

**MILITARY OUTREACH INITIATIVE: NEW MEMBER APPLICATION
UPDATED JULY 2016**

NEW MEMBER REIMBURSEMENT REQUEST- YMCA ONLY:

Today's Date: _____ Contract Number **HDQMWR-08-C-0046**

CONTACT INFORMATION

YMCA Name _____ Four-Digit Association Number _____

Mailing Address (Street, City, State, ZIP Code) _____ Telephone Number _____

Preparer's Name & Title _____ CEO / ED Reviewed and Approved _____

NUMBER OF NEW SIX-MONTH MEMBERSHIPS IN EACH MILITARY ELIGIBILITY CATEGORY

Fees should not exceed **\$70/month** for any family membership or **\$50/month** for any single adult membership.

- Service Member + Spouse + Children = Family Membership
- Service Member + Spouse = Family Membership
- Service Member + Children = Family Membership
- Service Member Alone = Single Membership

Eligibility Category	Number of Memberships	X	YMCA Membership Rate	X 6 months	=	Amount
New Deployed Guard/Reserve Family Memberships		x	\$	x 6 months	=	\$
New Relocating Spouse Family Memberships		x	\$	x 6 months	=	\$
New Independent Duty Family Memberships		x	\$	x 6 months	=	\$
New Independent Duty Single Memberships		x	\$	x 6 months	=	\$
Total reimbursement						\$

****Attendance Policy:** Visits are counted by calendar day only. Multiple visits from the same participant in the same day counts as 1 visit. Family members visiting in the same day counts as 1 visit. For renewal of the membership, attendance records must show a minimum of 8 calendar day visits per month for the 6 consecutive months of the membership.

****Complete Applications Include:**

1. Monthly Reimbursement Invoice Form
2. YMCA/DoD Military Outreach Eligibility Form
3. Independent Duty Form (Only if in Independent Duty Category)
 - A copy of the unit's **approved** Independent Duty Form (signed by the commanding officer and service point of contact).
 - A command memorandum if applicable, to add members to an approved Independent Duty Form.

****Please Send All Applications To Dess Vince Cruz:**

Mail:
Armed Services YMCA
Attn: DoD Contract
7405 Alban Station Court
Suite B215
Springfield VA 22150

Email:
dodymca@asymca.org
Phone:
571-932-3200
Fax:
703-455-2181

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NEW MEMBER YMCA/DOD ELIGIBILITY FORM:

Welcome to the Military Outreach Initiative!

In partnership with the Armed Services YMCA, the Y is proud to offer memberships to eligible military families and personnel through the Department of Defense's Military Outreach Initiative.

SECTION 1: QUALIFICATION INSTRUCTIONS:

You/Your family must be Title 10 to apply for a 6 Month YMCA membership through this program. This includes service members/families in the following categories:

1. Spouse and Child Dependents of Deployed National Guard or Reservists
2. Relocated Spouses and Child Dependents of Deployed Active Duty
3. Active Duty/Spouse and Child Dependents assigned to Independent Duty Stations **(**Independent Duty Personnel (IDP) members require an additional IDP Request form with commander and service branch IDP approval signatures. Deployed National Guard/Reservists/ Relocating Spouses/ Community Based Warrior Transition Units DO NOT require and IDP Request form. **)**
4. Active Duty/Spouse and Child Dependents assigned to Community Based Warrior Transition Units (CBWTU)

*Please note this is a Department of Defense contract, covering Department of Defense service branches only. Members of the United States Coast Guard do not qualify for memberships.

Once complete, please bring this form (and a copy of your approved IDP request- Independent Duty Personnel ONLY) to your **participating** YMCA Branch. Please note not all YMCA's are required to participate in this program. For assistance, please contact Armed Services YMCA, Military Outreach Initiative- YMCA Representative:

Dess Vince Cruz
(P) 571-932-3200
(F) 703-455-2181
(E) dvincecruz@asymca.org
(E) dodymca@asymca.org

**Service members and families, please complete Sections 1-5.
Section 6 is to be completed by your YMCA Membership Representative.**

SECTION 2: SPONSOR INFORMATION:

