



USDA Child Care Subsidy Administration Program (CCS)
 United States Department of Agriculture

**National Park Service (NPS) Child Care Subsidy (CCS) Program
 Certification for Seeking Employment and/or Enroll in School**

The National Park Service (NPS) Child Care Subsidy Program authorizes up to 90 calendar days of Child Care benefits to allow a Spouse/Partner to seek employment and/or enroll in school. This Certification Statement must be completed and signed by the NPS Employee and their Spouse/Partner in order to qualify, or continue to qualify for NPS Child Care Subsidy Benefits.

Certification Statement

I _____ certify that
Printed name of NPS Employee

_____ is currently seeking employment and/or will be enrolling in school.
Printed name of Spouse/Partner

_____ My child/children is/are currently enrolled in full time care

_____ My child/children is/are currently enrolled in part time care

_____ My child/children will be enrolled in full time care, expected start date _____

_____ My child/children will be enrolled in part time care, expected start date _____

_____ I will not need child care for my child/children during this period and my child/children last day of attendance will be _____
Final date that child care benefits are to be paid

I will notify the USDA Subsidy Administration Section in writing to report the start date of employment and/or school enrollment date. I will also provide a copy of pay statements and/or student school schedule and the Certification of Higher Education NPS Form 2015-11 to the USDA to ensure that the number of hours worked and/or enrolled in school meets the minimum requirement as set forth by the NPS CCS Program guidelines.

I understand that after 90 calendar days my NPS Child Care Subsidy benefit will be discontinued if my Spouse/Partner does not find employment and/or enroll in school and provide required pay documents and/or a valid student school schedule to the USDA.

Misrepresentation or falsifying this information may subject the individual to removal from the NPS CCS Program and responsible for repaying any NPS CCS benefits received that the Employee was not entitled to receive based upon NPS CCS Program guidelines.

Spouse/Partner's Signature

Signature of Qualifying NPS Employee / Last 4 of SSN

Date