



Coast Guard Mutual Assistance

**PCS Child Care
Reimbursement**

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

Instructions for completion: CGMA client will complete the form and submit it to their local CGMA representative. This reimbursement is eligible only to personnel on active duty or reservists on ADOS.

CGMA Client Information					
Name: First	M.I	Last	Suffix	SSN last 4	Employee ID
Home address: Line 1				Line 2	City
				State	Zip Code
				Phone #	
Member Status:	Active Duty	ADOS	Year joined CG		Year of birth
Rank/Rate/Title		Unit	OFPAC #		Married:
					Yes No
Eligible Dependents - must be 12 and under (Maximum of three eligible)					
Name: First	M.I.	First	Age	Relationship to Client	
Email address: personal/Zelle			Email address: Work		

Zelle is an electronic disbursement application between CGMA's bank and yours.

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 _____

Request		
Type of Assistance Requested	Amount requested	Prefer Funds:
Grant	\$	Apply to my CGMA loan electronic disbursement Check

CGMA Client Certification
<p>I certify that all information indicated above is true, accurate, and complete, and that:</p> <p style="margin-left: 40px;">I am in receipt of PCS orders that authorize a relocation of HHG at government expense.</p> <p style="margin-left: 40px;">I am not receiving payment or reimbursement for this service from any other source.</p> <p style="margin-left: 40px;">That the provider listed above is not a family member (including parent, grandparent, sibling or niece/nephew).</p> <p>I have attached the following documents:</p> <p style="margin-left: 40px;">A copy of my PCS orders.</p> <p style="margin-left: 40px;">A copy of my receipt if service obtained from commercial source.</p> <p style="margin-left: 40px;">I certify that this expense was incurred while engaged in activities related directly to my PCS transfer.</p> <p>Applicant's Signature _____ Date _____</p>