



# MCCYN FEE ASSISTANCE COST WORKSHEET

**AUTHORITY:** 10 U.S.C 5013, Secretary of the Navy; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Navy Child and Youth Programs; and SORN [NM01754-3](#).  
**PURPOSE:** Information provided is used by Child and Youth Programs (CYP) for purposes of determining fee assistance benefits for MCCYN Fee Assistance.  
**ROUTINE USES:** Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. The DoD Blanket Routine uses may apply to this system of records.  
**DISCLOSURE:** Providing information is voluntary; however, failure to provide information may adversely impact a program or provider's ability to become a qualifying child care provider.

### SPONSOR INFORMATION (COMPLETED BY THE SPONSOR)

1. Sponsor Name Last First	2. Sponsor Email	3. Sponsor Rank
4. Cost Worksheet Type New Renewal Price Change		

Submit a new cost worksheet at least 10 days but not more than 60 days before a price or provider change. Price changes are not processed more than 60 days in advance.

### PROGRAM/PROVIDER INFORMATION (COMPLETED BY THE PROVIDER)

5. Name of Provider (As Listed on State Child Care License)	6. MCCYN Provider ID (if known)
7. Provider Street Address	
8. Provider City	9. Provider State
10. Provider Zip Code	11. Provider Contact Name Last First
12. Provider Email	13. Provider Primary Phone Number

### CHILD(REN) INFORMATION

14. Child Name Last First		Child Date of Birth				
Benefit Type		Full-time: more than 30 hours per week		Part-time: 11-30 hours per week		
Type of Care (Select all that apply)	Hours per day	Hours per week	Start Date* (Date fee rate begins)	End Date (If known)	Enter one fee rate for each type of care below. To calculate the monthly rate, <u>multiply the weekly rate x 4.33</u>	
					Weekly Fee Rate	Monthly Fee Rate
Year Round						
School Year						
Summer						
15. Child Name Last First		Child Date of Birth				
Benefit Type		Full-time: more than 30 hours per week		Part-time: 11-30 hours per week		
Type of Care (Select all that apply)	Hours per day	Hours per week	Start Date* (Date fee rate begins)	End Date (If known)	Enter one fee rate for each type of care below. To calculate the monthly rate, <u>multiply the weekly rate x 4.33</u>	
					Weekly Fee Rate	Monthly Fee Rate
Year Round						
School Year						
Summer						

### SPONSOR AND PROVIDER SIGNATURES

16. Sponsor Signature	17. Date
18. Provider Signature	19. Date

\*Submit a new cost worksheet at least 10 days but not more than 60 days before a price or provider change. Price changes are not processed more than 60 days in advance.

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE – Any misuse or unauthorized disclosure can result in both civil and criminal penalties.**

## INSTRUCTIONS FOR COMPLETING THE MCCYN FEE ASSISTANCE COST WORKSHEET

### GENERAL.

The MCCYN Fee Assistance Cost Worksheet is used by MCC Fee Assistance for purposes of determining fee assistance benefits for MCCYN Fee Assistance. This worksheet must be completed when a family enrolls a child with a Qualified Provider, when the family changes Providers, the provider's rate changes, and during renewal.

### INSTRUCTIONS FOR SUBMISSION.

Sponsors must submit this document via the My MCCYN Registration located at MilitaryChildCare.com under the Provider Information section. A new cost worksheet is required at least 10 days but not more than 60 days before a price or provider change. Price changes are not processed more than 60 days in advance. If you require assistance in submitting your documents, you may contact MCC Fee Assistance at the following email address: familysupport.fct@navy.mil

### PRIVACY ACT STATEMENT.

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 (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding copies of provider's license, letter of accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for participation in MCCYN Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

### SPONSOR INFORMATION.

- Item 1. Enter the Sponsor Name.
- Item 2. Enter the Sponsor Email.
- Item 3. Enter the Sponsor Rank.
- Item 4. Select the reason you are completing this worksheet.

### PROGRAM/PROVIDER INFORMATION.

- Item 5. Enter the name of your provider business as listed on your state child care license or equivalent license.
- Item 6. Enter the MCCYN Provider ID provided to the program by MCC Fee Assistance. If a MCCYN Provider ID has not been assigned yet, leave this item blank.
- Item 7. Enter the physical street address of the program, as listed on the State License or equivalent license.
- Item 8. Enter the city of the program, as listed on the State License or equivalent license.
- Item 9. Enter the state of the program, as listed on the State License or equivalent license.
- Item 10. Enter the postal zip code of the program, as listed on the State License or equivalent license.
- Item 11. Identify the name of the individual who should be contacted regarding the Fee Assistance Program.
- Item 12. Provide the email address for the Primary Contact.
- Item 13. Provide Primary Phone number for your program.

### CHILD(REN) INFORMATION.

Complete the information for each child. Complete additional Cost Worksheets to provide information for more than two children. The Benefit Type(s) is based on the number of hours child care is needed for the child each week. If the child's schedule varies and the child needs part-time care during the school year (before and/or after school, for example) and full-time care during the summer, select both types. Enter the average hours per day, hours per week, care start date and end date (if applicable), and weekly or monthly fee rate for each type of care needed.

- Year Round: Child's schedule for care is the same all year.
- School Year: Child's schedule for care applies to the school year.
- Summer: Child's schedule for care applies to the summer months.

**SPONSOR/PROVIDER SIGNATURES** Item 16-19. Self-explanatory.