

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES
Supplemental Instructions & Worksheet

*Please fill out sections I, II & III completely and return to our office a minimum 24 hours before your scheduled appointment. If you have questions on how to fill this out, please call 309-782-0791.

Section I:

- #1-#3: Fill out each child's information completely
- #4: Care Requested Possible Answers: CDC, FCC, SAS, Hourly, SDC, SKIES, Sports

Section II:

- ** if something doesn't apply please put "n/a" **
- #5: a-b: fill out sponsors information, if it doesn't apply put "n/a". (note: sponsor is the primary person who qualifies this child for CYSS Services. i.e., Military member, DOD civilian or eligible DOD contractor.)
- #5c(1): use sponsors Gross Yearly Pay (see chart on back for how to calculate yearly pay)
- #5c(2): DO NOT write sponsor's BAH from LES, see chart on back for BAH.
- #5c(3): BAS for Officers=\$2,676.48 per year; for Enlisted=\$3,886.44 per year
- #5c(4): See Section II description on form for specifics. Include additional jobs, long-term disability, combat pay, and retirement income, or as defined on form.
- #6: fill out all information for Spouse. If no spouse or something doesn't apply put "n/a".
- #7: other earned income for spouse or other family member (see Section II description on form for specifics. Include additional jobs, long-term disability, combat pay, retirement income, or others as defined on form.) If it doesn't apply put "n/a".
- #8: Add: $5c1 + 5c2 + 5c3 + 5c4 + 6c + 7 =$ Total Income for Sponsor Spouse and Other.

Section III:

- #9-#11: Signatures of Sponsor, Spouse & Date
- #12: Please complete all telephone numbers (home and work) for Sponsor & Spouse
- #13: Household Address

NOTE: Section IV (#14-#17) will be completed by a CYSS Staff member upon verification of application & LES information.

Child, Youth & School Services
Parent Central Services
Bldg 110
Rock Island Arsenal
Phone: 309-782-0791
Fax: 309-782-0813
rockcys@conus.army.mil

YEARLY INCOME CONVERSION TABLE

To convert all income to yearly income use conversion calculations below.

Period

Weekly Income x 52

Every 2 Weeks x 26

Twice a Month x 24 (i.e. paid 1st & 15th of each month)

Monthly x 12

Sponsor: \$ _____ x _____ = \$ _____ per year
 Gross pay from LES (period) (see chart) put this number into III 5d(1)

Spouse: \$ _____ x _____ = \$ _____ per year
 Gross pay from LES (period) (see chart) put this number into III 6d

BAH & BAS Chart

(Use yearly amounts)

2010 BAH Rates	
Pay Grade	With Dependent (yearly)
O-10	\$20,869.20
O-9	\$20,869.20
O-8	\$20,869.20
O-7	\$20,869.20
O-6	\$18,788.40
O-5	\$18,111.60
O-4	\$15,962.40
O-3	\$13,212.00
O-2	\$11,268.00
O-1	\$10,090.80
O3E	\$14,194.80
O2E	\$12,808.80
O1E	\$11,840.40
W-5	\$15,415.20
W-4	\$14,130.00
W-3	\$12,952.80
W-2	\$11,901.60
W-1	\$10,299.60
E-9	\$13,557.60
E-8	\$12,510.00
E-7	\$11,610.00
E-6	\$10,728.00
E-5	\$9,648.00
E-4	\$8,388.00
E-3	\$7,801.20
E-2	\$7,434.00
E-1	\$7,434.00

2010 BAS Rates

Enlisted: \$3,886.44

Officer: \$2,676.48