

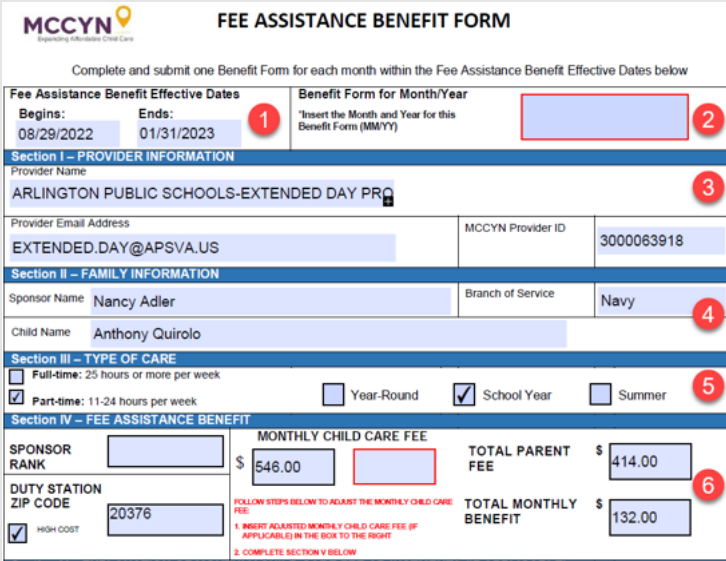
## Fee Assistance Benefit Form Tip Sheet

To process your fee assistance benefit, the sponsor or provider must complete and submit monthly a Fee Assistance Benefit Form. Each Benefit Form includes just one child and provider. Submit multiple Benefit Forms if there is more than one child in the household receiving care or if a child receives care from more than one provider. Review this tip sheet for instructions on submitting an accurate monthly Benefit Form to avoid rejected forms and payment delays.

To correct any of the pre-filled information, the sponsor may contact the MCCYN fee assistance team via the Message Center by logging in to [www.MilitaryChildCare.com](http://www.MilitaryChildCare.com) and accessing your My MCCYN page. To correct a previously submitted Benefit Form or adjustment, email [Claimsupport.fct@navy.mil](mailto:Claimsupport.fct@navy.mil).

## Understanding Your Benefits Claim Form

The Fee Assistance Benefit Form has six sections. Sections I-IV contain prepopulated information that cannot be changed, except for adjusting the Monthly Child Care Fee amount in the red box, if applicable. The remaining sections require information from you, as applicable, to successfully submit a monthly claim.

Fee Assistance Benefit Form	Section Explanation
 <p>The screenshot shows the 'FEE ASSISTANCE BENEFIT FORM' with the following sections and callouts:</p> <ul style="list-style-type: none"> <li><b>1:</b> Fee Assistance Benefit Effective Dates (Begins: 08/29/2022, Ends: 01/31/2023)</li> <li><b>2:</b> Benefit Form for Month/Year (Red box for MM/YY)</li> <li><b>3:</b> Section I - PROVIDER INFORMATION (Provider Name: ARLINGTON PUBLIC SCHOOLS-EXTENDED DAY PRG)</li> <li><b>4:</b> Section II - FAMILY INFORMATION (Sponsor Name: Nancy Adler, Branch of Service: Navy)</li> <li><b>5:</b> Section III - TYPE OF CARE (Part-time: 11-24 hours per week, School Year selected)</li> <li><b>6:</b> Section IV - FEE ASSISTANCE BENEFIT (Monthly Child Care Fee: \$546.00, Total Parent Fee: \$414.00, Total Monthly Benefit: \$132.00)</li> </ul>	<ol style="list-style-type: none"> <li><b>Fee Assistance Benefit Effective Dates:</b> This is the begin and end date of your benefits. Use this form only if you are submitting it for a month that falls between these dates. Otherwise, the form will be rejected, and your payment may be delayed.</li> <li><b>Benefit Form for Month/Year:</b> Enter the month and year for which you are requesting a benefit payment. If you do not include a date, the form will be rejected, and your payment may be delayed.</li> <li><b>Section I-Provider Information</b> lists the provider's name, billing email address, and ID number.</li> <li><b>Section II-Family Information</b> lists the sponsor's and child's names and the Service.</li> <li><b>Section III-Type of Care</b> lists the type of care the child receives.</li> <li><b>Section IV-Fee Assistance Benefit</b> lists the monthly fee that the provider charges, parent fee that the sponsor is responsible to pay, and the total monthly benefit the provider receives. Weekly child care fees are converted to the monthly fee shown on the form by multiplying it by 4.33 to account for months with four and five weeks. See <b>Making Temporary Adjustments for the Month of Care</b> for more information if you need to make an adjustment.</li> </ol>

# Fee Assistance Benefit Claim Form Tip Sheet

Fee Assistance Benefit Form	Section Explanation																															
<div style="border: 1px solid #4b4b8b; padding: 5px;"> <p><b>Section V – EXPLANATION OF MONTHLY CHILD CARE FEE ADJUSTMENTS (IF APPLICABLE)</b>                      Enter an Adjustment Code in the calendar below to identify the date and type of monthly child care fee adjustment(s). Use the Explanation of Adjusted Fees field (as necessary) to provide additional justification to the monthly child care fee adjustment(s).</p> <p style="text-align: center;"><b>ADJUSTMENT CODES</b></p> <p>FD = First Day of care    LD = Last Day of care    NC = No Charge for the day    OT = Other</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> </table> <p>Explanation of Adjusted Fees</p> <hr/> <p><b>Section VI – SIGNATURES</b>                      Sponsors or Providers who misrepresent information used to calculate the MCCYN Fee Assistance Benefits may have their benefit terminated and be subject to the Uniform Code of Military Justice or other legal consequences.</p> <p>Provider Signature: _____ Date: _____</p> <p>Sponsor Signature: _____ Date: _____</p> <p>Submit to: <a href="mailto:ClaimSupport.FCT@navy.mil">ClaimSupport.FCT@navy.mil</a> or Fax to: 833.857.0034                      Emailed Benefit Forms must be submitted as attachments less than 4MB and be in a PDF, PNG, JPG, JPEG or GIF format.</p> </div>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<p><b>7. Section V-Explanation of Monthly Child Care Fee Adjustments (If Applicable):</b> Make any adjustments to the charges for the month using the adjustment codes and enter an explanation for the adjustment. Complete this section only if there are changes to the amount charged (see <b>Making Temporary Adjustments for the Month of Care</b> for more information).</p> <p><b>8. Section VI-Signatures:</b> Both the parent and provider must review and sign and date the form, either electronically or in ink, before submitting it for payment to the email address or fax number listed on the form.</p>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																	

