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

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). <br> $\square$ Extended Duty Care <br> $\square$ Missile Care <br> 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.
$\square$ 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.
$\square$ 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.
$\square$ Permanent Change of Station Child Care - I am an Army, Marine, or Navy member assigned to an active duty AF Installation and Iam requesting $\mathbf{2 0}$ hours of child care during my PCS move.
$\square$ 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 |  | $\overline{\text { Date }}$ |
| :--- | :--- | :--- |
| $\overline{\text { Parent's e-mail address }}$ | $\overline{\text { Duty Number }}$ | $\overline{\text { Home/Phone Number }}$ |
| $\overline{\text { Supervisor's Signature/Duty Phone }}$ | $\overline{\text { Date }}$ |  |

CHILD'S NAME:
CHILD'S NAME:
CHILD'S NAME: $\qquad$

BIRTHDATE:

> Month /Day/Year

BIRTHDATE:
Month/Day/Year
BIRTHDATE:
Month/Day/Year

