



ARMED SERVICES YMCA

## MILITARY OUTREACH INITIATIVE APPLICATION YMCA MEMBERSHIPS ONLY

*Under contract with the Department of Defense, the Armed Services YMCA (ASYMCA) is proud to offer 6-month gym memberships at participating YMCA facilities nationwide. To qualify for this program, military members/families must fall within one of the 4 program categories. Please review the instructions below on how to enroll military personnel/families.*

### **INSTRUCTIONS:**

#### **New Memberships:**

##### *Military Personnel/Families-*

1. Determine program eligibility and category using “Member Eligibility Criteria” on page 2
2. Complete “YMCA/DoD Eligibility Form” sections 1-3 on page 4
3. Independent Duty Category Only: Complete “Unit Request for Independent Duty Personnel” on pages 6-7
4. Turn in paperwork to local YMCA membership services

##### *Local YMCA Membership Services-*

5. Review submitted paperwork for completion
6. Complete “YMCA/DoD Eligibility Form” section 4 on page 5
7. Complete “YMCA Reimbursement Invoice” on page 3
8. Turn in paperwork to the Armed Services YMCA National Headquarters

#### **Renewal Memberships:**

##### *Military Personnel/Families-*

1. Determine renewal eligibility using “Member Eligibility Criteria” on page 2
2. Complete (a new) “YMCA/DoD Eligibility Form” sections 1-3 on page 4
3. Independent Duty Category Only: Attach original approved Unit Request for Independent Duty Personnel, and a memorandum from the service member’s command stating renewal eligibility
4. Turn in paperwork to local YMCA membership services

##### *Local YMCA Membership Services-*

5. Review submitted paperwork for completion
6. Complete (a new) “YMCA/DoD Eligibility Form” section 4 on page 5
7. Complete “YMCA Reimbursement Invoice” on page 3
8. Attach qualified 6 month attendance records for previous membership (for information on attendance policies, please view page 9)
9. Turn in paperwork to the Armed Services YMCA National Headquarters

#### **Armed Services YMCA Contact Information:**

Email: [dodymca@asymca.org](mailto:dodymca@asymca.org)

Phone: 571-932-3200

Fax: 703-455-2181

Mail: Armed Services YMCA National Headquarters, Attn: DOD Contract, 14040 Central Loop Suite B, Woodbridge VA 22193

**For more information on the Military Outreach Initiative, including FAQ’s, please visit the Armed Services YMCA website: <https://www.asymca.org/yymca-dod-military-outreach-initiative>**

**MEMBER ELIGIBILITY CRITERIA:**

1. **Deployed National Guard/Reservist (Spouse/Child Dependents ONLY):**
  - A) My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY)
  - B) My spouse's orders have at least 3 months left on them from today's date.
  - C) My spouse has physically relocated away from home, and is not living at home or within commuting distance during his/her mobilization/deployment.
2. **Relocating Spouse (Spouse/Child Dependents ONLY):**
  - A) My spouse is currently on Title 10 Deployment/Mobilization orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
  - B) My spouse's orders have at least 6 months left on them from today's date.
  - C) I/My family have relocated away from the military installation my spouse was deployed from.
  - D) I/My family lived with my spouse at their duty station prior to deploying/mobilizing.
3. **Independent Duty Personnel (Military Personnel MUST use, Spouse/Child Dependents may be added to membership):**
  - A) I am currently on Title 10 orders within the United States of America issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY)
  - B) My orders have at least 6 months left on them from today's date.
  - C) I am currently assigned to a command/unit that is geographically isolated from any military fitness facility and does not offer any free access to physical fitness equipment.

**\*Special Notice for Independent Duty Category:**

To meet the requirements for the Independent Duty Category, service members must complete the Unit Request for Independent Duty Personnel Form (IDP) obtaining both authorization signatures:

- 1) The first authorization signature is to be signed by the commanding officer or officer in charge of the member's unit.
- 2) The second authorization signature is to be signed via email from the appropriate point of contact listed on the current page of "Service Branch POC's" (page 8).

**Correct completion of the IDP is the service member's complete responsibility. Failure to complete the IDP correctly will delay the start of the membership significantly.**

4. **Community Based Warrior Transition Unit (Military Personnel MUST use, Spouse/Child Dependents may be added to membership):**
  - A) I am currently on Title 10 Community Based Warrior Transition Unit orders issued by the Department of the Army, Air Force, Marine Corps, Navy, National Guard or Reserves (DoD Branches ONLY), that state my duty address as a my home address and not a unit office.
  - B) I have been sent home to recover/complete rehabilitation orders due to combat related injury.

