



ARMED SERVICES YMCA

## MILITARY OUTREACH INITIATIVE MEMBER APPLICATION - YMCA

In partnership with the Department of Defense, The Armed Services YMCA is proud to offer a 6-month paid in full gym membership at YMCA facilities across the country. This program is eligible for qualified military personnel through the Department of Defense's Military Outreach Initiative. Please review the instructions below on how to enroll qualified military personnel. Thank you for your support!

### **INSTRUCTIONS:**

#### **New Memberships:**

1. Each service member/family must verify their qualification using the qualification checklists on page 3.
2. If qualified, each service member/family must review program Attendance Records and Requirements on page 4.
3. Each service member/family must complete pages 5-6 (required) and 8-9 (if applicable).
4. Each service member/family must submit all complete paperwork to the Membership Services Department at their participating YMCA location.
5. The Membership Services Department must complete pages 7 and 11.
6. The Membership Services Department must submit all application(s) to the current YMCA Military Outreach Representative. For a checklist of required paperwork, review page 2.

#### **Renewal Memberships**

1. Each service member/family must re-complete pages 5-6.
2. Each service member/family must re-submit pages 8-9 (if applicable).
3. Each service member/family must submit all complete paperwork to the Membership Services Department at their participating YMCA location.
4. The Membership Services Department must complete pages 7 and 11.
5. The Membership Services Department must attach 6 month attendance records for each membership. For details on attendance records and requirements, review page 4.
6. The Membership Services Department must submit all application(s) to the current YMCA Military Outreach Representative. For a checklist of required paperwork, review page 2.

#### **Current YMCA Military Outreach Representative:**

Dess Vince Cruz

**Email:**

dodymca@asymca.org

**Phone:**

571-932-3200

**Fax:**

703-455-2181

**Mail:**

Armed Services YMCA National Headquarters

Attn: DOD Contract / YMCA

7405 Alban Station Court, Suite B215

Springfield VA 22150-2341

## **MEMBERSHIP SERVICES REQUIRED PAPERWORK CHECKLIST:**

**YMCA Membership Services, please use this page to make sure you have all required documents before sending applications to the YMCA Military Outreach Initiative Representative.**

### **New Memberships:**

- Reimbursement Request
- YMCA/DOD Eligibility Form
- Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Child Care Authorization (Independent Duty Category ONLY)

### **Renewal Memberships:**

- Reimbursement Request
- YMCA/DOD Eligibility Form
- 6-Month Attendance Records
- Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Child Care Authorization (Independent Duty Category ONLY)

**Thank you for helping us serve our service members. Your efforts are greatly appreciated by the Armed Services YMCA, Y-USA, the Department of Defense, and every service member and family you help!**

## **MEMBER QUALIFICATION CHECKLISTS:**

There are 4 categories of the Military Outreach Initiative available for YMCA Memberships.

**Check below to see if you qualify!**

**1. Deployed National Guard/Reservist (Spouse/Child Dependents ONLY):**

- My spouse is currently on Title 10 orders issued by the Department of the Army, Air Force, Marine Corps, or Navy, National Guard or Reserves.
- My spouse is currently on Title 10 Deployment/Mobilization orders.
- My spouse's orders have at least 3 months left on them from today's date.
- My spouse has physically relocated away from home, and is not living at home during his/her mobilization/deployment.

*If all boxes are checked, you/your children qualify for this membership!*

**2. Relocating Spouse (Spouse/Child Dependents ONLY):**

- My spouse is currently on Title 10 deployment orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- My spouse is currently on Title 10 Deployment orders.
- My spouse's orders have at least 6 months left on them from today's date.
- I/My family have relocated away from the military installation my spouse was deployed from.

*If all boxes are checked, you/your children qualify for this membership!*

**3. Independent Duty Personnel (Service Member MUST use, Spouse/Child Dependents may be added to membership):**

- I am currently on Title 10 orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- I am currently assigned to a unit that is at least 30 miles away from any military installation.
- I am currently assigned to a unit that does not offer any free physical fitness equipment.

*If all boxes are checked, you/your children qualify for this membership!*

**4. Community Based Warrior Transition Unit (Service Member MUST use, Spouse/Child Dependents may be added to membership):**

- I am currently on Title 10 orders issued by the Department of the Army, Air Force, Marine Corps, or Navy.
- I am currently on Community Based Warrior Transition Unit Orders.
- My orders are at least 6 months in duration.
- I have been sent home to recover and complete rehabilitation orders due to combat related injury.