## Submitting Your Fee Assistance Benefits Claim Form

You may complete the Benefit Form either electronically or print it out to complete by hand. Submit the Benefit Form no earlier than the last day of the month and no later than 60 days after the last day of the month being reported.

- Review** the effective begin and end dates. Make sure the month being claimed is within this effective period.
- Enter** the month and year in the Benefit Form for Month/Year field (e.g., enter 08/22 for August 2022).
- If there are **NO adjustments**, then you do not need to make any changes to Section IV or Section V. Do not enter an amount in the red box next to the Monthly Child Care Fee.
- Sign** the form. Both the sponsor and provider must review the completed form to verify that all information is correct and sign and date the form either electronically or with a pen.
- Email or fax** all completed forms for the month to the email address or fax number listed on the Benefit Form. An emailed form must be sent as an attachment. Families may submit claim forms for all children enrolled at the same provider for the month.

## Making Temporary Adjustments for the Month of Care

Make an adjustment when there is a temporary change to the monthly fee. Refer to the screenshot below to see the referenced sections. **Note:** If the provider rate has changed (e.g., annual rate change), the family must complete and upload an updated Cost Worksheet to the Provider Information section of their My MCCYN page.

**Section A:** Enter the adjusted Monthly Child Care Fee in the red box if there is a temporary change to the monthly child care fee.

**Section B:** Use the appropriate code(s) under the date(s) being adjusted. Adjustment reasons include:

- **FD:** first day of care other than the first day of the month
- **LD:** last day of care other than the last day of the month because of transfer or termination
- **NC:** care was not charged for the day (e.g., provider closure, vacation, child did not attend)
- **OT:** any other reason a day was not charged

**Section C:** Explain why the monthly amount was temporarily adjusted, referring to the codes used. The MCCYN fee assistance team will use this information to determine the monthly benefit amount.

# Fee Assistance Benefit Claim Form Tip Sheet

**Section IV – FEE ASSISTANCE BENEFIT**

SPONSOR RANK: [ ] MONTHLY CHILD CARE FEE: \$ 546.00 **a** TOTAL PARENT FEE: \$ 414.00

DUTY STATION ZIP CODE: 20376  HIGH COST

TOTAL MONTHLY BENEFIT: \$ 132.00

**Section V – EXPLANATION OF MONTHLY CHILD CARE FEE ADJUSTMENTS (IF APPLICABLE)**

Enter an Adjustment Code in the calendar below to identify the date and type of monthly child care fee adjustment(s). Use the Explanation of Adjusted Fees field (as necessary) to provide additional justification to the monthly child care fee adjustment(s).

**ADJUSTMENT CODES**

FD = First Day of care    LD = Last Day of care    NC = No Charge for the day    OT = Other

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Explanation of Adjusted Fees: [ ] **c**

## Processed Fee Assistance Benefits Claim Forms

All approved monthly benefit amounts are paid directly to the provider.

The sponsor and provider will receive a payment email notification from [do-not-reply.cypims@militarychildcare.com](mailto:do-not-reply.cypims@militarychildcare.com) once the Benefit Form is processed that includes:

- An explanation that payment will be made
- The name of the child and the benefit amount

The provider will also receive a Remittance Advice email from [no-reply\\_MILL\\_MWR\\_EFTAdvices@navyaims.net](mailto:no-reply_MILL_MWR_EFTAdvices@navyaims.net) which includes the payment amount and the direct deposit account where payment will be deposited. Direct deposits are made about 10 business days from the date a valid Benefit Form is submitted and will be from CNI MLLNGTN DET.

**Note:** Providers who receive payment by remittance check will not receive a Remittance Advice email. Payment by remittance check requires prior approval under limited extenuating circumstances.

## Fee Assistance Benefit Claim Form Do's and Don'ts

Follow these tips to avoid rejected forms or payment delays.

Do	Don't
<ul style="list-style-type: none"> <li>▪ Submit a claim within the effective begin and end dates.</li> <li>▪ Use only the adjustment codes listed on the form.</li> <li>▪ Contact the MCCYN fee assistance team if you need to change the prepopulated information on the Benefit Form.                             <ul style="list-style-type: none"> <li>– log in to MilitaryChildCare.com and send a message via the Message Center on your My MCCYN page.</li> </ul> </li> <li>▪ When sending the form by email, make sure the file is less than 4MB and in a PDF, JPEG, JPG, PNG, GIF, or BMP format.</li> <li>▪ Submit a new Cost Worksheet if your type of care, provider rate, or provider changes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Make any changes to the prepopulated information on the form.</li> <li>▪ Submit a Benefit Form for a different provider than the one listed in Section I.</li> <li>▪ Record daily attendance in Section V.</li> <li>▪ Print or type your name in the signature blocks.</li> <li>▪ Submit the Benefit Form as a link or embedded in an email.</li> </ul>