**What type of military personnel/families are NOT eligible for the Military Outreach Initiative?**

- Members of the United States Coast Guard (even when activated under Title 10 Department of Defense orders)
- Most Active Duty Personnel affiliated with a military installation (unless approved as geographically isolated, or on deployment/mobilization orders)
- Title 32 National Guard/Reserves (even when activated under Title 10 orders for brief periods of time)
- New Military Recruits preparing for Basic Training
- Military Retirees/Veterans/Wounded Warriors
- Parents of Deployed Military Personnel
- Civilian Unit Administrators
- Members of the United States Public Health Service

MILITARY OUTREACH INITIATIVE  
YMCA MEMBERSHIPS ONLY

**YMCA REIMBURSEMENT INVOICE:**  
**SELECT ONE:  NEW MEMBERSHIP  RENEWAL MEMBERSHIP**

Today's Date: \_\_\_\_\_ Contract Number HDQMWR-08-C-0046

**CONTACT INFORMATION**

YMCA Name \_\_\_\_\_ Four-Digit Association Number \_\_\_\_\_

Mailing Address (Street, City, State, ZIP Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Preparer's Name & Title \_\_\_\_\_ CEO / ED Reviewed and Approved \_\_\_\_\_

**NUMBER OF NEW 6-MONTH MEMBERSHIPS IN EACH ELIGIBILITY CATEGORY**  
Fees should not exceed **\$70/month** for family memberships or **\$50/month** for single adult memberships.

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

Eligibility Category (FAMILY)	Number of Memberships	X	YMCA Membership Rate (\$70 maximum)	X 6 months	=	Amount
Deployed Guard/Reserve		x	\$	x 6 months	=	\$
Relocating Spouse		x	\$	x 6 months	=	\$
Independent Duty		x	\$	x 6 months	=	\$
Community Based Warrior Transition Unit		x	\$	x 6 months	=	\$
Eligibility Category (SINGLE ADULT)	Number of Memberships	X	YMCA Membership Rate (\$50 maximum)	X 6 months	=	Amount
Independent Duty		x	\$	x 6 months	=	\$
Community Based Warrior Transition Unit		x	\$	x 6 months	=	\$
<b>Total reimbursement</b>						<b>\$</b>

**Please send all applications to the Armed Services YMCA National Headquarters:**

**Mail:**  
Armed Services YMCA  
Attn: DoD Contract  
14040 Central Loop, Suite B  
Woodbridge VA 22193

**Email:**  
dodymca@asymca.org  
**Phone:**  
571-932-3200  
**Fax:**  
703-455-2181

**YMCA/DoD ELIGIBILITY FORM:**  
**PLEASE COMPLETE ALL SECTIONS**  
**SELECT ONE:  NEW MEMBERSHIP  RENEWAL MEMBERSHIP**

1. *Military Personnel/Families complete sections 1-3.*  
2. *Local YMCA Membership Services complete section 4.*

**SECTION 1: SPONSOR INFORMATION**

<b>A) <u>SPONSOR NAME (LAST, FIRST):</u></b> _____	<b>B) <u>SPONSOR RANK/PAYGRADE:</u></b> _____
<b>C) <u>DoD SERVICE BRANCH (SELECT ONE):</u></b> <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	<b>D) <u>TITLE 10 STATUS (SELECT ONE):</u></b> <input type="checkbox"/> Deployed National Guard/Reservist <input type="checkbox"/> Relocating Spouse <input type="checkbox"/> Independent Duty Personnel <input type="checkbox"/> Community Based Warrior Transition Unit
<b>E) <u>DUTY STATION (SELECT ONE):</u></b> <input type="checkbox"/> Country of Deployment: <input type="checkbox"/> Mobilization Operation: <input type="checkbox"/> Command Memorandum Attached <input type="checkbox"/> Current Duty Station/Address: <i>Deployed National Guard/Reservist and Relocating Spouse:</i> <i>Please indicate country of deployment or mobilization operation. If location or operation cannot be released please attach a command memorandum stating deployment.</i> <i>Independent Duty Personnel and Community Based Warrior Transition Unit:</i> <i>Please indicate the current duty station/address within the United States.</i>	
<b>F) <u>DATE RANGE OF ASSIGNMENT: Please indicate the date range of assignment.</u></b>  <b>Start Date:</b> _____ <b>End Date:</b> _____	

**SECTION 2: DEPENDENT INFORMATION**

<b>A) <u>SPOUSE NAME (LAST, FIRST):</u></b> _____		
<b>B) <u>CHILD NAME(S) (LAST, FIRST):</u></b>	<b>C) <u>DATE(S) OF BIRTH:</u></b>	<b>D) <u>AGE(S):</u></b>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

