

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

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.

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.

Returning Home Care - I am returning from a deployment of 30 days or more.

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

Supervisor's Signature/Duty Phone

Print Name

Primary UTA _____ Requested Dates and Times _____

CHILD'S NAME: _____

BIRTHDATE: _____
Month /Day/Year

CHILD'S NAME: _____

BIRTHDATE: _____
Month/Day/Year

CHILD'S NAME: _____

BIRTHDATE: _____
Month/Day/Year

PARENT'S EMAIL/TELEPHONE NUMBERS:

EMAIL: _____

WORK: _____ HOME: _____ CELL: _____

Parent Signature: _____ Date: _____