



MILITARY OUTREACH INITIATIVE APPLICATION YMCA MEMBERSHIPS

In partnership with the Armed Services YMCA, the Department of Defense is proud to offer 6-month gym memberships at participating YMCA facilities nationwide. To qualify for this program, military members/families must meet all eligibility criteria for one of the program categories listed below:

MEMBERSHIP ELIGIBILITY CRITERIA:

Category 1: Active Duty Independent Duty Personnel

- I am currently on Title 10 orders within the United States of America issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My orders have at least 6 months left from the YMCA membership activation date
- I am currently assigned to a command/unit that is geographically isolated from any military fitness facilities and does not offer any access to free physical fitness equipment
- I am living alone and will utilize a gym membership alone, or my family resides with me and will be added to a gym membership with me

Category 2: Unaccompanied Spouse/Family of Active Duty

- My spouse is currently on Title 10 Deployment orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My spouse's orders have at least 6 months left from the YMCA membership activation date
- My family has remained at the Independent Duty location or has relocated to an area where fitness facilities/service are not provided for military dependents

Category 3: Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve

- My spouse is currently on Title 10 Deployment orders issued by the Department of Defense (Army, Air Force, Marine Corps, Navy)
- My spouse's orders have a total of at least 6 months
- My spouse's orders have at least 3 months left from the YMCA membership activation date
- My spouse has physically relocated away from home, and is not living within commuting distance from home during deployment

For more information, please visit the Armed Services YMCA website:

www.asymca.org/moi

INSTRUCTIONS:

New Memberships

Military Personnel/Families:

1. Determine eligibility using “Member Eligibility Criteria” on page 1
2. Complete “Eligibility Form” on page 6
 - a. Active Duty Independent Duty Personnel category only: complete “Unit Request for Active Duty Independent Duty Personnel (IDP)” on pages 7-8
3. Turn in paperwork to local YMCA membership services

Local YMCA:

1. Review submitted paperwork for completion
2. Complete “YMCA Information Form” on page 9
3. Complete “Payment Invoice” on page 5
4. Turn in application to the Armed Services YMCA National Headquarters (dodymca@asymca.org)

Renewal Memberships

Military Personnel/Families:

1. Determine renewal eligibility using “Member Eligibility Criteria” on page 1
2. Complete (a new) “Eligibility Form” on page 6
 - a. Active Duty Independent Duty Personnel category only: attach original approved Unit request for Active Duty Independent Duty Personnel (IDP) and a renewal command memorandum (template on page 4)
3. Turn in application to local YMCA membership services

Local YMCA:

1. Review submitted paperwork for completion
2. Complete “YMCA Information Form” on page 9
3. Complete “Payment Invoice” on page 5
4. Attach 6 month attendance record from previous membership
5. Turn in application to the Armed Services YMCA National Headquarters (dodymca@asymca.org)

ATTENDANCE RECORDS AND REQUIREMENTS:

Attendance Requirement:

Members/families using the Military Outreach Initiative program must maintain **an 8 calendar day visit per month** requirement for the duration of the 6 month membership in order to be considered for renewal.

Acceptable Forms Of Attendance:

Facility use and program participation attendance reports can be electronically generated from the facility's existing software system. Fitness facility staff may create a manual log with the member's printed name, signature, and date of visit only if your facility does not have software capability.

How To Count Attendance:

Visitation is counted by calendar day only. A visit is defined as the service member (or member of the service member's family) coming to the facility to participate in any youth or adult activity that can be tracked manually or electronically in one calendar day. If the member returns in the same day, all visits in that day are counted only once. Multiple swipes by family members in the same day constitute one visit for one day.

Multiple swipes from the same member on the same day count as 1 visit.

John Smith	January 1, 2019
John Smith	January 1, 2019
John Smith	January 1, 2019

Family members visiting on the same day count as 1 visit.

John Smith	January 1, 2019
Peter Smith	January 1, 2019
Ally Smith	January 1, 2019

How To Put A "Hold" On A Membership:

Membership services may place **one hold per membership period.** No action is necessary until the member/family would like to renew the membership. At the time of renewal, **membership services must provide a formal statement** (on official letterhead) stating a hold was placed on the account from date – date. If a hold is placed on the membership, **the membership must be extended the amount of the time held** in order to provide 6 months of attendance records for the member/family.

