



ARMED SERVICES YMCA

MILITARY OUTREACH INITIATIVE APPLICATION YMCA MEMBERSHIPS ONLY

THIS APPLICATION IS FOR MEMBERSHIPS AT YMCA LOCATIONS ONLY

IN PARTNERSHIP WITH THE ARMED SERVICES YMCA, THE DEPARTMENT OF DEFENSE IS PROUD TO OFFER 6-MONTH GYM MEMBERSHIPS AT PARTICIPATING YMCA FACILITIES NATIONWIDE. TO QUALIFY FOR THIS PROGRAM, MILITARY MEMBERS/FAMILIES MUST MEET ELIGIBILITY CRITERIA FOR ONE OF THE PROGRAM CATEGORIES LISTED BELOW:

MEMBERSHIP ELIGIBILITY CRITERIA:

WARRIOR TRANSITION UNIT CATEGORY:

FOR SERVICE MEMBERS TO REHABILITATE AFTER COMBAT RELATED INJURY

- I am currently on Title 10 Deployment/Mobilization orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- I have been sent home to complete rehabilitation/recovery orders due to combat related injury
- I am living alone and will utilize a gym membership alone, or my family resides with me and will be added to a gym membership with me
- I meet all eligibility criteria listed above in this category

INSTRUCTIONS:

ARMED SERVICES YMCA NATIONAL HEADQUARTERS CONTACT INFORMATION:

EMAIL: DODYMCA@ASYMCA.ORG (PREFERRED)

PHONE: 571-932-3200

MAIL: ARMED SERVICES YMCA NATIONAL HEADQUARTERS

ATTN: DOD CONTRACT

14040 CENTRAL LOOP SUITE B, WOODBRIDGE VA 22193

FOR MORE INFORMATION, PLEASE VISIT THE ARMED SERVICES YMCA WEBSITE:

WWW.ASYMCA.ORG/MOI

NEW MEMBERSHIPS

MILITARY PERSONNEL/FAMILIES-

STEP 1: DETERMINE ELIGIBILITY USING "MEMBER ELIGIBILITY CRITERIA" ON PAGE 1

STEP 2: COMPLETE "SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM ON PAGE 5

STEP 3: TURN IN PAPERWORK TO LOCAL YMCA MEMBERSHIP SERVICES

LOCAL YMCA MEMBERSHIP SERVICES-

STEP 1: REVIEW SUBMITTED PAPERWORK FOR COMPLETION

STEP 2: COMPLETE "LOCAL YMCA FORM 1: ELIGIBILITY FORM" ON PAGE 6

STEP 3: COMPLETE "FORM 2: REIMBURSEMENT INVOICE" ON PAGE 5

STEP 4: TURN IN APPLICATION TO THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS VIA EMAIL OR MAIL (EMAIL PREFERRED)

RENEWAL MEMBERSHIPS

MILITARY PERSONNEL/FAMILIES-

STEP 1: DETERMINE RENEWAL ELIGIBILITY USING "MEMBER ELIGIBILITY CRITERIA" ON PAGE 1

STEP 2: COMPLETE (A NEW) "SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM" ON PAGE 5

STEP 3: TURN IN APPLICATION TO LOCAL YMCA MEMBERSHIP SERVICES

LOCAL YMCA MEMBERSHIP SERVICE-

STEP 1: COMPLETE (A NEW) "LOCAL YMCA FORM 1: ELIGIBILITY FORM" ON PAGE 6

STEP 2: COMPLETE "LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE" ON PAGE 7

STEP 3: ATTACH QUALIFIED 6 MONTH ATTENDANCE RECORD FROM PREVIOUS MEMBERSHIP

ATTENDANCE POLICES LOCATED ON PAGE 4

IF ATTENDANCE DOES NOT MEET REQUIREMENTS, DIRECT THE SERVICE MEMBER/FAMILY TO THE ATTENDANCE WAIVER APPLICATION ONLINE

STEP 4: TURN IN APPLICATION TO THE ARMED SERVICES YMCA NATIONAL HEADQUARTERS VIA EMAIL OR MAIL (EMAIL PREFERRED)

