Coast Guard Mutual Assistance

Application for PCS Child Care Reimbursement

Instructions for completion: Form to be completed by the CGMA client and forwarded to CGMA Headquarters.

CGMA CLIENT INFORMATION

1. Name: Last	First	Middle Initial	2. Social Security Number	3. Employee ID #
			XXX-XX -	

4. Best Mailing Address: Street.	Apt. No	City	State	Zip Code	5. Best Phone Number
				-	( ) -

6. Personal E-Mail Address	7. Rank/Rate/Grade	8. Status
		☐ Active ☐ ADOS

9. Departing PDS Unit	10. Date of Departure	11. New PDS Unit	12. Date of Arrival

13. Eligible Dependents - must be 12 and under (Maximum of three eligible dependents)

Name: Last	First	Middle Initial	Age	Relationship to Client

PROVIDER INFORMATION AND VERIFICATION. *For commercial providers, provide a copy of the receipt. Otherwise have the person who provided the day care complete these sections*.

Prior to PCS Departure:
Name _____
I hereby certify that I received payment for providing child care to the _____ family, for _____ Children I received a total of $ _____
_____ _____
Signature Date

After PCS Arrival:
Name _____
I hereby certify that I received payment for providing child care to the _____ family for _____ Children I received a total of $ _____
_____ _____
Signature Date

CLIENT'S CERTIFICATION

I certify that all information indicated above is true, accurate, and complete, and that:

☐ I am in receipt of PCS orders that authorize a relocation of HHG at government expense.
☐ I am not receiving payment or reimbursement for this service from any other source.
☐ That the provider listed above is not a family member (including parent, grandparent, sibling or niece/nephew).

I have attached the following documents:

☐ A copy of my PCS orders.
☐ A copy of my receipt if service obtained from commercial source.

I request reimbursement in the amount of $ _____
☐ I certify that this expense was incurred while engaged in activities related directly to my PCS transfer.

CGMA Client's Signature _____ **Date** _____

Sign and submit the completed form with attachments to CGMA Headquarters via one of the following:

- Email the package to CGMA-HQ at HQS-DG-CGMA@uscg.mil (Preferred)
- FAX to CGMA-HQ at (703) 875-0344
- Mail to Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201