*If all boxes are checked, you/your children qualify for this membership!*

## **ATTENDANCE RECORDS AND REQUIREMENTS:**

### **\*Please attach 6 month attendance records for all Renewing Applications:**

Attendance records should show the attendance for all members on the YMCA membership for the 6 months the facility was used. Visitation is counted by **CALENDAR DAY ONLY**. Multiple visits from the same participant within the same date count as **ONE VISIT**. Family members visiting within the same date count as **ONE VISIT**. Renewal of your YMCA membership is contingent upon you visiting the YMCA **8 CALENDAR DAYS PER MONTH**, for the **6 CONSECUTIVE MONTHS** of your membership.

<b>Multiple visits from the same member on the same day counts as 1 VISIT.</b>	
John Smith	April 19, 2016
John Smith	April 19, 2016
John Smith	April 19, 2016
John Smith	April 19, 2016
<b>= 1 visit!</b>	
<b>Family members visiting on the same day counts as 1 VISIT.</b>	
Jane Smith	April 19, 2016
John Smith	April 19, 2016
Joseph Smith	April 19, 2016
Jillian Smith	April 19, 2016
<b>= 1 visit!</b>	

### **\*Need to place a hold on your account?**

Speak with membership services at your YMCA about placing a hold on your account. Membership Services may place **ONE, MONTH-LONG** hold on your account by writing a formal statement on official YMCA letterhead. The statement should state the hold on your account, with a **DATE RANGE (MM, YYYY – MM, YYYY)**. If a hold is placed on the account, your membership should be extended for 1 extra month to include 6 months of attendance records in your attendance report.

### **\*Failed Attendance? Apply for an Attendance Waiver!**

-If you have not met attendance requirements for renewal, please obtain an official letter **WRITTEN AND SIGNED BY YOUR COMMAND OR YOUR YMCA MEMBERSHIP DIRECTOR** explaining why attendance was not met. Please be sure to be as detailed as possible, as attendance is taken extremely seriously in this program. All explanation letters should be on **OFFICIAL DEPARTMENT OF DEFENSE OR YMCA LETTERHEAD**.

-Your YMCA Membership Services must submit the letter to the YMCA Military Outreach Initiative Representative **WITH ALL RENEWAL APPLICATION MATERIALS ALONGSIDE THE LETTER**. The case will be reviewed by the Military Outreach Initiative Contract Team here, and a decision will be made by the current Armed Services YMCA COO/CFO. Once a decision is reached, your Membership Director will be notified.

**-Please note that the attendance waiver process can take anywhere between 1-4 weeks depending on the complexity of each waiver, and volume of waiver cases during the present time.**

## YMCA/DOD ELIGIBILITY FORM:

**\*PLEASE CHECK ONE:  NEW MEMBERSHIP  RENEWAL MEMBERSHIP\***

**SECTION 1: QUALIFICATION INSTRUCTIONS:**

1. Service members and families, please complete Sections 1-5.
2. Section 6 is to be completed by your YMCA Membership Representative.

**\*\*Independent Duty Personnel (IDP) members require an additional IDP Request form with commander and service branch IDP approval signatures. Deployed National Guard/Reservists/ Relocating Spouses/ Community Based Warrior Transition Units DO NOT require an IDP Request form. The Unit Request for Independent Duty is attached to this packet, pages 6-8\*\***

**SECTION 2: SPONSOR INFORMATION:**

A) SPONSOR NAME (LAST, FIRST):	B) SPONSOR PAYGRADE:
C) SERVICE BRANCH (SELECT ONE): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy	D) TITLE 10 STATUS (SELECT ONE): <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
E) DUTY STATION:  Please note <b>Deployed National Guard or Reservists</b> and <b>Deployed Active Duty Service Members</b> require a DEPLOYMENT station. Orders must say <b>“Deployment Orders”</b> and physically move the service member away from his/her home base. Deployed National Guard or Reservists may be on MOBILIZATION orders. Orders must say <b>“Mobilization Orders”</b> and physically move the service member away from his/her home base. Please indicate country of deployment, or mobilization operation.	
F) DATE RANGE OF ASSIGNMENT (MM/DD/YYYY – MM/DD/YYYY):  Please note Active Duty deployment orders must have at least <b>6 months</b> remaining from the current date to qualify for the program. National Guard or Reservists on mobilization orders must have at least <b>3 months</b> remaining from the current date to qualify for the program. National Guard or Reservists may apply <b>up to 3 months</b> prior to the start of their deployment/mobilization orders. <b>All service members are required to be on current orders to qualify.</b>	

**SECTION 3: DEPENDENT INFORMATION:**

A) SPOUSE NAME (LAST, FIRST):			
B) CHILD NAME(S) (LAST, FIRST):	DATE(S) OF BIRTH (MM/DD/YYYY):	AGE(S):	
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	

**SECTION 4: TITLE 10 CERTIFICATION SIGNATURES:**

**A) TITLE 10 CERTIFICATION SIGNATURE:**

I certify that I am/my spouse is currently Title 10, and is eligible for a YMCA Membership with the Military Outreach Initiative:

