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
	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).		
I purchase regular child care from: CDC FCC	SA Program C	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 depl	oyment of 30 day	vs or more.
PLAYpass Pre-Deployment Child Care - I am sche with request.	eduled to deploy v	within 30 days. Provide a copy of orders
PLAYpass Deployment Child Care – My spouse is with request.	deployed for 30	days or more. Provide a copy of orders
Medical Care - I am experiencing a medical emerg AFPC/SVPYC.	jency for a family	member. Approval required by
☐ Wounded Warrior Care - I am a Wounded Warrior Approval required by AFPC/SVPYC.	and I require hou	rly child care to attend appointments.
Child Care for Fallen Warriors - I have a fallen mill appointments. Approval required by AFPC/SVPYC.	itary family memb	per and require hourly child care for
Permanent Change of Station Child Care – I am an AF Installation and I am requesting 20 hours of child		
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 Num	ber Home/Phone Number
Supervisor's Signature/Duty Phone		Date
CHILD'S NAME:	BIRTHDATE:	
CHILD'S NAME:	BIRTHDATE:	Month /Day/Year
CHILD'S NAME:	BIRTHDATE:	Month/Day/Year
	-	Month/Day/Year
DATES AND TIMES NEEDED		