

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

All AF FCC ECC requires approval by AFMC/SVPYC.

All AF FCC ECC availability is based on funding and child care spaces.

AF FCC Subsidy – complete only if applicable

I am requesting enrollment in the AF FCC Subsidy Program. I understand I am required to be on the waiting list for either the CDC or SA Program (if applicable). If I am offered a full-time space in the CDC or SA Program and I decline the space and there is no active waiting list (meaning another child/youth to take the space), then AF FCC Subsidy is discontinued.

Parent Signature

Date

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 in support of a contingency operation - TDY orders required
- Pre-Deployment Child Care - I am scheduled to deploy within 30 days in support of a contingency operation - TDY orders required
- Deployment Child Care - My spouse is deployed for 30 days or more in support of a contingency operation - TDY orders required
- Navy Ombudsmen Care – I am required to participate in approved Navy Ombudsmen activities
- Medical Care - I am experiencing a medical emergency for a family member. Medical documentation required
- Wounded Warrior Care - I am a Wounded Warrior and I require hourly child care to attend appointments.
- Child Care for Fallen Warriors - I have a fallen military family member and require hourly child care for appointments.
- 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 - 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

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 _____