# Air Force Family Child Care Expanded Child Care (AF FCC ECC)

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| **AF FCC EDC****I am required to work in support of mission requirements. There is no one else in my home available to provide care during the hours that I am required to work.** **For Missile and Supplemental Care, provide a copy of your monthly work schedule(s).** **[ ]  Extended Duty Care** **[ ]  Missile Care** **[ ]  Supplemental Care** **I purchase regular child care from: CDC FCC SA Program Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****I meet the requirements to use the following program:****[ ]  Home Community Care – I am required to work my primary UTA weekend and there is no one else in my home available to provide care during the hours I am required to work.****[ ]  Returning Home Care - I am returning from a deployment of 30 days or more.**[ ]  **PLAYpass Pre-Deployment Child Care - I am scheduled to deploy within 30 days. Provide a copy of orders with request.**[ ]  **PLAYpass Deployment Child Care – My spouse is deployed for 30 days or more. Provide a copy of orders with request.****[ ]  Military Spouse Appointment (MSAC) - I have a medical appointment. Approval required by AFPC/SVPYC.****[ ]  Provider Orientation Child Care – I will be attending New Provider Orientation Training. Approval required.****[ ]  Medical Care - I am experiencing a medical emergency for a family member. Approval required by AFPC/SVPYC.****[ ]  Wounded Warrior Care - I am a Wounded Warrior and I require hourly child care to attend appointments. Approval required by AFPC/SVPYC.****[ ]  Child Care for Fallen Warriors - I have a fallen military family member and require hourly child care for appointments. Approval required by AFPC/SVPYC.****[ ]  Permanent Change of Station Child Care – I am an Army, Marine, or Navy member assigned to an active duty AF Installation and I am requesting 20 hours of child care during my PCS move.****[ ]  OCONUS Respite Care – I have an Exceptional Family Member (EFM) Child and I am requesting respite care. Approval required by AFPC/SVPYC – available only at select OCONUS installations.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s e-mail address Duty Number Home/Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Signature/Duty Phone Date  |

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**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Month /Day/Year**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Month/Day/Year**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Month/Day/Year**

**DATES AND TIMES NEEDED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**