**SECTION 3: MILITARY PERSONNEL/FAMILY SIGNATURES**

<b>A) <u>TITLE 10 CERTIFICATION SIGNATURE:</u> <i>I certify that I am/my spouse is currently Title 10, and is eligible for a YMCA Membership with the Military Outreach Initiative:</i>   <b>Signature of Sponsor or Spouse:</b> _____ <b>Date:</b> _____       </b>
<b>B) <u>ATTENDANCE POLICY:</u> <i>I understand I/my family must attend my/our local YMCA 8 calendar days per month for the 6 months of my/our YMCA membership to qualify for a renewal membership. I also understand how to place a hold on my/our membership, and how to apply for an Attendance Waiver if my/our attendance does not meet renewal requirements.</i>   <b>Signature of Sponsor or Spouse:</b> _____ <b>Date:</b> _____       </b>

**SECTION 4: LOCAL YMCA INFORMATION/MEMBERSHIP SERVICES SIGNATURE**

<p>A) <b>YMCA REPRESENTATIVE NAME (LAST, FIRST):</b> _____</p>
<p>B) <b>YMCA PHONE NUMBER:</b></p> <p>Area Code: _____ Phone Number: _____</p>
<p>C) <b>YMCA BRANCH:</b></p> <p>Name: _____ Street Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p>
<p>D) <b>QUALIFICATION VERIFICATION:</b> I have viewed the following documents (SELECT AT LEAST ONE):</p> <p><input type="checkbox"/>Deployment Orders <input type="checkbox"/>Uniformed Services ID Card/ Military Dependent ID</p> <p>Please indicate the Title 10 Status of this Service Member/Family (SELECT ONE):</p> <p><input type="checkbox"/>Deployed National Guard or Reservist <input type="checkbox"/>Relocating Spouse <input type="checkbox"/>Independent Duty Personnel <input type="checkbox"/>Community Warrior Based Transition Unit</p>
<p>E) <b>MEMBERSHIP RATES:</b> <i>The Department of Defense will reimbursement a maximum rate of \$70.00/month for any family membership and a maximum rate of \$50.00/month for any single adult membership. Please fill in the values below.</i></p> <p>Monthly Membership Rate: \$ _____ 6 Month Membership Rate: \$ _____</p>
<p>F) <b>ACTIVATION DATE:</b> Please provide the intended beginning date of the membership this member/family is currently applying for.</p> <p>Membership Activation Date: _____</p>
<p>G) <b>SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE:</b></p> <ol style="list-style-type: none"><li>1. I have reviewed this service member's YMCA/DoD Eligibility Form, and confirm it is completed to the best of our abilities.</li><li>2. I understand I must submit this form, an approved Unit Request for Independent Duty (Independent Duty Personnel category ONLY) and a YMCA Reimbursement Invoice in order to receive reimbursement for this membership.</li><li>3. I understand the approved renewal of this membership is contingent upon meeting the Military Outreach Initiative attendance requirements, and having qualified orders.</li><li>4. I understand I must send 6 month attendance records for all renewal applications.</li><li>5. I understand the Armed Services YMCA/DoD reserves the right to deny reimbursement requests submitted over 30 days post membership start date.</li></ol> <p>Signature of YMCA Representative: _____ Date: _____</p>

**REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY**

**Service Members/Commands/Units:** Please complete ALL information on this form electronically. You are entirely responsible for the correct completion of this form.

**Directions:**

1. Complete Command Information section
2. Complete YMCA Information section
3. Obtain Commanding Officer / Officer in Charge signature
4. Obtain Service Branch POC Signature (via email)- list provided on page 8

**If renewing your membership, please attach a copy of your original approved request with a command memorandum stating your continued eligibility for this program.**

**UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (IDP)**  
**FITNESS MEMBERSHIPS/RESPITE CHILD CARE AUTHORIZATION**

**DoD Military TITLE 10 ONLY**

*PLEASE FILL ELECTRONICALLY OR WRITE LEGIBLY*

**COMMAND INFORMATION:**

**Command/Unit Name:**

Street Address:

City: State: Zip code:

**Command/Unit POC:**

Phone: Fax: POC Email:

*Duty Address if different than Command Address*

Street Address:

City: State: Zip code:

**Number of Active Duty Personnel eligible to participate (Title 10 Only):**

**YMCA INFORMATION:**

**Number of Active Duty Personnel requesting memberships:**

**YMCA Name:**

Street Address:

City: State: Zip code:

**YMCA POC:**

YMCA POC Phone Number: YMCA POC Email:

**Rate/Rank/Full Name of each Service Member (please add an additional page if necessary):**

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

**REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY**

**Membership Requirement:** (This section must be included with the request for IDP membership and signed by CO/OIC)

**Federal DoD Title 10 Only**

It is the Command's responsibility to ensure all eligible command members are notified of the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of YMCA membership at this duty station or future duty stations. Failure by the command to make this requirement known will not be a basis for waiver consideration at the time of renewal.