A) SPONSOR NAME (LAST, FIRST):	B) SPONSOR PAYGRADE:
C) SERVICE BRANCH (SELECT ONE): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	D) TITLE 10 STATUS (SELECT ONE): <input type="checkbox"/> Deployed National Guard or Reservist <input type="checkbox"/> Relocating Spouse <input type="checkbox"/> Independent Duty Personnel <input type="checkbox"/> Community Warrior Based Transition Unit
E) DUTY STATION: Please note Deployed National Guard or Reservists and Deployed Active Duty Service Members require a DEPLOYMENT station. Orders must say “Deployment Orders” and physically move the service member away from his/her home base. Deployed National Guard or Reservists may be on MOBILIZATION orders. Orders must say “Mobilization Orders” and physically move the service member away from his/her home base.	
F) DATE RANGE OF ASSIGNMENT (MM/DD/YYYY – MM/DD/YYYY): Please note Active Duty deployment orders must have at least 6 months remaining from the current date to qualify for the program. National Guard or Reservists on mobilization orders must have at least 3 months remaining from the current date to qualify for the program. National Guard or Reservists may apply up to 3 months prior to the start of their deployment/mobilization orders. All service members are required to be on current orders to qualify.	

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SECTION 3: DEPENDENT INFORMATION:

A) SPOUSE NAME (LAST, FIRST): 		
B) CHILD NAME(S) (LAST, FIRST):	DATE(S) OF BIRTH (MM/DD/YYYY):	AGE(S):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

SECTION 4: TITLE 10 CERTIFICATION SIGNATURES:

A) <u>TITLE 10 CERTIFICATION SIGNATURE:</u>	
I certify that I am/my spouse is currently Title 10, and is eligible for a YMCA Membership with the Military Outreach Initiative:	
SIGNATURE OF SPONSOR/SPOUSE:	DATE (MM/DD/YYYY):
_____	_____

SECTION 5: MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY:

A) MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY	
Visitation is counted by CALENDAR DAY ONLY . Multiple visits from the same participant within the same date count as ONE VISIT. Family members visiting within the same date count as ONE VISIT. Renewal of this YMCA Membership is contingent upon visiting your YMCA 8 CALENDAR DAYS PER MONTH , for the 6 CONSECUTIVE MONTHS of your membership.	
To place a hold on your membership, coordinate with your YMCA Membership Representative. Upon renewal, your Membership Representative need only note and sign off on the duration of the hold on your attendance records. If you have failed attendance requirements, please submit a formal letter of explanation written and signed by your command or by your YMCA Membership Representative. Submit your letter with your complete renewal application paperwork to your YMCA Membership Representative.	
I understand the Military Outreach Initiative Attendance Policy. I understand I/my family must attend my/our YMCA 8 calendar days per month, for the 6 consecutive months of my/our YMCA membership to qualify for a renewal membership. I also understand how to place a hold on my/our membership, and what to do in the case of failed attendance due to unexpected absences or circumstances.	
SIGNATURE OF SPONSOR/SPOUSE:	DATE (MM/DD/YYYY):
_____	_____

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SECTION 6: YMCA MEMBERSHIP REPRESENTATIVE INFORMATION: YMCA USE ONLY
*****The membership representative from your YMCA should complete this portion in its entirety.*****

A) MEMBERSHIP REPRESENTATIVE NAME (LAST, FIRST):		
B) PHONE NUMBER (XXX-XXX-XXXX):		
C) YMCA BRANCH NAME:		
D) STREET ADDRESS:	E) CITY, STATE:	F) ZIPCODE:
G) IDENTIFICATION VERIFICATION:		
<p>I have viewed the following documents (SELECT AT LEAST ONE):</p> <p><input type="checkbox"/> Deployment Orders</p> <p><input type="checkbox"/> Uniformed Services ID Card/ Military Dependent ID</p> <p>Please indicate the Title 10 Status of this Service Member/Family (SELECT ONE):</p> <p><input type="checkbox"/> Deployed National Guard or Reservist</p> <p><input type="checkbox"/> Relocating Spouse</p> <p><input type="checkbox"/> Independent Duty Personnel</p> <p><input type="checkbox"/> Community Warrior Based Transition Unit</p>		
H) MEMBERSHIP RATES:		
<p>The Department of Defense will reimbursement a maximum rate of \$70.00/month for any family membership and a maximum rate of \$50.00/month for any single adult membership.</p> <p>MEMBERSHIP MONTHLY RATE: (\$00.00): _____</p> <p>6 MONTH MEMBERSHIP CHARGE: (\$000.00): _____</p>		
I) SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE		
<ol style="list-style-type: none"> 1. I have reviewed this service member's Military Outreach Initiative Eligibility Form, and confirm it is completed to the best of our abilities. 2. I understand I must submit this form, an approved Independent Duty Request (Independent Duty Personnel ONLY), and a Military Outreach Initiative Reimbursement Request in order to receive reimbursement. 3. I understand approval of Renewal Memberships is contingent upon meeting the Military Outreach Initiative Attendance Policy. 4. I understand I must send in 6 month attendance records for all renewal applications. 		
SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE: _____	DATE (MM/DD/YYYY): _____	

