## NAVY CYP MILITARY FAMILY TYPE VERIFICATION

CHILD'S NAME(S):	
Yes, I will continue to require childcare when operations are normalized and I am requesting CYP to continue to hold my childcare space until that time.	
No, I do not plan to return to care within CYP and this will serve as my withdraw notice	
Please select your military family type by inserting an X in the Selection box below:	

Military Family Type		Priority	Selection		Military Family Type	Priority	Selection	
CHILD DEVELOPMENT PROGRAM STAFF					DOD/COAST GUARD CIVILIAN			
Child Development Program St	aff	1A			Single/Dual DoD or Coast Guard Civilian	2A		
ACTIVE DUTY COMBAT RELATED WOUND WARRIOR			With Full-Time Working Spouse	2B				
Combat Related Wounded Warr	rior*	1B.1			With Spouse Seeking Employment	3B		
ACTIVE DUTY MILITARY/ACTIVE DUTY COAST GUARD				With Full-Time Student Spouse	3C			
Single/Dual Active Duty Military Guard	/Coast	1B.2			With Part-Time Working Spouse	3F		
With Full-Time Working Spouse		1B.4			With Non-Working Spouse	3F		
With Part-Time Working Spouse 10		1C.1			GOLD STAR SPOUSE (COMBAT RELATED)			
With Spouse Seeking Employme	With Spouse Seeking Employment 1C.1				Gold Star Spouse Combat Related	3D		
With Full-Time Student Spouse	th Full-Time Student Spouse 1D.1			DOD CONTRACTOR	<b>R</b>			
With Non-Working Spouse		3A			Single/Dual DoD Contractor	3E		
GUARD/RESERVE ON ACTIVE DUTY OR INACTIVE DUTY TRAINING STATUS				With Full-Time Working Spouse	3E			
Single/Dual Guard/Reserve on Active Duty or Inactive Duty Training Status		1B.3			With Spouse Seeking Employment	3E		
					With Full-Time Student Spouse	3E		
With Full-Time Working Spouse		1B.5			With Part-Time Working Spouse	3F		
With Part-Time Working Spouse		1C.2			With Non-Working Spouse	3F		
With Spouse Seeking Employment 1C.2				OTHER ELIGIBLE				
With Full-Time Student Spouse		1D.2			Deactivated Guard/Reserve Personnel	3F		
With Non-Working Spouse		3A			Other Federal Employees	3F		
					Military Retirees	3F		
Complete as					Applicable			
SPONSOR'S NAME	RATE/RA	NK B	RANCH		PLACE OF EMPLOYMENT			
SPOUSE/PARTNER'S NAME	RATE/RA	NK B	BRANCH		PLACE OF EMPLOYMENT			

SPONSOR'S SIGNATURE: _	DATE:	