



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

**U.S. Coast Guard (USCG) Child Care Subsidy (CCS) Program
 Certification for Withdraw from Program**

Stop! If you will need USCG Child Care Subsidy Benefits within the next 90 days, please do not complete this form. This is for withdrawal from the USCG CCS Program for Family or Child/Children Only.

Note: All USCG CCS Program participants may be placed in an Inactive Status for up 90 days by completing and submitting the Form USCG 2011-13 "Request for Benefits to be Placed in an Inactive Status".

By completing this form, I _____ request that
Printed name of USCG Member

The USDA Subsidy Administration Section performs one of the withdrawal actions listed below:

_____ **Withdraw Family**

I am withdrawing my Family from the program effective _____ and I will not require USCG Child Care Subsidy Benefits within 90 days of the date listed above. By completing and submitting this request to the USDA, I am authorizing my official withdrawal from the program.

_____ **Withdraw Child/Children**

_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>
_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>
_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>

I understand that by withdrawing from the program that I will be financially responsible for all child care costs as of the date stated above. I further understand that I may reapply, or re-enroll my child/children at any time in the future by visiting the [USDA Subsidy Administration Section website](#) for the applicable package and that my eligibility will be determined based upon submitting the required documents and information to USDA for processing.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws, and may subject the individual to removal from the USCG CCS Program and responsible for repaying any USCG CCS benefits received that the Member was not entitled to receive based upon USCG CCS Program guidelines.

Signature of Qualifying USCG Member / Last 4 of SSN _____
Date