**ALL PAPERWORK MUST BE REDONE AND SUBMITTED
FOR EVERY 6 MONTH MEMBERSHIP**

PAPERWORK REQUIREMENTS:

SUBMIT ALL REQUIRED PAPERWORK – NO EXCEPTIONS

NEW MEMBERSHIP PAPERWORK REQUIREMENTS:

		WARRIOR TRANSITION UNIT
SERVICE MEMBER/FAMILY	SERVICE MEMBER/FAMILY ITEM 1 ELIGIBILITY FORM	✓
LOCAL YMCA	LOCAL YMCA ITEM 1 ELIGIBILITY FORM	✓
	LOCAL YMCA ITEM 2 REIMBURSEMENT INVOICE	✓

RENEWAL MEMBERSHIP PAPERWORK REQUIREMENTS:

		WARRIOR TRANSITION UNIT
SERVICE MEMBER/FAMILY	SERVICE MEMBER/FAMILY ITEM 1 ELIGIBILITY FORM	✓
LOCAL YMCA	LOCAL YMCA ITEM 1 ELIGIBILITY FORM	✓
	LOCAL YMCA ITEM 2 REIMBURSEMENT INVOICE	✓
	LOCAL YMCA ITEM 3 6 MONTH ATTENDANCE RECORDS	✓

ATTENDANCE RECORDS AND REQUIREMENTS:

READ ENTIRELY

ATTENDANCE REQUIREMENT:

MEMBERS/FAMILIES USING THE MILITARY OUTREACH INITIATIVE PROGRAM MUST MAINTAIN **AN 8 CALENDAR DAY VISIT PER MONTH** REQUIREMENT FOR THE DURATION OF THE 6 MONTH MEMBERSHIP IN ORDER TO BE CONSIDERED FOR RENEWAL.

ACCEPTABLE FORMS OF ATTENDANCE:

FACILITY USE AND PROGRAM PARTICIPATION ATTENDANCE REPORTS CAN BE ELECTRONICALLY GENERATED FROM THE FACILITY'S EXISTING SOFTWARE SYSTEM. IF YOUR FACILITY DOES NOT HAVE SOFTWARE CAPABILITY, STAFF CAN CREATE A MANUAL LOG WITH THE MEMBER'S PRINTED NAME, SIGNATURE, AND DATE OF VISIT.

HOW TO COUNT ATTENDANCE:

VISITATION IS COUNTED BY CALENDAR DAY ONLY. A VISIT IS DEFINED AS THE SERVICE MEMBER (OR MEMBER OF THE SERVICE MEMBER'S FAMILY) COMING TO THE FACILITY TO PARTICIPATE IN ANY YOUTH OR ADULT ACTIVITY THAT CAN BE TRACKED MANUALLY OR ELECTRONICALLY IN ONE CALENDAR DAY. IF THE MEMBER RETURNS IN THE SAME DAY, ALL VISITS IN THAT DAY ARE COUNTED ONLY ONCE. MULTIPLE SWIPES BY FAMILY MEMBERS IN THE SAME DAY CONSTITUTE ONE VISIT FOR ONE DAY.

MULTIPLE SWIPES FROM THE SAME MEMBER ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018
JOHN SMITH	JANUARY 1, 2018

FAMILY MEMBERS VISITING ON THE SAME DAY COUNT AS 1 VISIT.

JOHN SMITH	JANUARY 1, 2018
PETER SMITH	JANUARY 1, 2018
ALLY SMITH	JANUARY 1, 2018

HOW TO PUT A "HOLD" ON A MEMBERSHIP:

YMCA MEMBERSHIP SERVICES MAY PLACE **ONE HOLD PER MEMBERSHIP PERIOD.** NO ACTION IS NECESSARY UNTIL THE MEMBER/FAMILY WOULD LIKE TO RENEW THE MEMBERSHIP. AT THE TIME OF RENEWAL, **YMCA MEMBERSHIP SERVICES MUST PROVIDE A FORMAL STATEMENT** (ON OFFICIAL YMCA LETTERHEAD) STATING A HOLD WAS PLACED ON THE ACCOUNT FROM DATE - DATE. IF A HOLD IS PLACED ON THE MEMBERSHIP, **THE MEMBERSHIP MUST BE EXTENDED THE AMOUNT OF THE TIME HELD** IN ORDER TO PROVIDE 6 MONTHS OF ATTENDANCE RECORDS FOR THE MEMBER/FAMILY.

