Date: _____



Naval District Washington Child & Youth Programs

2691 Mitscher Road, SW
Washington, DC 20372



Credit Card Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize NDW Child & Youth Programs to charge my credit card indicated
(full name printed)

below on the:

_____ 1st & 15th of each month for my child enrolled in Child Development Care/School Age Care
(Initial)

_____ 1st of each month for my child enrolled in an Enrichment Program (i.e. Piano, PDPS, Dance)
(Initial) (Not offered at all Installations)

_____ Monday of each week my child is enrolled in Summer Day Camp/Teen Camp/Seasonal Camp
(Initial)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number (last four digits only) _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named merchant to charge the credit card indicated in this form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. To initiate the recurring payments, an initial \$1.00 pre-authorization transaction will appear on your statement. This pending transaction will not settle and will drop off after 5 - 7 business days. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.