



Coast Guard Mutual Assistance

Financial Education Childcare 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 to all CGMA Client. **Must be submitted within 60 days of the date of event.**

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	Retire	Reserve	Civilian	Auxiliary	PHS	Other	Year joined CG	Year of birth
Rank/Rate/Title	Unit			OFPAC #		Married:			
Yes No									
Eligible Dependents - must be 12 and under									
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 child care complete this section.
Name _____ I hereby certify that I received payment for providing child to the _____ family, care for _____ children I received a total of \$ _____
Signature _____ Date _____

Request		
Type of Assistance Requested	Amount requested	Prefer Funds:
Grant (\$500 per 12 months)	\$ _____	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="padding-left: 40px;">I attended a financial education event (Training, Symposium, Seminar, etc.)</p> <p style="padding-left: 40px;">I am not receiving payment or reimbursement for this service from any other source.</p> <p style="padding-left: 40px;">That the provider listed above is not a family member (including parent, grandparent, sibling or niece/nephew, etc.).</p> <p>I have attached the following documents:</p> <p style="padding-left: 40px;">Documentation above event (Flyer, Announcement email, Notice, Syllabus, etc.)</p> <p style="padding-left: 40px;">A copy of my receipt if service obtained from commercial source.</p> <p>Applicant's Signature _____ Date _____</p>