- **Members are required to attend the YMCA Facility a minimum of 8 calendar days per month.** It is the Service member's responsibility to ensure their visits are accurately registered via card swipe or log book, etc.
  - Family visits count towards meeting the 8 calendar day visit per month but multiple visits on the same day count as only ONE CALENDAR DAY for purposes of meeting the monthly minimum requirement.
- The IDP application must be completed in its entirety or will be returned to the command. All applicable information (names, addresses, POC's, phone, email, etc.) must be included. Failure to do so will result in a delay in processing this request.

**Renewal Requirements:**

- **YMCA Renewals:** Each service member must re-complete a YMCA/DoD Eligibility Form and attach the ORIGINAL unit approved/signed IDP Request to the YMCA facility. The local YMCA facility submits this with attendance records for reimbursement.

---

**The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:**

*I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. I understand that each member must have 8 calendar days per month attendance on their membership in order to be eligible for renewal in six months or reinstatement at a follow on command, if applicable.*

**Signature/Date:** \_\_\_\_\_

**Printed Name/Rank:**

**Title:**

**Email:**

**Phone Number:**

---

**The following statement must be on each request and signed by a Service Branch Point of Contact-  
\*\*\*Signature must be obtained by the service member(s) via email from the appropriate contact on the Service Branch POC List:**

Request for Independent Duty Personnel fitness memberships is  Approved  Disapproved.

The above named personnel are also authorized Respite Child Care at YMCAs that meet DOD criteria.

**Signature/Date:** \_\_\_\_\_

**REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY**  
**SERVICE BRANCH POINT OF CONTACT LIST-AUGUST 2017**

**ARMY:**

**Army Recruiting Command:**

[usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil](mailto:usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil)

**Army- All Other IDP Requests:**

[usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil](mailto:usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil)

**AIR FORCE:**

**Air Force- All IDP Approvals:**

[laron.collins@us.af.mil](mailto:laron.collins@us.af.mil)

[aaron.smelser@us.af.mil](mailto:aaron.smelser@us.af.mil)

**MARINE CORPS:**

**Marine Forces Reserve:**

[rick.martinez1@usmc.mil](mailto:rick.martinez1@usmc.mil)

**Marine Corps Recruiting Command:**

[gilbert.macias@marines.usmc.mil](mailto:gilbert.macias@marines.usmc.mil)

**Marine Corps- Other IDP Requests:**

[Susan.Jones@usmc-mccs.org](mailto:Susan.Jones@usmc-mccs.org)

**NAVY:**

**Navy- All IDP Approvals:**

[usnymca@navy.mil](mailto:usnymca@navy.mil)



**ATTENDANCE RECORDS AND REQUIREMENTS:**

**FAILED ATTENDANCE? How to Apply for an Attendance Waiver:**

For ANY case of failed attendance, a memorandum must be obtained from the service member's command explaining, in full detail, the service member's/family's failure to meet the program attendance requirement for **each month failed**. If after the Attendance Waiver process, the member/family is **approved**, they should be processed as a regular renewal. If after the Attendance Waiver Process, the member/family is **not approved**, the member/family becomes ineligible for future funding under the Military Outreach Initiative. *All Attendance Waivers are reviewed on a monthly basis.*

**Required Documents for an Attendance Waiver: MUST BE SENT TOGETHER**

1. Official command memorandum/letter of explanation on official letterhead
2. 6-month attendance records for the membership in question with calendar dates visible
3. Copy of ALL renewal paperwork (YMCA Reimbursement Invoice, YMCA/DoD Eligibility Form, Copy of Approved IDP with both approval signatures and signed command memorandum if in the Independent Duty Category.)

**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 a participant or family member(s) in the same day all constitute on visit for one day.

**Multiple swipes from the same member on the same day count as 1 visit.**

John Smith	March 30, 2017		<b>1 VISIT</b>
John Smith	March 30, 2017		
John Smith	March 30, 2017		

**Family members visiting on the same day count as 1 visit.**

John Smith	March 30, 2017		<b>1 VISIT</b>
Jane Smith	March 30, 2017		
Joseph Smith	March 30, 2017		

**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)