**SIGNATURE OF SPONSOR/SPOUSE:**

**DATE (MM/DD/YYYY):**

\_\_\_\_\_

**SECTION 5: MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY:**

**A) MILITARY OUTREACH INITIATIVE ATTENDANCE POLICY**

Visitation is counted by **CALENDAR DAY ONLY**. Multiple visits from the same participant within the same date count as ONE VISIT. Family members visiting within the same date count as ONE VISIT. Renewal of this YMCA Membership is contingent upon visiting your YMCA **8 CALENDAR DAYS PER MONTH**, for the **6 CONSECUTIVE MONTHS** of your membership.

To place a hold on your membership, coordinate with your YMCA Membership Representative. Upon renewal, your Membership Representative need only note and sign off on the duration of the hold on your attendance records. If you have failed attendance requirements, please submit a formal letter of explanation written and signed by your command or by your YMCA Membership Representative. Submit your letter with your complete renewal application paperwork to your YMCA Membership Representative.

**I understand the Military Outreach Initiative Attendance Policy. I understand I/my family must attend my/our YMCA 8 calendar days per month, for the 6 consecutive 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 what to do in the case of failed attendance due to unexpected absences or circumstances.**

**SIGNATURE OF SPONSOR/SPOUSE:**

**DATE (MM/DD/YYYY):**

\_\_\_\_\_

**SECTION 6: YMCA MEMBERSHIP REPRESENTATIVE INFORMATION: YMCA USE ONLY**

**\*\*\*The membership representative from your YMCA should complete this portion in its entirety.\*\*\***

<b>A) MEMBERSHIP REPRESENTATIVE NAME (LAST, FIRST):</b>		
<b>B) PHONE NUMBER (XXX-XXX-XXXX):</b>		
<b>C) YMCA BRANCH NAME:</b>		
<b>D) STREET ADDRESS:</b>	<b>E) CITY, STATE:</b>	<b>F) ZIPCODE:</b>
<b>G) IDENTIFICATION VERIFICATION:</b>		
<b>I have viewed the following documents (SELECT AT LEAST ONE):</b>		
<input type="checkbox"/> Deployment Orders		
<input type="checkbox"/> Uniformed Services ID Card/ Military Dependent ID		
<b>Please indicate the Title 10 Status of this Service Member/Family (SELECT ONE):</b>		
<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		
<b>H) MEMBERSHIP RATES:</b>		
The Department of Defense will reimbursement a maximum rate of <b>\$70.00/month</b> for any family membership and a maximum rate of <b>\$50.00/month</b> for any single adult membership.		
<b>MEMBERSHIP MONTHLY RATE: (\$00.00):</b> _____		
<b>6 MONTH MEMBERSHIP CHARGE: (\$000.00):</b> _____		
<b>DATE MEMBERSHIP ACTIVATED (MM/DD/YYYY):</b> _____		
<b>I) SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE</b>		
<b>1. I have reviewed this service member's Military Outreach Initiative Eligibility Form, and confirm it is completed to the best of our abilities.</b>		
<b>2. I understand I must submit this form, an approved Independent Duty Request (Independent Duty Personnel ONLY), and a Military Outreach Initiative Reimbursement Request in order to receive reimbursement.</b>		
<b>3. I understand approval of Renewal Memberships is contingent upon meeting the Military Outreach Initiative Attendance Policy.</b>		
<b>4. I understand I must send in 6 month attendance records for all renewal applications.</b>		
<b>SIGNATURE OF YMCA MEMBERSHIP REPRESENTATIVE:</b>	<b>DATE (MM/DD/YYYY):</b>	
_____	_____	

**UNIT REQUEST FOR INDEPENDENT DUTY PERSONNEL (IDP)**  
**FITNESS MEMBERSHIPS/RESPITE CHILD CARE AUTHORIZATION**  
**\*\*REQUIRED FOR INDEPENDENT DUTY CATEGORY ONLY:**

**\*IMPORTANT: PLEASE READ\***  
**IF RENEWING YOUR MEMBERSHIP, PLEASE ATTACH THE ORIGINAL APPROVED REQUEST FOR YOUR COMMAND/UNIT. IF AN APPROVED REQUEST EXISTS, SERVICE MEMBERS MAY BE ADDED/REMOVED WITH A MEMORANDUM SIGNED BY THE COMMANDING OFFICER. PLEASE ATTACH BOTH THE APPROVED REQUEST AND SIGNED MEMORANDUM FOR REVIEW.**

**DoD Military TITLE 10 ONLY**  
*Please type or print legibly*

Command/Unit Name:

Address: City: State: Zip:

