



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

**U.S. Coast Guard (USCG) Child Care Subsidy (CCS) Program  
 Certification of Higher Education**

The U.S. Coast Guard requires that the Spouse/Partner of the qualifying U.S. Coast Guard Member be attending school full time, or any combination of employment and school in order to qualify for benefits under the U.S. Coast Guard Child Care Subsidy Program. For Member's whose Spouse/Partner is a student, this form must be completed and returned to the USDA in order to determine your eligibility to receive benefits under the USCG Child Care Subsidy Program.

*This form must be completed and returned to the USDA in addition to the student's school schedule and/or enrollment information.*

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Graduate: \_\_\_\_ Undergraduate: \_\_\_\_

Start Date: \_\_\_\_\_

Semester End Date: \_\_\_\_\_

Student's expected enrollment: Spring: \_\_\_\_ Summer: \_\_\_\_ Fall: \_\_\_\_ Winter: \_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Child Care needed: Part Time: \_\_\_\_ Full Time: \_\_\_\_

I will notify The United States Department of Agriculture (USDA) in writing to report change in my Spouse/Partner's attendance and will provide supporting documentation as applicable.

I understand that each time my Spouse/Partner receives an updated school schedule and/or enrollment information, that I must provide a copy of the document to the USDA in order to validate my continued eligibility in the USCG CCS Program.

I further understand that my Child Care Subsidy benefit will be discontinued making me financially responsible for all child care costs if my Spouse/Partner does not maintain their enrollment as stated above.

*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.*

\_\_\_\_\_  
*Spouse/Partner's Signature* *Date*

\_\_\_\_\_  
*Printed Name of USCG Member*

\_\_\_\_\_  
*Signature of Qualifying USCG Member / Last 4 of SSN* *Date*