Example:

Original membership timeframe: March 1, 2017 – September 1, 2017

Membership hold: June 1, 2017 – August 1, 2017

New membership timeframe: March 1, 2017 – November 1, 2017 (with a hold from June 1, 2017 – August 1, 2017)

COMMAND MEMORANDUM EXAMPLES:

Renewal Memorandum Format
(For Renewal of Active Duty Independent Duty Personnel Membership):

<u>Command Letterhead</u>	<u>Current Date</u>
<p><u>Member, rank</u> is currently assigned to <u>unit, address</u> from <u>start date</u> to <u>end date</u>. This member is approved as Active Duty Independent Duty Personnel, and is eligible to receive a membership through the Military Outreach Initiative at <u>location, address</u>.</p>	
<p><u>Signed, Rank, Date</u> <u>Title</u> <u>Unit</u></p>	

Classified Location Memorandum Format
(For Deployment):

<u>Command Letterhead</u>	<u>Current Date</u>
<p><u>Member, rank</u> is currently deployed from <u>start date</u> to <u>end date</u>. Due to security reasons, location(s) of this assignment cannot be disclosed. During this time, spouse/child dependents of this member are eligible to receive a membership through the Military Outreach Initiative at <u>location, address</u>.</p>	
<p><u>Signed, Rank, Date</u> <u>Title</u> <u>Unit</u></p>	

PAYMENT INVOICE

Maximum fee of **\$70/month** for family memberships or **\$50/month** for single adult memberships

Family Membership = Service Member and/or Spouse + Children OR Service Member + Spouse
Single Adult Membership = Service Member or Spouse Alone

Today's Date: _____	Contract Number: <u>HDQMWR-19-C-0013</u>
Preparer's Name: _____	Signature: _____

Select One: New Membership Renewal Membership

Membership Category	Number of Memberships	x	Monthly Rate	x 6 Months	=	Subtotal
Active Duty Independent Duty Personnel	Single:			x 6 Months	=	\$
	Family:			x 6 Months	=	\$
Unaccompanied Spouse/Family of Active Duty	Spouse Only:			x 6 Months	=	\$
	Family:			x 6 Months	=	\$
Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve	Spouse Only:			x 6 Months	=	\$
	Family:			x 6 Months	=	\$
Total Payment:						\$

Four Digit Association Number

YMCA Name

Mailing Address (Street, City, State, Zip Code)

ASYMCA Use Only:	
Vendor ID:	
Service Information:	Service Member Name(s):

ELIGIBILITY FORM

Select One: New Membership Renewal Membership

Section 1: Sponsor Information

1. Sponsor Name (Last, First): _____
2. Sponsor Rank (E1 – O10): _____
3. Sponsor/Family 10 Digit Phone Number: _____
4. Sponsor/Family Email Address: _____

Section 2: Category/Eligibility Information

1. DoD Service Branch (Select One): Army Air Force Marine Corps Navy
2. Title 10 Status (Select One):
 - Active Duty Independent Duty Personnel
 - Unaccompanied Spouse/Family of Active Duty Service Members
Country of Deployment: _____
 - Unaccompanied Spouse/Family of Joint Deployed Guard and Reserve
Country of Deployment: _____
3. Projected Date Range of Assignment (Required for All Program Categories):
Start Date: _____ End Date: _____
Month / Year Month / Year

Section 3: Dependent Information

1. Spouse Name (Last, First): _____
2. Child Name(s), Age(s):
 - Name: _____ Age: _____
 - Name: _____ Age: _____
 - Name: _____ Age: _____
 - Name: _____ Age: _____

Section 4: Member Authorization Signature

1. I certify that I am/my spouse is currently Title 10 and is eligible for a membership under the Military Outreach Initiative.
2. I have read and understand the attendance requirements of the Military Outreach Initiative.

