



CHILD AND YOUTH PROGRAMS (CYP)

"Give Parents a Break" Referral Certificate

The Give Parents a Break program is designated for families who may be experiencing duress due to a deployment/sponsor's TDY status, recent transfer to the area, illness in the family, caring for a child with special needs, or other unique circumstances or hardships. This referral certificate can be used for up to 16 hours of free hourly child care each month for eligible child(ren) of identified families, depending on space availability. The Navy and Child and Youth Programs (CYP) understands the challenges and extraordinary stress military families may experience and are supporting families by meeting these unique child care needs. The Child and Youth Program at the installation will accept this completed certificate for eligibility of child care.

PLEASE NOTE: Referrals may only be made by Commanding Officers, Executive Officers, Command Master Chiefs, Medical Doctors, Fleet and Family Service Program (FFSP) personnel, Chaplains, and Installation CYP Directors.

Children must be eligible for enrollment in CYP in order to receive this service. A CYP staff member will meet with the family to complete the registration process and provide availability of center care or identify potential care providers. This program is not a substitute for regularly scheduled child care and may be used at the discretion of the parent at a minimum of 2-hour increments. A combination of installation CYP (CDC, CDH, SAC, 24/7 Center) may be used to provide a maximum of 16-hours per month.

Active Duty Member's Name _____ Rank _____

Installation _____ Organization/Unit _____

Child's Name	Age

From (start date) _____ To (expiration date) _____
Period must be no longer than three months. An expiration date must be listed. Referral certificates that do not list an expiration date will not be accepted.

My signature below certifies that the active duty member listed on this certificate meets the requirements of the Give Parents a Break program.

Signature _____ Title _____

Printed Name _____ Date _____

Organization _____ Phone _____

Accepting Official*

Accepting Official Printed Name _____

Accepting Official Signature _____ Date: _____

**In most cases, the Installation CYP Director is the Accepting Official. However, if the referral is made by the Installation CYP Director, the acceptance must be by a higher-level supervisor.*