



# Fort Stewart/Hunter Army Airfield Child & Youth Services COVID-19 Mission Essential Personnel Verification Form

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Bldg \_\_\_\_\_ Classroom # \_\_\_\_\_  
Currently Enrolled in: Full Day \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ PreK \_\_\_\_\_ SAC \_\_\_\_\_  
Not Enrolled: \_\_\_\_\_ **Date Care Needed:** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Bldg \_\_\_\_\_ Classroom # \_\_\_\_\_  
Currently Enrolled in: Full Day \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ PreK \_\_\_\_\_ SAC \_\_\_\_\_  
Not Enrolled: \_\_\_\_\_ **Date Care Needed:** \_\_\_\_\_

I, \_\_\_\_\_, understand that if my request is approved, I will be responsible for my childcare fees whether or not the child(ren) is/are in attendance. Childcare spaces provided on a temporary Mission Essential basis may be terminated with short notice IAW Mission guidance. If I choose to pull my child(ren) from the Mission Essential roster, then I am forfeiting my space. Should I need care in the future, I understand that I will be subject to priorities for care and/or wait lists.

\_\_\_\_\_  
Sponsor's Printed Name and Signature

## SPONSOR INFORMATION (Active Duty or DoD Civilian)

_____ Name	_____ Rank
_____ Unit/Work Location	_____ Unit/Work Phone Number
_____ Email Addresses	_____ Cell Phone
_____ Commander/Supervisor Name <small>Must be O-5 and above for Active Duty / GS-14 or equivalent and above for DoD Civilian</small>	_____ Rank
_____ Commander's/Supervisor's Signature	_____ Date

## SPOUSE INFORMATION (Active Duty or DoD Civilian)

_____ Name	_____ Rank
_____ Unit/Work Location	_____ Unit/Work Phone Number
_____ Email Addresses	_____ Cell Phone
_____ Commander/Supervisor Name <small>Must be O-5 and above for Active Duty / GS-14 or equivalent and above for DoD Civilian</small>	_____ Rank
_____ Commander's/Supervisor's Signature	_____ Date

### Notice to Commander/Supervisor:

By completing this form, you are certifying that this Soldier/Civilian is EMERGENCY or MISSION ESSENTIAL personnel and is required to support the FS/HAAF Mission. This form is valid for one year from the date of signature.

**\* Emergency and Mission Essential personnel who would normally report under a "Do Not Report Order".  
For two person households, both members MUST be designated as Emergency or Mission Essential personnel.**

This applies ONLY when limited or reduced services are provided due to post minimal manning or signification operational reduction.

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**FOR CYS STAFF USE**

DATE SUBMITTED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Please check if it applies: Single Military \_\_\_\_\_ Dual Military \_\_\_\_\_ Active Duty w/ Working Spouse \_\_\_\_\_ CYS Employee \_\_\_\_\_ Single CIV \_\_\_\_\_

CIV w/ Working Spouse \_\_\_\_\_ Space Available \_\_\_\_\_ Temporary Enrollment \_\_\_\_\_ Other \_\_\_\_\_ Child's Age Group \_\_\_\_\_ Child's Age Group \_\_\_\_\_