



# CHILD AND YOUTH PROGRAMS (CYP)

## "Give Parents a Break" Referral Certificate

The Give Parents a Break program is designated for families experiencing duress due to a deployment/sponsor's TDY status, recent transfer, family illness, caring for a child with special needs, or other unique circumstances. This 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. Navy Child and Youth Programs (CYP) understands the challenges and stress military families may experience and supports families by meeting these unique child care needs. The installation CYP will accept this completed certificate for eligibility of child care. 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 CYP enrollment in order to receive this service. A staff member from the CYP 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 a month.

Active Duty Member's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Child(ren) Names/Ages: \_\_\_\_\_

Installation: \_\_\_\_\_ Organization/Unit: \_\_\_\_\_

From (start date): \_\_\_\_\_ To (expiration date): \_\_\_\_\_  
 (Period may be no longer than three months)

My signature below certifies that the person listed on this certificate meets the requirements of the Navy's Give Parents a Break program.

Signature: \_\_\_\_\_ Position Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accepted By:**

CYP Director Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If approved by the Installation CYP Director, acceptance must be by a higher-level supervisor.)