EXAMPLE:

ORIGINAL MEMBERSHIP TIMEFRAME: MARCH 1, 2017 - SEPTEMBER 1, 2017

MEMBERSHIP HOLD: JUNE 1, 2017 - AUGUST 1, 2017

NEW MEMBERSHIP TIMEFRAME: MARCH 1, 2017 - NOVEMBER 1, 2017 (WITH A HOLD FROM JUNE 1, 2017 - AUGUST 1, 2017)

FAILED ATTENDANCE?

VISIT WWW.ASYMCA.ORG/MOI TO DOWNLOAD OUR ATTENDANCE WAIVER APPLICATION.

SERVICE MEMBER/FAMILY FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: SPONSOR INFORMATION

- A) SPONSOR NAME (LAST, FIRST): _____
B) SPONSOR RANK (E1 – O10): _____
C) SPONSOR/FAMILY 10 DIGIT PHONE NUMBER: _____
SPONSOR/FAMILY EMAIL ADDRESS: _____

SECTION 2: CATEGORY/ELIGIBILITY INFORMATION

ASYMCA Use Only:
WTU _____
Date _____

- A) DOD SERVICE BRANCH (SELECT ONE):
 ARMY AIR FORCE MARINE CORPS NAVY
- B) TITLE 10 STATUS (SELECT ONE):
 WARRIOR TRANSITION UNIT
- C) DUTY STATION (SELECT ONE):
 WARRIOR TRANSITION UNIT (COMPLETE ITEM 1 BELOW)
1. ADDRESS OF ASSIGNMENT: _____
- D) PROJECTED DATE RANGE OF ASSIGNMENT (REQUIRED FOR ALL PROGRAM CATEGORIES):
START DATE: _____ END DATE: _____
MONTH / YEAR MONTH / YEAR

SECTION 3: DEPENDENT INFORMATION

- A) SPOUSE NAME (LAST, FIRST): _____
- B) CHILD NAME(S), AGE(S):
1. NAME: _____ AGE: _____
2. NAME: _____ AGE: _____
3. NAME: _____ AGE: _____
4. NAME: _____ AGE: _____

SECTION 4: MEMBER AUTHORIZATION SIGNATURE

1. I CERTIFY THAT I AM/MY SPOUSE IS CURRENTLY TITLE 10 AND IS ELIGIBLE FOR A YMCA MEMBERSHIP UNDER THE MILITARY OUTREACH INITIATIVE.
2. I HAVE READ AND UNDERSTAND THE ATTENDANCE REQUIREMENTS OF THE MILITARY OUTREACH INITIATIVE.

SIGNATURE OF SPONSOR OR SPOUSE: _____ **DATE:** _____

LOCAL YMCA FORM 1: ELIGIBILITY FORM

ALL SECTIONS MUST BE COMPLETED – NO EXCEPTIONS

SELECT ONE: NEW MEMBERSHIP RENEWAL MEMBERSHIP

SECTION 1: LOCAL YMCA INFORMATION:

- A) YMCA REPRESENTATIVE NAME (LAST, FIRST): _____
- B) YMCA 10 DIGIT PHONE NUMBER: _____
- C) YMCA NAME: _____
- D) YMCA STREET ADDRESS: _____
- E) YMCA CITY, STATE, ZIP CODE: _____

SECTION 2: MEMBERSHIP INFORMATION:

A) I HAVE VIEWED THE FOLLOWING DOCUMENTS TO VERIFY THIS SERVICE MEMBER/FAMILY IS QUALIFIED FOR THE MILITARY OUTREACH INITIATIVE (SELECT ONE):