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**UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (IDP)
FITNESS MEMBERSHIPS/RESPITE CHILD CARE AUTHORIZATION**

(INDEPENDENT DUTY CATEGORY ONLY**):**

DoD Military TITLE 10 ONLY

Please type or print legibly

Command/Unit Name:

Address: _____ City: _____ State: _____ Zip: _____

Command/Unit POC:

Phone: _____ Fax: _____ POC Email: _____

Duty Address if different than Command Address:

Address: _____ City: _____ State: _____ Zip: _____

Number of active duty personnel eligible to participate (**Title 10 Only**): _____

Initial Request Follow On (incoming/outgoing personnel)

Private Fitness Facility:

Eligibility is for Service member only, no family members are authorized

Number of Active Duty personnel **requesting** a fitness membership: _____

Rate/Rank/Full Name of each Service member:

Name/Address/**Phone number** of **Private Fitness facility** of choice:

(All Service Members at this duty address **MUST** attend the same private facility)

Fitness Facility Name: _____ Fitness Facility POC: _____
Address: _____ City: _____ State: _____ Zip: _____
Fitness Facility POC Phone: _____ Fitness Facility POC Email: _____

YMCA:

Number of Active Duty personnel requesting memberships: _____

Name/Address/**Phone number** of **YMCA** of choice:

YMCA Name: _____ YMCA POC: _____
Address: _____ City: _____ State: _____ Zip: _____
YMCA POC Phone: _____ YMCA POC Email: _____

Rate/Rank/Full Name of each Service member:

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Membership Requirement:

(This section must be included with the request for IDP membership and signed by CO/OIC)

Federal DoD Title 10 Only

It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA or private fitness memberships at this duty station or future duty stations. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time of renewal.

- **Members are required to attend the YMCA/Private Fitness Facility a minimum of 8 calendar days per month.** It is the Service member's responsibility to ensure their visits are accurately registered via card swipe or log book, etc.
 - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc) must be included. Failure to do so will result in a delay in processing this request.

Renewal Requirements:

- **Private Fitness Centers:** Renewal Requests must include the usage documentation for all 6 months and submitted to dodpf@asymca.org along with the ORIGINAL approved/signed IDP Request in order for a renewal to be processed.
- **YMCA Renewals:** Each Service member must resubmit a DoD Eligibility Form and the ORIGINAL unit approved/signed IDP Request to the YMCA facility. YMCA facility submits this for reimbursement.

The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. I understand that each member must have 8 calendar days per month attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.

Signature:
Printed Name/Rank:
Title:
Email:
Phone Number:

This section to be used by Services' Point of Contact

Request for Independent Duty Personnel fitness memberships is Approved Disapproved.
The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

**This signature should be obtained by
the service member via email, from an
IDP Approver/Approving Service POC
on the following page.**

Approving Service POC

IDP APPROVAL LIST JULY 2016:

Air Force:

Aaron Smelser – All Air Force IDP approvals

aaron.smelser@us.af.mil

Laron Collins – All Air Force IDP approvals

laron.collins@us.af.mil

www.usafsports.com

Army:

Brian McDonald – Army Recruiting Command

usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil

Carol Kowta-Herr – Other Army IDP Inquiries

usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil

www.usarmymwr.com/recreation/sportsandfitness/ymca_memberships.aspx

Marine Corps:

Rick Martinez – Marine Forces Reserve

rick.martinez1@usmc.mil

Gilbert Macias – Marine Corps Recruiting Command

gilbert.macias@marines.usmc.mil

Donna Janiec

Donna.Janiec@usmc-mccs.org

www.marines.mil/unit/maforres/MFRHQ/MCCS/SemperFit/GymMemberships.aspx

Navy:

Vicki Teran or Cheryl Hammond– All Navy approvals

vicki.teran@navy.mil

www.navyfitness.org/fitness/armed_services_ymca_program/

Previous IDP approvers:

Air Force: Donald Cook, Courtney Cruz, William Parker, Sheri Kraus, Vicki Peterson, Corey Lewis, Matthew Mountcastle, Tim Anderson, Ronald West, Timothy Renegar, Elisha Abercrombie

Army: Dorie/Kelly Hickson

Marine: Davis Murphy, Catherine Ficadenti, Ryan Massimo

Navy: J. Kelly Powell, Mike Bruner