Command/Unit POC:

Phone: Fax: POC Email:

Duty Address if different than Command Address:

Address: City: State: Zip:

Number of active duty personnel eligible to participate (**Title 10 Only**): \_\_\_\_\_

Initial Request       Follow On (incoming/outgoing personnel)

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**YMCA:**

Number of Active Duty personnel requesting memberships: \_\_\_\_\_

Name/Address/**Phone number** of **YMCA** of choice:

YMCA Name: YMCA POC:  
Address: City: State: Zip:

YMCA POC Phone: YMCA POC Email:

Rate/Rank/Full Name of each Service member:



**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 or private fitness memberships 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/Private Fitness 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:**

- **Private Fitness Centers:** Renewal Requests must include the usage documentation for all 6 months and submitted to [dodpf@asymca.org](mailto:dodpf@asymca.org) along with the ORIGINAL approved/signed IDP Request in order for a renewal to be processed.
- **YMCA Renewals:** Each Service member must resubmit a DoD Eligibility Form and the ORIGINAL unit approved/signed IDP Request to the YMCA facility. YMCA facility submits this 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.*

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Signature:  
 Printed Name/Rank:  
 Title:  
 Email:  
 Phone Number:

**This section to be used by Services’ Point of Contact**

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.

**\*IMPORTANT: PLEASE READ\***  
**THE SERVICE MEMBER IS RESPONSIBLE FOR OBTAINING BOTH APPROVAL SIGNATURES. THE APPROVING SERVICE POC SIGNATURE SHOULD BE OBTAINED VIA EMAIL, FROM AN IDP APPROVER/APPROVING SERVICE POC ON THE FOLLOWING PAGE.**

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Approving Service POC

## **IDP APPROVAL LIST JULY 2016:**

### **ARMY:**

Brian McDonald – Army Recruiting Command  
[usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil](mailto:usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil)  
Amanda S. Schrimsher – Army Recruiting Command  
[amanda.s.schrimsher.ctr@mail.mil](mailto:amanda.s.schrimsher.ctr@mail.mil)  
Jillian R. Bartholomew – Army Recruiting Command  
[jillian.r.bartholomew.ctr@mail.mil](mailto:jillian.r.bartholomew.ctr@mail.mil)  
Carole Kowta-Herr – Other Army IDP Inquiries  
[usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil](mailto:usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil)

### **AIR FORCE:**

Aaron Smelser – All Air Force IDP approvals  
[aaron.smelser@us.af.mil](mailto:aaron.smelser@us.af.mil)  
Laron Collins – All Air Force IDP approvals  
[laron.collins@us.af.mil](mailto:laron.collins@us.af.mil)

### **MARINE CORPS:**

Rick Martinez – Marine Forces Reserve  
[rick.martinez1@usmc.mil](mailto:rick.martinez1@usmc.mil)  
Gilbert Macias – Marine Corps Recruiting Command  
[gilbert.macias@marines.usmc.mil](mailto:gilbert.macias@marines.usmc.mil)  
Ryan Massimo – Other USMC IDP Inquiries  
[Ryan.Massimo@usmc-mccs.org](mailto:Ryan.Massimo@usmc-mccs.org)

### **NAVY:**

Cheryl Hammond\* or Vicki Teran– All Navy approvals  
[usnymca@navy.mil](mailto:usnymca@navy.mil)

### **PREVIOUS IDP APPROVERS:**

*Air Force:* Donald Cook, Courtney Cruz, William Parker, Sheri Kraus, Vicki Peterson, Corey Lewis, Matthew Mountcastle, Tim Anderson, Ronald West, Timothy Renegar, Elisha Abercrombie

*Army:* Dorie/Kelly Hickson

*Marine:* Davis Murphy, Catherine Ficadenti, Donna Janiec

*Navy:* J. Kelly Powell, Mike Bruner, Megan Haydel

## **YMCA REIMBURSEMENT REQUEST:**

**\*PLEASE CHECK ONE:  NEW MEMBERSHIP(S)  RENEWAL MEMBERSHIP(S)\***

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 SIX-MONTH MEMBERSHIPS IN EACH MILITARY ELIGIBILITY CATEGORY**

Fees should not exceed **\$70/month** for any family membership or **\$50/month** for any single adult membership.

- Service Member + Spouse + Children = Family Membership
- Service Member + Spouse = Family Membership
- Service Member + Children = Family Membership
- Service Member Alone = Single Membership

Eligibility Category (FAMILY)	Number of Memberships	X	YMCA Membership Rate	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	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 ASYMCA National Headquarters:**

**Mail:**  
Armed Services YMCA  
Attn: DoD Contract  
7405 Alban Station Court  
Suite B215  
Springfield VA 22150

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