- DEPLOYMENT/MOBILIZATION ORDERS MILITARY IDENTIFICATION CARD

B) PLEASE INDICATE THE PROGRAM CATEGORY OF THIS SERVICE MEMBER/FAMILY (SELECT ONE):

- DEPLOYED GUARD/RESERVE RELOCATED SPOUSE INDEPENDENT DUTY PERSONNEL

C) MONTHLY MEMBERSHIP RATE: _____

THE DEPARTMENT OF DEFENSE WILL REIMBURSE A MAXIMUM RATE OF \$70/MONTH FOR ANY FAMILY MEMBERSHIP AND \$50/MONTH FOR ANY SINGLE ADULT MEMBERSHIP.

D) INTENDED ACTIVATION DATE (MONTH, DATE, YEAR): _____

PLEASE PROVIDE THE INTENDED START DATE OF THE MEMBERSHIP THIS SERVICE MEMBER/FAMILY IS APPLYING FOR.

ASYMCA Use Only:
Approved _____ Date _____

SECTION 3: YMCA REPRESENTATIVE SIGNATURE:

1. I HAVE REVIEWED THIS SERVICE MEMBER'S/FAMILY'S ELIGIBILITY FORM, AND CONFIRM IT IS COMPLETED TO THE BEST OF OUR ABILITY.
2. I UNDERSTAND I MUST SUBMIT THIS FORM, AN APPROVED UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (INDEPENDENT DUTY PERSONNEL CATEGORY ONLY) AND A YMCA REIMBURSEMENT INVOICE IN ORDER TO RECEIVE REIMBURSEMENT FOR THIS MEMBERSHIP.
3. I UNDERSTAND APPROVAL OF A RENEWAL MEMBERSHIP IS CONTINGENT UPON MEETING THE MILITARY OUTREACH INITIATIVE ATTENDANCE REQUIREMENTS AND HAVING QUALIFIED ORDERS.
4. I UNDERSTAND MEMBERS MUST REAPPLY FOR REIMBURSEMENT FOR EVERY 6 MONTH MEMBERSHIP THEY WISH TO HAVE.
5. I UNDERSTAND THE ARMED SERVICES YMCA HAS THE RIGHT TO DENY REIMBURSEMENT REQUESTS SUBMITTED OVER 30 DAYS POST MEMBERSHIP START DATE.

SIGNATURE OF YMCA REPRESENTATIVE: _____ **DATE:** _____

LOCAL YMCA FORM 2: REIMBURSEMENT INVOICE

Maximum fee of **\$70/month** for family memberships or **\$50/month** for single adult memberships

Family Member = Service Member and/or Spouse + Children OR Service Member + Spouse
Single Adult Membership = Service Member Alone

TODAY'S DATE: _____	CONTRACT NUMBER: <u>HDQMWR-08-C-0046</u>
PREPARER'S NAME & TITLE _____	CEO/ED REVIEWED AND APPROVED _____

SELECT ONE: **NEW MEMBERSHIP** **RENEWAL MEMBERSHIP**

FAMILY MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN	X	MONTHLY MEMBERSHIP RATE	X 6 MONTHS	=	SUBTOTAL
WARRIOR TRANSITION UNIT			x	\$	x 6 months	=	\$
SINGLE ADULT MEMBERSHIPS	NUMBER OF MEMBERSHIPS	NUMBER OF CHILDREN	X	MONTHLY MEMBERSHIP RATE	X 6 MONTHS	=	SUBTOTAL
WARRIOR TRANSITION UNIT			x	\$	x 6 months	=	\$
TOTAL REIMBURSEMENT:							\$

FOUR DIGIT ASSOCIATION NUMBER _____

YMCA NAME _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

VENDOR ID (ASYMCA USE) _____

ARMED SERVICES YMCA NATIONAL HEADQUARTERS INTERNAL USE:	
BY SERVICE BRANCH	LAST NAMES/COUNT