

U.S. Customs and Border Protection
Child Care Subsidy Program
Employees Stationed Internationally Requirements Form

CBP employees stationed internationally, and their families, are eligible to participate in the [Child Care Subsidy Program \(CCSP\)](#). In addition to the [standard required documentation](#), employees stationed internationally must submit this form and include it as an attachment on their initial CCSP application and yearly reapplication. If any additional support is needed, please contact the Child Care Subsidy Program Manager at FAMILYCARE@cbp.dhs.gov.

I. CBP EMPLOYEE IDENTIFYING INFORMATION	
Employee Name:	Personal Phone Number: Work Phone Number:
Work Email Address: Personal Email Address:	
Country of Post:	
II. CHILDCARE PROVIDER IDENTIFYING INFORMATION	
Provider/Center Name:	Phone Number: Currency Accepted:
Address where care is provided:	
III. CBP EMPLOYEE STATEMENTS <i>(initial each line)</i>	
<div style="margin-bottom: 10px;"> _____ I attest that the childcare provider is licensed and/or regulated (or can be verified by DoD, CCSP Program Manager, CCSP Program Administrator, or other Federal entity). </div> <div style="margin-bottom: 10px;"> _____ I understand that when I apply for the program, the estimated monthly subsidy amount is determined by the previous tax year's average exchange rate. </div> <div style="margin-bottom: 10px;"> _____ I understand that once I am approved for the program, exchange rates will be reviewed quarterly based on childcare dates (not when reimbursements are processed) and any adjustments to the monthly subsidy amount will be emailed to me. I understand that in the case of a surplus due to exchange rates, I will not be responsible for reimbursing CBP for the difference. In the case of a deficit due to exchange rates (i.e., a subsidy amount is lower than the original estimated monthly subsidy amount), I will not receive reimbursement for the difference. </div> <div> _____ I understand that as an employee stationed internationally, CCSP reimbursements will be paid directly to me, and I have the responsibility of paying all childcare costs to my provider. </div>	

_____ I am not receiving or planning to receive a school stipend or educational allowance from CBP (or any other Federal Agency) for the child(ren) included on my CCSP application. *If you are receiving a school stipend or educational allowance, you will fill out Section IV of this form. You will also provide a tuition breakdown in Section V of this form.*

Falsifying information, making misstatements or misrepresentations, or failing to provide honest and complete information may result in appropriate disciplinary action.

IV. CBP EMPLOYEE RESPONSE

(write in the space provided)

If you are receiving a school stipend or educational allowance from CBP (or any other Federal Agency), how will you use reimbursements from the CCSP? Please note the CCSP may only cover part- or full-time childcare (such as daycare, pre-school, before-and-after-school programs, and daytime summer programs).

V. REQUIRED ATTACHMENTS

(the following documents must be provided with the completed form)

- ☐ Copy of tuition breakdown, if you are receiving a school stipend or educational allowance from CBP (or any other Federal Agency) for the child(ren) for which you are applying.
- ☐ Other requirements as necessary showing you are seeking CCSP benefits only for authorized childcare programs and not for traditional schooling.

In consideration of being allowed to participate in the Child Care Subsidy Program, I, the undersigned, as well as my heirs, executors, administrators, and assigns, agree to forever release, discharge, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to my or my dependent's participation in the above-referenced program.

I fully attest and acknowledge that I am participating in this program voluntarily, and at my own initiative, risk, and responsibility. I further attest that no other promises or representations have been made to me in regard to the above-referenced terms, either orally or in writing.

I hereby certify that, to the best of my knowledge, the provided information on or attached to this form is true and accurate.

Employee Signature

Date