

# Military MOU Sign-on

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Thank you for participating in the National Children’s Alliance (NCA)-Military Memorandums of Understanding (MOUs). Your partnership helps ensure that military-connected children and families have access to CAC services.

By completing and submitting the form below, you are agreeing to follow the provisions outlined in the MOUs, excluding any stipulations you indicate on the form. You may opt-out of participation at any time by notifying NCA.

Information that you provide in this form will be provided to military partners to facilitate collaboration and CAC referrals.

NCA encourages CACs to participate in the MOUs with all four services—Army, Marine Corps, Navy, and Air Force—to maximize CAC access for military families. This form is only for CACs signing on to participate in all available MOUs. If you wish to participate in only select MOUs, please do not complete this form and instead reach out to Amber Garrison-Ahmed to discuss sign-on options.

Please contact Amber Garrison-Ahmed at [agarrisonahmed@nca-online.org](mailto:agarrisonahmed@nca-online.org) or 202-548-0090 ext. 163 with any questions.

Thank you, again for your support of military families and participation in these agreements.

\* Denotes required field

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Name of your Accredited CAC (please complete one form for each Accredited location) \*

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Physical address of CAC \*

Street Address \_\_\_\_\_

Street Address 2 (please enter N/A if not applicable)  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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Contact Information for CAC \*

Primary contact name \_\_\_\_\_

Primary contact title/role at CAC  
\_\_\_\_\_

Primary contact business phone number  
\_\_\_\_\_

Primary contact after hours phone number  
\_\_\_\_\_

Primary contact email \_\_\_\_\_

Secondary Contact Information for CAC \*

Secondary contact name

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Secondary contact title/role at CAC

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Secondary contact business phone number

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Secondary contact after hours phone number

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Secondary contact email

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Please list any stipulations to your participation and/or any challenges you anticipate in meeting the requirements of the MOU.

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What services does your CAC provide? (Check all that apply)

- Forensic Interviews
- Medical
- Services for Children and Youth with Problematic Sexual Behaviors
- Family Advocacy
- Mental Health Assessment
- Mental Health Treatment
- Abuse Prevention Education
- Community Education

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Please provide any additional information you would like military partners to know about the services your CAC provides?

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Does your CAC have a designated military-specific liaison or advocate?

- Yes
- No

Display This Question:

If Does your CAC have a designated military-specific liaison or advocate? = Yes

Contact Information for CAC military-specific liaison or advocate \*

Contact name \_\_\_\_\_

Contact title/role at CAC \_\_\_\_\_

Contact business phone number  
\_\_\_\_\_

Contact email \_\_\_\_\_

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Please note that NCA requests that CACs participate in all available military MOUs in order to maximize military family access to CAC services. If you wish to only participate in select MOUs, please contact Amber Garrison-Ahmed to discuss options.

I have read and agree to participate in the following MOUs:

U.S. Army (CID + FAP)

U.S. Air Force (OSI + FAP)

U.S. Marine Corps (NCIS + FAP)

U.S. Navy (NCIS + FAP)

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Please use the fields below as your signature to participate in the MOUs selected above.

CAC Director or Primary Contact initials

\_\_\_\_\_

Date \_\_\_\_\_