

Raider Reset

Certificate of Eligibility

_____ (Print Full Name) is eligible to receive care under
Raider Reset.

Person Making Referral: **Commander** **First Sergeant** **Chaplain**

Signature of Person Making the Referral: _____

Date: _____

Sponsor Name: _____ Squadron: _____

Phone Number: Work _____ Home/Cell _____

Name(s) of Eligible Children:

Age(s):

Raider Reset is offered at the Child Development Center Ellsworth AFB (CDC) and the School Age Care (SAC) Program once a quarter. Families must be enrolled in the Child and Youth Business Management System (CYP BMS) prior to using the program. Reservations must be made at the CDC and/or SAC two weeks prior to the event. Reservations will be accepted on a first call first served basis.