Signature of Sponsor or Spouse: _____ Date: _____

UNIT REQUEST FOR ACTIVE DUTY INDEPENDENT DUTY PERSONNEL (IDP)

New Instructions:

1. Review notice to command
2. Determine Military Component Approving Official (MCAO)
3. Complete command information, facility information, and list personnel
4. Obtain commanding officer/officer in charge signature
5. Obtain MCAO signature (via email)

Renewal Instructions:

1. Attach a copy of your original approved Unit Request for Active Duty Independent Duty Personnel (IDP)
2. Attach a command memorandum stating your continued eligibility for this program

Notice To Command:

Federal DoD Title 10 Only: It is the command's responsibility to ensure all eligible command members are notified on the following requirements for participation. Failure to adhere to these requirements will result in cancellation/non-renewal of membership(s) 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 for renewal.

1. Members are required to attend the 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, log book, etc.
2. The Unit Request for Active Duty Independent Duty Personnel (IDP) must be completed in its entirety or it will be returned to the command. All applicable information must be included. Failure to do so will result in a delay in processing this request

Renewal Requirement:

1. Each service member must resubmit an eligibility form and the original approved Unit Request for Active Duty Independent Duty Personnel (IDP) to the facility.

MCAO's (AS OF APRIL 2019):

<p align="center"><u>ARMY:</u> Army Recruiting Command: usarmy.knox.usarec.mbx.g1-ymca-fitness@mail.mil Army- All Other IDP Requests: usarmy.jbsa.imcom-hq.mbx.army-ymca@mail.mil</p>	<p align="center"><u>MARINE CORPS:</u> Marine Forces Reserve: rick.martinez1@usmc.mil Marine Corps Recruiting Command: gilbert.macias@marines.usmc.mil Marine Corps- Other IDP Requests: Lynda.rummel@usmc-mccs.org</p>
<p align="center"><u>AIR FORCE:</u> Air Force- All IDP Approvals: aaron.smelser@us.af.mil juan.hernandez.30@us.af.mil</p>	<p align="center"><u>NAVY:</u> Navy- All IDP Approvals: usnymca.fct@navy.mil</p>

UNIT REQUEST FOR ACTIVE DUTY INDEPENDENT DUTY PERSONNEL (IDP)

Fitness Facility Information:

Fitness Facility Name: _____

Street Address: _____

City, State, Zip Code: _____

Command Information:

Command/Unit Name: _____

Command/Unit Street Address: _____

Command/Unit City, State, Zip Code: _____

Duty Address: _____

Duty City, State, Zip Code: _____

Command Unit/POC: _____

Command Unit/POC 10 Digit Email: _____

Rate/Rank/Full Name of Each Service Member (Add Additional Pages if Necessary):

Commanding Officer / Officer in Charge Signature:

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I certify the above named active duty personnel are assigned to this command and will be for the duration of the membership. This command does not pay for fitness memberships for our personnel and does not have access to a free fitness facility at or near this location. I understand that each member must attend the facility 8 calendar days per month in order to be eligible for renewal or for reinstatement at a follow on command, if applicable.

Signature and Date: _____

Military Component Approving Official Signature:

Signature and Date: _____

YMCA INFORMATION FORM

Select One: New Membership Renewal Membership

Section 1: Local YMCA Information:

1. YMCA Representative Name (Last, First): _____
2. YMCA 10 Digit Phone Number: _____
3. YMCA Name: _____
4. YMCA Street Address: _____
5. YMCA City, State, Zip Code: _____

Section 2: Membership Information:

1. Monthly Membership Rate: _____
The Department of Defense will reimburse a maximum rate of \$70/month for any family membership and \$50/month for any single adult membership.
2. Intended Activation Date (Month, Date, Year): _____
Please provide the intended start date of the membership this service member/family is applying for.

Section 3: YMCA Representative Signature:

1. I have reviewed this service member's/family's eligibility form, and confirm it is completed to the best of our ability.
2. I understand I must submit a complete application in order to receive payment for this membership.
3. I understand approval of a renewal membership is contingent upon meeting the attendance requirements and having qualified orders.
4. I understand members must reapply for payment for every membership they wish to have.
5. I understand the Armed Services YMCA has the right to deny reimbursement requests submitted over 30 days post membership activation date.

Signature of YMCA Representative: _____ **Date:** _____